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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

1968

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.

L5

Health Department, Shire Hall, Cambridge.
Tel: Cambridge 58811

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HEALTH COMMITTEE

Chairman: Alderman H. Payne

Alderman T.W. Anthony
Alderman L. Childs
Alderman R.G. Curston
Alderman E. Hephew
Alderman F.H. Jeeps
Alderman E.W. Parsons
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 J.A. Powley
Councillor H. Tash
Councillor J. ff. Tebbutt
Councillor E.M. Vinith-Williams
Councillor C. Webb
Councillor L. Whittaker

Nominated by the Cambridgeshire and Isle of Ely Executive Council:

Councillor F.G.W. Darby
Dr. H.R. Erskine

Dr. J.A. Sadler

Nominated by the Isle of Ely Nursing Association:

Mr. H. Burn

Mr. E.N. Rigg

GUARDIANSHIP SUB-COMMITTEE

Chairman: Alderman H. Payne

Alderman E. Hephew
Councillor A.J. Goss

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, 1968)

County Medical Officer:

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

Associate County Medical Officer and
Principal School 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 Officers:

EILEEN M. BRERETON, M.A., M.B., Ch.B. (to 26th September, 1968)
B.W.M. MACARTNEY, B.A., B.M., B.Ch., D.C.H., D.P.H., D(Obst.) R.C.O.G.
(from 1st September, 1968)

Principal Administrative Officer:

L. BLY, A.C.C.S., D.M.A.

Medical Officers in the Department and School Medical Officers:

W.A. GARSON, L.M.S.S.A. (full-time)

The following doctors undertake sessional work for the department:-

KATHERINE A. BARCLAY, M.B., B.S.,	GWYNETH A. JONES-DAVIES, M.B., B.Ch.,
AMELIE BOYD, B.Sc., M.B., Ch.B., D.P.H.,	MAUVEEN E.V. MUNK, M.B., Ch.B.,
PAMELA M. FISHER, M.B., Ch.B.,	CATHERINE M.O'CONNELL, M.B., Ch.B.,
GWYNETH M. GRESHAM, M.B., B.S.,	B.A.O., N.U.I.,
W.R. HOLTON, M.B., B.S., M.R.C.S.,	MARJORIE THOMAS, B.Sc., M.B., Ch.B.,
L.R.C.P.,	D.P.H.

There are also a number of other doctors, including general practitioners, undertaking child health clinic work.

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:

P.A. ASKEW, B.D.S., F.D.S., R.C.S.
J.C. McINTYRE, L.D.S.
MARGARET C. McINTYRE, B.D.S.

Dental Officers:

ELEANOR W. HEWITT, B.D.S.
I.J. STEELE, L.D.S., R.F.P.S.
LORNA J.M. KNOX
*OLIVE FOULDS, L.D.S.

Dental Auxiliaries:

ELIZABETH A. LAW
GERALDINE L.J. TIBBS

Health Education Officers:

JANE RANDELL, S.R.N., S.C.M., H.V., Q.N.
Dip. H.E. (Senior)
EVELYN MIDDLETON (Assistant seconded
from Nursing Staff)

Teachers of the Deaf:

J.L. HOLMES, Dip. Teacher of the Deaf
(Senior)
*JANE M. ALLISON
J.E. WILLIAMS, B.A., Dip. Teacher of the
Deaf.

Senior Administrative Assistants:

I. HUTCHINSON, D.M.A., (Deputy to P.A.O.)
(General Health Service)
R.E. PARR, A.C.C.S. (Mental Health
Service)
J. GIPSON (March Office)
H.J. SADLER (Management and Finance)
R.F. SUMMERFIELD (Nursing and After-
Care)

Ambulance Service Superintendent:

A.D. PRIOR

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 Organiser:	OLIVE B. GREENSLADE
Senior Mental Welfare Officers:	K.D. ARMITAGE R.A.M. REEVE, C.S.W.
Mental Welfare Officers:	M. NELSON L.E. STEBBINGS D.L. RENWICK, C.S.W. J.M. ROWLING, C.S.W. M.C. STEVENSON, S.R.N., R.M.N.
Home Teacher for Mentally Subnormal:	EDNA M. JOHNSON
Senior Speech Therapist:	†HEATHER G. HRAMTSOV, L.C.S.T.
Speech Therapists:	*M.M. BANYARD, L.C.S.T. †F.M. CAMERON, L.C.S.T. †H. GOODWILL, L.C.S.T. †J.G. GRANT, L.C.S.T. †P.A. KNIGHT, L.C.S.T. †*R. SCOTT, L.C.S.T. *M.E. TRIM, L.C.S.T.
Educational Psychologist:	D.C. JONES-DAVIES

† Employed both in County area and City of Cambridge
* Part-time staff

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.
Psychologists:	MRS. M.F. FARRELL, M.A. (Part-time) MRS. D.Z. WALLER, B.A. (Part-time) MRS. M. BALLARD, B.A.
Social Workers:	MRS. M. LUCAS, M.A. MRS. L. MILES, S.R.N.
Consultant Child Psychiatrist:	DR. B.F. WHITEHEAD, M.A., M.B., D.P.M.
Social Worker:	MRS. D.M. JOHNSON, A.A.P.S.W.

The undermentioned hold appointments as honorary consultant psychiatrists to the local health authority:-

D.H. CLARK, M.A., M.D., F.R.C.P., D.P.M.
R.E. GLENNIE, M.D., D.C.H., D.P.M.
G.E. ROBERTS, M.B., B.Ch., D.P.M.

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, M.D., B.Sc., D.P.H.

DISTRICT COUNCILS

Urban Areas

Cambridge City Municipal Borough
Kett House, Station Road, Cambridge

Chatteris Urban District Council,
Grove House, Chatteris.

Ely Urban District Council
Lynn Road, Ely.

March Urban District Council,
Town Hall, March.

Whittlesey Urban District Council,
Council Offices, Whittlesey.

Wisbech Municipal Borough Council,
Town Hall, Wisbech.

Medical Officer of Health

C. G. Eastwood, M.D., B.Sc., D.P.H.

A. S. Watson, M.R.C.S., L.R.C.P.

B. W. M. Macartney, B.A., B.M., B.Ch.,
D.C.H., D.P.H., D.(Obst)
R.C.O.G. (from 1st September
1968).

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

D. C. Logan, M.B., Ch.B., D.P.H.

M. D. C. Martin, M.B., Ch.B., D.C.H.

Rural Areas

Chesterton Rural District Council,
Gt. Eastern House, Tenison Road,
Cambridge.

Ely Rural District Council,
Lynn Road, Ely.

Newmarket Rural District Council.
Park Lane, Newmarket.

North Witchford Rural District Council
74 High Street, Chatteris.

South Cambridgeshire Rural District
Council, Council Offices, Hobson
Street, Cambridge.

Wisbech Rural District Council
Council Offices,
Alexander Road, Wisbech.

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

B. W. M. Macartney, B.A., B.M., B.Ch.,
D.C.H., D.P.H., D.(Obst.)
R.C.O.G. (from 1st September, 1968)

B. W. M. Macartney, B.A., B.M., B.Ch.,
D.C.H., D.P.H., D.(Obst.)
R.C.O.G. (from 1st September, 1968)

C. Thomas, M.R.C.S., L.R.C.P.

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

M. D. C. Martin, M.B., Ch.B., D.C.H.

To the Chairman and Members of the County Council:

Ladies and Gentlemen,

In accordance with the Department of Health and Social Security's Circular 1/69 I have pleasure in presenting to the County Council the Annual Report for the year 1968.

It will be seen from the phrasing of the foregoing sentence that there is no longer a Ministry of Health in this Country, and it must be cause for reflection that in the first place the important subject of the nation's health was some years ago deprived of a Minister of Cabinet rank and secondly that it has now become a part of a larger organisation; this, in the year of the twentieth anniversary of the National Health Service seems a peculiar way of acknowledging what is in effect a magnificent experiment in providing a total health service for the nation.

The Department's Circular as usual requests comment on certain aspects of the services and this year they are as follows.

Firstly, I am asked to comment on the co-ordination and co-operation of the health department's services with the hospital and family doctor services including attachment or liaison schemes between the health department's domiciliary staff and family doctors. I do not think more elaboration is necessary than that which has appeared in previous reports since such co-operation and co-ordination has been a developing feature of the Council's policy, and I believe that a great measure of co-operation, co-ordination and even integration has taken place in the three branches of the National Health Service in the Administrative area of this County; in fact in some instances the edges are so blurred that the services can be looked upon as one. In furtherance of these efforts the County Council has embarked upon an ambitious programme of health centre development upon which there has been previous comment and the programme is set out on page 14.

It also should be recorded that in one area a General Practitioner, a member of a partnership, is undertaking school health service work for two sessions a week. It has of course been the practice for many years for child health clinics to be staffed by General Practitioners.

Secondly, I am asked to comment on the scheme for notification to medical officers of health of congenital defects apparent at birth. This scheme has worked very well since its national inception some years ago and there is no special comment to be made.

Thirdly, information is requested upon the Council's action under Circulars 12/63 and 24/68 upon the fluoridation of public water supplies and no better comment can be made than that which appeared in last year's report which pointed out the immense technical difficulties facing the water undertakers in this area in implementing fluoridation schemes. It is probably true to say that even if it were now mandatory (as in my view it should be) for the adjustment of fluoride levels in public piped water supplies, it is doubtful whether a scheme could be readily implemented in parts of the Administrative County, because it is possible that the apparatus required for the fine control and measurement of the adjustment is not yet available for use with very small sources of supply.

Fourthly, the chiropody service is singled for special mention and the report on page 45 covers the situation. In these opening remarks, comment should be made upon the remuneration offered to those who staff this important service, which in many instances provides the determining factor between ability to look after oneself and incapacity requiring admission to a Home. In fact, chiropody can be illustrative of the difficulties in awarding priorities with regard to the total planning of the health services of a nation, which inevitably evokes invidious comparisons between the value of services and individuals. Nevertheless ultimately these comparisons will have to be made and evaluated, since the existing and continuing shortage of manpower is unlikely to be resolved in this century, and if the present standard of services are to be maintained then some hard decisions are going to have to be taken. What is the value to be placed on the chiropodist keeping the elderly mobile and able to care for themselves in their own homes, as against a physiotherapist? What value is to be placed upon the services of the dental auxiliary who enables the skills of a highly qualified dentist to be devoted to the more complex problems of dentistry and orthodontics? What value should be placed upon public health nurses vis-a-vis mental welfare officers? Comparisons with other services can equally well be made and sometime, somewhere, someone will have to determine politically what services are essential for the maintenance of health, those that are needed and finally those that are desirable but which may have to be left out

of the picture for some time; it follows that essential services must be adequately remunerated to be adequately staffed. There is little doubt that with better planning, the employment of modern management techniques and the proper evaluation of need, existing resources could be better deployed, but the utopia of everyone having services to meet their considered needs is not and in my opinion never will be attainable.

During the year the report of the Sheldon Committee was received and comment is made on page 15.

It may be of interest to record here that during the early part of 1969 a course in developmental paediatrics was organised by the Cambridge Medical School in conjunction with the health department in which a great part of the organisation was undertaken by Dr. Eileen Brereton, late Senior Medical Officer with the Authority. This course was held on 10 consecutive Wednesdays, and was attended by more than 30 doctors in the East Anglian Region, six of whom were general practitioners. The course was a great success and much enjoyed by those attending, and plans are under discussion for a further course when an endeavour will be made to make it more possible for general practitioners, particularly those interested and undertaking child health work, to attend.

The Health Services and Public Health Act 1968 brought about changes in the management of the Nurseries and Child Minders Regulations and there is full comment on page 29.

The department has for some years now held an annual course for child minders and those managing private day nurseries which has been well attended and much appreciated. Two years ago, the Health Committee, conscious of the need for people undertaking these duties to receive some supervision and instruction in ways in which the children they care for may best benefit, wished to employ someone who would undertake regular visiting and give instruction to the establishments. Unfortunately, owing to ever recurring financial stringencies, this idea had to be postponed. With the large number of children now receiving care in this way the time has come when it is essential that this post should be filled. Those undertaking child minding and the management of day nurseries are, of course, regularly visited by the health visiting staff with regard to the physical and mental development and general hygiene of the children, but it is the instruction in play activities, the use of play materials etc. which is of equal importance and for which special instruction is necessary and envisaged in the suggested peripatetic appointment.

In the section on dental health a note will be found on a successful attempt to mount specific dental health instruction in schools and in this connection Mrs. Tibbs is to be congratulated on the very successful and much appreciated work she has undertaken in this sphere.

On page 55 there is a report upon drug dependence and the action taken in the Administrative County. This is not a problem that will be solved quickly. Every opportunity is taken in health education programmes to deal with the subject in proper perspective and it is through this medium that most can be done to help young people understand the problem and its very real dangers.

In September Dr. E.M. Brereton retired from her post as Senior Medical Officer with the Authority. Dr. Brereton was first employed as an Assistant Medical Officer in the City of Cambridge on the 3rd April 1930 and served in a part-time capacity until May, 1937. She subsequently joined the County Health Department staff on a part-time basis in 1940, accepting a full-time appointment in 1949; her service to Cambridge (City and County) and to the Cambridgeshire and Isle of Ely County Council has extended over a period of 38 years. Those members of the Council who know Dr. Brereton will know of the sterling service she has given to this Department particularly in her latter years as Senior Medical Officer: she has been a very valuable colleague undertaking her role of friend and counsellor to the many members of the medical staff who have worked for us on a part-time basis, besides being a ready source of help and advice to other members of staff both in the department and other departments associated with the health and welfare of the community. Her work in the School Health Service and with the handicapped children in particular has been quite outstanding.

During the Summer the department was centralized on the Shire Hall, Cambridge, the final stages being completed early in 1969 with the opening of the March Health Centre. These administrative changes have entailed an immense amount of work and our hopes that the Annual Report could have been presented to the July Council Meeting were unable to be fulfilled.

The Health Committee at their May meeting considered the structure of their administration and their recommendations were approved by the Council. All the business of the department from September has been conducted at the quarterly meetings of the Health Committee and the Chairman and Chief Officer have been accorded individually and together certain powers of action. In the department's report to the Health Committee the business is divided into three sections, matters for debate, matters for confirmation and matters for information. The only sub-committee is that relating to guardianship under the Mental Health Act and this sub-committee has power to act.

To the Chairman of the Health Committee, Alderman H. Payne and to the members I extend on behalf of the department gratitude for their help, understanding and encouragement; and to my colleagues in all spheres of our complex health and welfare services my sincere thanks for all they have done and continue to do to further the public's health.

I am,

Your obedient Servant,

P.A. TYSER

County Medical Officer of Health.

GENERAL STATISTICS OF THE ADMINISTRATIVE COUNTY

Area	531,578 acres
Mid-year population (Registrar General's estimate)	301,470
Census population 1966	287,840 *
Birth rate	14.9 per 1,000 population
(corrected)	14.8 "
Death rate	11.0 "
(corrected)	10.5 "
Infant Mortality rate	14.0 "

GENERAL INFORMATION

The area of the administrative county remained unchanged at the end of 1968 at 531,578 acres. The mid-year population was divided as to 100,470 persons resident in the City of Cambridge, of whom over 10,000 are studying at the University. The population of the County area numbered 201,000. The tables which appear on page 61 show that the population of Cambridge City has increased by 130 while the County area shows an increase of 4,410.

* Based on 1966 10% sample census.

The following information has been supplied by district medical officers relating to work undertaken in their areas with regard to water supplies and sewerage schemes.

WATER SUPPLIES

CHATTERIS URBAN DISTRICT COUNCIL

Water mains have been extended to serve various small housing estates in the town.

ELY URBAN DISTRICT COUNCIL

During the year 1968 the Ely, Mildenhall and Newmarket Water Board completed a new water tower of 600,000 gallons capacity at Highflyers and connections were made from it to the distribution system which is now fed from two opposite sides so that there has been a very considerable improvement in the daytime pressures in the northern half of the City of Ely.

The Board's source at Beck Row (formerly supplying the Ely Rural District) has been expanded by the construction of a new borehole of 36 inches diameter and 102 feet deep; a new pumping station has been built there with electric pumps capable of delivering about 2½ million gallons of water through a new asbestos-cement main of 18 inches diameter to the two water towers in the Ely Urban District. Part of this supply is taken on the new water towers at Littleport and Haddenham to supply the Rural District of Ely.

The source at Isleham, which formerly supplied the City, is now used to augment the supply in those parishes of the Newmarket Rural District in the vicinity of Isleham.

In addition to this major scheme 2,539 yards of main have been laid in the district and 49 new services provided, nine of which were providing a mains supply to existing property for the first time.

MARCH URBAN DISTRICT COUNCIL

During 1968 the Wisbech Water Board laid 292 yards of 6" main, 206 yards of 4" main and 139 yards of 3" main on the Dairyfields residential estate (comprising some 180 dwellings) off Burrowmoor Road. 200 yards of 3" main was laid at Cross Road off Knights End to provide a domestic supply.

NORTH WITCHFORD RURAL DISTRICT COUNCIL

A schedule from the Wisbech and District Water Board shows the work carried out in the Rural District of North Witchford during 1968 and includes the laying of 107 yards of 3" diameter p.v.c. water main on one housing site and the connection of 58 additional domestic properties throughout the District, although mainly confined to the villages of Doddington and Wimblington where most of the building development is taking place.

WISBECH MUNICIPAL BOROUGH COUNCIL

The Borough of Wisbech is a constituent authority of the Wisbech and District Water Board. A mains supply is generally available throughout the Borough.

The supply is obtained from shallow bore holes situate at Marham and Beechamwell in the County of Norfolk. The latter supply has only recently been commissioned and is now readily available to supplement the Marham source. An additional source of supply is available from the River Nar at Marham, although this is only likely to be in use at exceptional periods of peak demand in the height of the canning season.

The schedule of extensions to mains shows an addition of 2,146 yards (all in P.V.C.), 209 new connections were made, generally to new dwellings.

The number of houses in the Borough without internal supply is:-

Town	3	Rural Areas	5
------	---	-------------	---

The Water Board carried out 262 bacteriological examinations on raw waters from the works, 248 of which were negative. Public Health Inspectors submitted 35 samples for similar examination to the Public Health Laboratory Service, all of which were negative. In addition the Water Board carried out 37 chemical analyses on raw waters all of which were satisfactory.

SEWERAGE SCHEMES

CHATTERIS URBAN DISTRICT COUNCIL

There have been no new or extensions of sewage works in the area and the only new sewers laid have been the extensions of the existing mains to serve various small housing estates in the town.

CHESTERTON RURAL DISTRICT COUNCIL

Work commenced on the 1st April, 1968 in the parishes of Fen Ditton and Horningsea and Dry Drayton and Oakington, at a total expenditure of £593,500.

Schemes for a further thirteen parishes (two thousand seven hundred and ninety houses) have been prepared, eight of which have been approved in principle and await consent to implement. The other five are awaiting Ministry approval.

It is hoped to submit two more area schemes to the Ministry in 1969 comprising eight parishes (six hundred and sixty eight houses). This will virtually complete the Council's sewerage programme with the exception of three small isolated hamlets of low priority (totalling only fifty nine houses).

A scheme to remedy the overloaded condition of the sewers in the parishes of Great and Little Shelford and Stapleford commenced during 1968. This will enable the present embargo on new development in this area to be lifted. Plans are in hand to divert part of the flow from Histon and Girton to the Council's new works at Bar Hill to relieve a similar situation, which is developing in these villages.

The implementation of the above projects necessitates employing a larger maintenance staff and a full-time Sewage Works Manager/Chemist has been engaged to ensure effluent standards as required by the River Authority.

Disposal of the large amounts of sludge produced is becoming a serious problem and investigations are currently being undertaken into the possibilities of disposal in conjunction with domestic refuse. Unfortunately, the large area (one hundred and seventy four square miles) seems to preclude one central processing plant and several mechanical sludge drying plants may be required ultimately.

NEWMARKET RURAL DISTRICT COUNCIL

Swaffham Prior and Reach Scheme. This scheme came into operation early in the year and a good proportion of connections have now been carried out.

Isleham Scheme. The works are now operational and dwellings are being connected but a number of outstanding items need to be completed in early 1969.

Kirtling Scheme. This scheme has now commenced and good progress is being made.

Ashley, Cheveley and Woodditton Schemes. A number of technical investigations are being carried out relating to sites, infiltration, etc. prior to the designs being finalised.

Wicken and Upware Scheme. This scheme is being prepared by the Council's consultants.

Soham Fringe Areas. The Consulting Engineers are now preparing the tender documents for the above scheme and it is anticipated that work will commence in 1969.

ELY URBAN DISTRICT COUNCIL

Lynn Road. Extension sewer to replace an existing sewer that is inadequate during times of heavy rain is under construction.

Prickwillow. Ministry approval has been received for the construction of the main drainage scheme and work is expected to start in mid 1969.

ELY RURAL DISTRICT COUNCIL

Pymoor. Ministry approval given in July, but loan sanction withheld due to economic situation.

Wardy Hill. Work on this small scheme started in June and progress is satisfactory.

Black Horse Drove. Ministry approval and loan sanction given, work is expected to start early in 1969.

Littleport. Works were extended in 1968. Subsidence in Silt Road led to a detailed survey and in view of the serious nature of the silt erosion, Consulting Engineers were asked to prepare a scheme for repairs and improvements. All alternatives are expensive but a first stage was approved by the Rural District Council and has been submitted to the Ministry for approval.

Little Thetford. Sewerage schemes brought into operation.

Cesspool Emptying. In June delivery was taken of a S.D./Bedford 1100 gallon tanker, which has proved its worth in view of high rainfall, and Ministry deferment at Pymoor, and also proved invaluable in containing the situation due to the collapse of the sewer at Silt Road, Littleport.

MARCH URBAN DISTRICT COUNCIL

During the year, 1,400 yards of 6" and 220 yards of 9" sewers were constructed to serve two private estates. At the same time it was found necessary to have 617 yards of 6" surface water sewers and to construct a small sewage pumping station at the Dairy-fields estate.

Following completion of sewerage services by the Urban District Council during the year 1967 there was no further need to do anything during 1968. However, consultants have been appointed to report on extensions whilst considering the whole position regarding the existing sewers and sewage disposal works. They have already commenced survey work during 1968.

NORTH WITCHFORD RURAL DISTRICT COUNCIL

Early in the year the Rural District Council accepted the tender submitted by H.O. Andrews Ltd., for a new sewerage scheme for the villages of Diddington, and Wimblington

and the construction of a new Sewage Disposal Works for the sum of £374,000, excluding the cost of land and consultants fees and supervision costs. The scheme provides for new foul sewers in the two villages and includes areas not previously sewered and at present served by cesspool drainage. The scheme includes six pumping stations and also four screw pumps, the latter have been introduced together with variations in sewer routes and levels to enable a substantial portion of the new sewers to be laid by the Badger Major fully automatic pipe layer. This is a new system employing the badgering technique for placing plastic and p.v.c. pipes deep in the ground for sewerage and water supply projects. This new system resulted in extremely rapid progress in the laying of lines of sewers over fields where there were no junctions to be inserted for house connections. In the built-up areas most of the sewer laying has been carried out by traditional methods, although some lengths of new sewer have been "Badgered" in high-ways. Most of the pumping mains have been laid by a smaller addition of the Badger known as the Badger Minor. By the end of the year 11,800 yards of 6" diameter and 300 yards of 9" diameter sewer had been laid and 158 manholes constructed. 2,134 yards of 4" diameter and 3,350 yards of 6" diameter p.v.c. pumping mains had also been laid. At the same time work was proceeding on the construction of the combined Sewage Disposal Works for the two villages. The value of the work certified at the end of 1968 totalled £326,000.

SOUTH CAMBRIDGESHIRE RURAL DISTRICT COUNCIL

Considerable progress is again being made in the district, with the sewerage of four parishes nearing completion and the sewerage of a further four parishes being commenced.

At present drainage connections to the sewers at Foxton and Shepreth are being permitted and the Steeple Morden/Guilden Morden scheme should be completed by early summertime.

Work commenced at Barrington and Orwell and these sewers will discharge to the sewage works which also caters for the Shepreth/Foxton scheme.

Sewerage of Hinxton and Ickleton parishes is underway and the treatment of the sewage will be effected at the recently constructed works within the area of Saffron Walden Rural District. The treatment works also deals with the sewage flow from two of their parishes.

The extension of Melbourn sewage works is making good progress.

Tender documents have been accepted in respect of the scheme for the small parish of Tadlow.

By the coming summer the position will be reached whereby tenders will be sought for sewerage of the parishes of Hildersham, Little Abington, and Great Abington, and for the extension to the Linton sewage works.

Preliminary engineering reports are being formulated for sewerage of the parishes of Thriplow and Fowlmere. Plans are in an advanced stage in connection with the Horseheath/West Wickham scheme and also for Castle Camps and Shudy Camps.

The sewerage of Great Eversden and Little Eversden parishes is in plan stage and the subsequent sewage treatment, at works within the Chesterton Rural District area, is at present the subject of negotiations with that authority.

WISBECH MUNICIPAL BOROUGH COUNCIL

Two thirds of the built-up parts of the town are provided with public sewers. Disposal of the sewage is by lagoons on silt land except that the area is grossly inadequate resulting in constant use of storm water installations. The outlet from the latter pours concentrated sewage into the River Nene.

In 1967 I reported details of agreements reached between the Borough Council and two neighbouring Rural District Councils as follows:-

- (a) To provide an up-to-date sewage disposal plant, in addition to the existing sewage farm, to treat sewage from all the built-up part of the Borough together with neighbouring parishes from the rural districts;
- (b) To provide sewers in the remaining third portion of the built-up area of the town;

Consulting engineers have been appointed to proceed with the scheme.

Only limited progress can be reported owing to difficulties in connection with the suggested location of the sewage treatment works. The land affected is owned by Norfolk County Council (Smallholdings Committee) - the same Council being the Planning Authority. Delay in a decision to cede the 21 acres of land resulted in the Borough Council making a Compulsory Purchase Order in July 1968. Norfolk County Council subsequently offered an alternative site, which was clearly much less convenient and likely to add high additional capital cost to the project. At the close of 1968 Norfolk County Council offered another alternative site of suitable size which the Consulting Engineers were able to recommend. The location having been settled by the vendor still requires to be the subject of a planning process.

In anticipation of the inauguration of the regional sewerage scheme, twin sewer pipes have been laid across the River Nene, the work being carried out by specialist contractors currently working in the area.

Further sites have been acquired for additional sewage pumping stations.

In the meantime the sewage farm and storm water overflow works are managed to their capacity without many folks being inconvenienced because these installations are well away from any people. More unfortunate are those citizens in the North Brink area of the borough who daily tolerate the smell arising from constant emptying of cesspool contents into a length of sewer which is old and slow flowing.

Cesspools are emptied as ordered by occupiers of premises at 4/-, that is where no public sewer is available. It is a matter of conjecture as to whether there is any justification in continuing to make this charge. Elsewhere an economical charge of £2 is made.

WISBECH RURAL DISTRICT COUNCIL

During 1966 authority was given by Wisbech Rural District Council to proceed with Phase I of the new sewerage scheme i.e. sewerage of Leverington, Elm and Fridaybridge. During 1967 progress was made with the establishment of sites for pumping stations, and the whole Rural District scheme was put into the hands of the Ministry during 1968. My Council now await authority from the Ministry to proceed.

With regard to the actual sewage treatment works, which is a triple authority responsibility, the Ministry, at present, have called for an enquiry into the proposed siting at West Walton - a previous site having been turning down by the appropriate Parish Council.

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 progress made during the year on the various health centre projects in the County:-

March Work continued during the year on this centre which will provide five general practitioner suites. It was not possible to meet the completion date and the Centre was in fact opened at the end of March, 1969.

Sawston Work on this centre which will have four general practitioner suites commenced in March, 1968 and the centre was opened in May, 1969.

Whittlesey and Littleport Work on these centres to provide respectively four and two general practitioner suites commenced in March, 1968 and it is anticipated the centres will be opened in the Autumn of 1969.

A report on the working of these centres will be included in the report for 1969.

Ely A site has been acquired and it is hoped in the Autumn of 1969 to commence the building of a centre with six general practitioner suites.

Soham A site has been acquired and it is hoped in 1969 to begin the building of a centre with three general practitioner suites in conjunction with the building on the same site of a new primary school, using the same contractor.

Bar Hill This centre programmed for 1970/71 to accommodate two general practitioner suites is virtually in abeyance in view of the difficulty in resolving the problem of a site with the developers.

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

Ministry of Health Circular 34/68, referring to the report of the Sub-Committee on Child Welfare (The Sheldon Report), was received in October.

There has over the years been discussion as to the future of child health centres, the term by which Sheldon considers they should be known, and in particular there have been statements that these centres should ultimately be manned by the family doctor service. It has been the custom in both the authorities now constituting Cambridgeshire and Isle of Ely County Council for general practitioners to perform this work, and to this extent we are in line with modern trends. At the end of the year the centres were attended by 30 general practitioners and eight members of the authority's medical staff.

The Circular lays stress on certain aspects of the work undertaken, in particular with regard to health education, which within the limits of accommodation available in some centres we have been pursuing very actively for a number of years. The organisation of the work at the centres is outlined, and again it can be said that within the limits of existing staff we are doing as much as we can to meet the high ideals of the service the Sheldon Report would like to see developed. At present further improvements in the service are precluded by the existing national financial stringencies.

The Circular emphasises the value of voluntary work, a factor well appreciated in this authority, and of which much use is made. Reference is also made to the system of ascertainment and assessment of handicapped children and co-operation with the appropriate consultant staffs of hospitals; a feature long established in the existing child health services of this authority.

The arrangements for pre-school clinics were unchanged in 1968. Of the 54 clinics in the County area, 39 were held in hired premises such as village halls, 2 in clinic premises owned by the authority, 12 at schools or village colleges, and in one instance (Bottisham) the clinic was transferred to new surgery premises built by the general practitioners.

The combined health visiting and child health centre card, introduced in 1967, continued in use with some modifications which experience showed to be necessary. It has proved of considerable value in presenting to the clinic doctor the full history of the child being seen, and has at the same time brought about a welcome reduction in clerical work by cutting out duplicate record keeping.

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

CITY OF CAMBRIDGE ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of women who attended during the year	(a)	Institutional booked	22
		(b)	Domiciliary booked	193
		(c)	Total	215
2	Total number of attendances during the year			729

CITY OF CAMBRIDGE CHILD HEALTH CENTRES

Clinic		Day and Time Held	
Auckland Road	C.H.C.	Tuesday	p.m.
Auckland Road	Toddler	Friday (once monthly)	p.m.
Castle Street	C.H.C.	Tuesday	a.m.
Castle Street	C.H.C.	Tuesday	p.m.
Cherry Hinton	C.H.C.	Monday	p.m.
Cherry Hinton	C.H.C.	Thursday	p.m.
Cherry Hinton	Toddler	Friday (once monthly)	a.m.
Chesterton	C.H.C.	Thursday	a.m.
Chesterton	C.H.C.	Thursday	p.m.
Chesterton	Toddler	Friday (once monthly)	p.m.
East Barnwell	Toddler	Monday (once monthly)	p.m.
East Barnwell	C.H.C.	Thursday	p.m.
Kingsway	Toddler	Monday (once monthly)	a.m.
Kingsway	C.H.C.	Monday	p.m.
Kingsway	C.H.C.	Tuesday	a.m.
Newnham	C.H.C.	Wednesday (twice monthly)	p.m.
Norwich Street	C.H.C.	Wednesday	a.m.
Romsey	Toddler	Monday (once monthly)	p.m.
Romsey	C.H.C.	Wednesday	p.m.
Romsey	C.H.C.	Thursday	a.m.
Trumpington	C.H.C.	Monday (twice monthly)	p.m.

CITY OF CAMBRIDGE CHILD HEALTH 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 1968	Born in 1967	Born in 1963 to 1966	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)
1,129	969	1,134	3,232	429	285	-	-	714	97	606

COUNTY AREA ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

		(a)	Institutional booked	568
1	Number of women who attended during the year	(b)	Domiciliary booked	213
		(c)	Total	781
2	Total number of attendances during the year			3,019

COUNTY AREA ANTE-NATAL AND POST-NATAL CLINICS

Combined ante-natal and post-natal clinics

ELY	Monthly clinic held by one practice of general practitioners and attended by midwives. Midwives' clinic held twice monthly.
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.

Ante-natal clinics

WHITTLESEY	Weekly clinics held, on separate days, by two firms of general practitioners assisted by midwives. The midwives hold a separate weekly booking clinic.
WISBECH	Weekly clinic attended by midwives only. Midwives also attended ante-natal clinics held by general practitioners in their surgeries.

COUNTY 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. on a sessional basis	Hospital Medical Staff	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
239	179	-	118	111	-	229

COUNTY AREA CHILD HEALTH CENTRES

Week	Monday	Tuesday	Wednesday	Thursday	
1st	Gt.Shelford	Comberton Harston Littleport Milton Whittlesey	Bassingbourn Cheveley Ely Fulbourn Parson Drove Wisbech	Coates Dullingham March Newton nr. Wisbech Swavesey	Chatteris Isleham Melbourn Wisbech
2nd	Gt.Shelford	Barrington Burwell Doddington Haddenham Leverington Littleport Manea Soham Sutton (quarterly) Whittlesey	Cottenham Ely Fulbourn Histon Prickwillow Toft Wisbech	Haslingfield Toddlers' Clinic (quarterly) March Waterbeach Willingham Wisbech St. Mary	Chatteris Wisbech
3rd	Gt.Shelford	Bottisham Comberton Haslingfield Littleport Milton Whittlesey	Bassingbourn Duxford a.m. H.V. only p.m. doctor Ely Fulbourn Wisbech	Balsham Coates Gamlingay Guyhirn March Wilbraham	Chatteris Fordham Linton Melbourn Wisbech
4th	Christchurch Gt.Shelford	Burwell Doddington Fowlmere (always last week) Haddenham Littleport Manea Soham Sutton Whittlesey	Black Horse Drove Bourn (always last week) Elm and Fri- daybridge 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 Mordon †	

/ Alternate Wednesdays with effect from 8th January, 1969

† Alternate Thursdays with effect from 9th January, 1969.

COUNTY AREA CHILD HEALTH CENTRE ATTENDANCES

CENTRES	Number of children who attended during the year			Number of sessions held during year
	Born in 1968	Born in 1967	Born in 1963-66	
Balsham	35	30	55	12
Barrington	14	20	35	12
Bassingbourn	34	41	51	24
Black Horse Drove	2	8	14	11
Bottisham	32	33	18	11
Bourn	25	58	31	13
Burwell	58	60	43	23
Chatteris	70	62	124	51
Cheveley	15	20	40	12
Christchurch	4	16	24	12
Coates	21	23	27	24
Comberton	75	55	102	24
Cottenham	39	37	34	11
Doddington	14	52	17	13
Dullingham	21	21	48	12
Duxford	36	61	101	22
Elm	27	29	45	12
Ely	86	123	42	54
Fordham	22	29	19	12
Fowlmere	16	16	20	13
Fulbourn	77	68	70	35
Gamlingay	27	38	25	12
Girton	54	38	127	25
Gt. Abington	12	10	19	11
Gt. Shelford	79	113	73	47
Guyhirn	1	8	17	12
Haddenham	44	31	55	23
Harston	16	17	28	12
Haslingfield	20	15	56	16
Histon	78	66	66	23
Isleham	11	16	22	12
Leverington	16	19	33	12
Linton	36	54	65	12
Lt. Downham	13	20	19	10
Littleport	81	68	59	51
Manea	13	8	3	23
March	119	201	43	51
Melbourn	55	52	70	23
Milton	36	35	61	24
Newton, Nr. Wisbech	5	4	16	12
Parson Drove	9	17	29	12
Prickwillow	10	13	13	12
Sawston	100	108	146	50
Soham	56	45	40	22
Steeple Morden	30	48	61	25
Sutton	14	14	20	14
Swavesey	45	69	103	23
Toft	13	15	34	11
Waterbeach	61	28	10	12
Whittlesey	88	125	127	56
Wilbraham	10	5	14	12
Willingham	33	24	49	12
Wisbech	153	190	231	100
Wisbech St. Mary	17	9	24	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, 227 represents a rate of 51.1 per 1,000 live births as against a rate of 60.9 per 1,000 for 1967, and 49.6 for 1966.

Premature Infants - City of Cambridge

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						
	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													1		
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	4	1		1									1	1	
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	5								2		1				
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	12												2	1	
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	39	1	1		7								3		
6. Total	60	2	1	1	7				4		1		7	2	

Premature Infants - County Area

Weight at Birth	Premature live births													
	Born in Hospital							Born at home or in a Nursing Home						
	Died							Died						
	Total Births (1)	Within 24 hours (2)	In 1 and under 7 days (3)	In 7 and under 28 days (4)	Total Births (5)	Within 24 hours (6)	In 1 and under 7 days (7)	In 7 and under 28 days (8)	Total Births (9)	Within 24 hours (10)	In 1 and under 7 days (11)	In 7 and under 28 days (12)	In Hospital (13)	At home or in a Nursing Home (14)
1. 2 lb 3 oz or less	2		1										3	
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	8	1	1										6	1
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	29		2	1	1								14	
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	30	1	1		2				1				3	
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	68	1		1	13								3	1
6. Total	138*	3	6*	2	17*				1				29	2

*Includes one not weighed

Dental Treatment of Expectant and Nursing Mothers and Young Children

The dental services for young children and expectant and nursing mothers are provided by the School Dental Service, and reference should be made to the report of the Principal School Medical Officer, Page 78.

Details of attendances and treatment for these priority groups are given below.

COUNTY AREA

Part A. Attendances and Treatment

Number of Visits for Treatment During Year	<u>Children</u> <u>0-4 (incl.)</u>	<u>Expectant and</u> <u>Nursing Mothers</u>
First Visit	1. 321	13. 97
Subsequent Visits	2. 255	14. 266
Total Visits	576	363
Number of Additional Courses of Treatment other than the First Course commenced during year	3. 13	15. 5
Treatment provided during the year		
Number of Fillings	4. 282	16. 180
Teeth Filled	5. 258	17. 163
Teeth Extracted	6. 239	18. 161
General Anaesthetics given	7. 97	19. 28
Emergency Visits by Patients	8. 67	20. 21
Patients X-Rayed	9. 2	21. 10
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	10. 51	22. 154
Teeth Otherwise Conserved	11. 37	
Teeth Root Filled		23. -
Inlays		24. -
Crowns		25. -
Number of Courses of Treatment Completed during the Year	12. 208	26. 73

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	27.	8
Patients Supplied with Other Dentures	28.	10
Number of Dentures Supplied	29.	19

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers.	30.	5
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Part D. Inspections

	<u>Children</u> <u>0-4 (incl.)</u>	<u>Expectant and</u> <u>Nursing Mothers</u>
Number of Patients given First Inspection During Year	A. 457	D. 104
Number of Patients in A and D above who required Treatment	B. 258	E. 98
Number of Patients in B and E above who were offered Treatment	C. 237	F. 98

Part E. Sessions

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

For Treatment	G. 192
For Health Education	H. 4

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.	239	13.	22
Subsequent Visits	2.	279	14.	39
Total Visits		518		61
Number of Additional Courses of Treatment other than the First Course commenced during year	3.	14	15.	-
Treatment provided during the year - Number of Fillings	4.	371	16.	30
Teeth Filled	5.	306	17.	30
Teeth Extracted	6.	44	18.	34
General Anaesthetics given	7.	10	19.	1
Emergency Visits by Patients	8.	20	20.	11
Patients X-rayed	9.	3	21.	-
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	10.	51	22.	3
Teeth Otherwise Conserved	11.	76		
Teeth Root Filled			23.	1
Inlays			24.	-
Crowns			25.	-
Number of Courses of Treatment Completed during the Year	12.	141	26.	16

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	27.	-
Patients Supplied with Other Dentures	28.	1
Number of Dentures Supplied	29.	2

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers.	30.	-
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Part D. Inspections

	<u>Children</u> <u>0-4 (incl.)</u>	<u>Expectant and</u> <u>Nursing Mothers</u>
Number of Patients given First Inspections During Year	A. 118	D. 16
Number of Patients in A and D above who required Treatment	B. 95	E. 15
Number of Patients in B and E above who were offered Treatment	C. 93	F. 15

Part E. Sessions.

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

For Treatment G. 50

For Health Education H. -

Distribution of Welfare Foods

Welfare Foods were available from child health centres and from other distribution points such as shops, private houses or premises hired for the purpose. The valuable work of the many volunteers who help with the distribution of the foods is greatly appreciated.

Once again there was a decline in the demand for these foods, with the exception of orange juice issues of which showed a slight rise.

WELFARE FOODS

	Total issued	
	1968	1967
National Dried Milk (Tins)	13,735	15,785
Cod Liver Oil (Bottles)	3,153	3,466
A and D Tablets (Packets)	4,022	4,053
Orange Juice (Bottles)	70,411	69,041

DAY NURSERIES

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

Number of Approved Places		Average Daily Attendance during Year		Number of Children on register at end of year	
40	F.T.	36	F.T.	46	F.T.
3	P.T.	2	P.T.	14	P.T.

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

This Act has now been amended by Section 60 of the Health Services and Public Health Act, 1968, which was brought into operation on 1st November, 1968. From that date the scope of the Act was extended to include premises in which children are received for a total of two hours or more in the day, and persons who in their own homes and for reward look after one or more children, to whom they are not related, for similar periods. The Section increased the maximum penalties for offences under the Act, and extended the grounds on which a local health authority can refuse to register premises or persons. It also extended the Authority's power to make requirements as a condition of registration.

The effect of these amendments to the existing legislation had not been felt by the end of 1968, but early in 1969 a sharp increase in the number of applications for registration was noted.

At the end of 1968, 41 day nurseries were registered for a maximum of 828 children and 42 child minders for a maximum of 368 children, a total of 83 establishments taking 1,196 children.

In July another course, arranged by the Health Education Officer, was held for child minders and the staffs of day nurseries. These courses are proving very popular, and now appear to be established as an annual event. The Health Education Officer's report can be found on Page 49.

Congenital Abnormalities

The scheme for the notification of congenital abnormalities observable at birth was unchanged in 1968, malformations being reported to the Health Department on the notification of birth form.

Information on 74 notified cases was submitted to the General Register Office. The malformations can be summarised as follows:-

Affecting the central nervous system	28
Affecting the eye and ear	4
Affecting the limbs	30
Affecting the alimentary system	7
Affecting the heart and great vessels	1
Affecting the uro-genital system	10
Affecting the respiratory system	4
Affecting other systems	6
Other malformations	8

In some cases more than one malformation was observed.

Observation Register

The centralisation of the administration of the health department's services has afforded an opportunity for a revision of the method under which birth notifications are recorded. A card index system was introduced early in 1969 which will facilitate the recording and following up of children known to have handicapping conditions and the observation of children about whom it is known that there may be some potential handicapping agency.

At the end of 1968 there were 1,295 children considered to be "at risk". These children are ascertained from questionnaires completed by midwives and hospitals at the time of birth. The scheme was originally intended to facilitate the discovery of children with impaired hearing, but the questionnaire has since been widened to include children at risk to other physical and mental handicaps. During 1968, health visitors carried out screening tests of hearing on 1,247 seven month old children considered to be at risk; of this number 22 appeared to have hearing defects and were referred for further investigation.

Hearing

A full account of the Authority's services for the ascertainment, training and education of the deaf can be found in the Annual Report for 1967.

Mr. J. L. Holmes, Senior Teacher of the Deaf has submitted the following report:-

1. Case-load

There are 69 children in the county who wear hearing-aids. From the educational point of view they fall into the following categories:-

Pre-school	6
Attending ordinary schools	24
Attending partially-hearing units	17, of whom 8 are of pre-school age
Attending schools for the deaf or partially hearing	16, of whom 10 are at secondary level
Attending other special schools	6
Total	69

2. New Cases

During 1968, 155 new cases were referred to the teachers of the deaf for assessment. They were dealt with as follows:-

	Pre School	School age	Total
Children referred	69	86	155
Not deaf	29	28	57
Follow ups	40	58	98
Referred to ENT clinics	5	20	25
Referred to Cherry Hinton assessment clinic	16	5	21
Issued with hearing aids	1	8	9

3. Staff and Educational Provisions

In 1968 there were two full-time teachers of the deaf, Mr. J. L. Holmes and Mr. J. E. Williams, and one part-time teacher, Mrs. J. Allison.

Most of the work was carried out in homes and schools throughout the county. In addition the teachers were occupied at Histon nursery school, the partially hearing unit at Sedley school, Meldreth training school, the Palace school, Ely, and Hawkins Rd. junior training centre.

Many pre-school deaf children from the county attended city units at Homerton nursery, Sedley infants, and Mayfield junior schools. In 1969 the city are providing a secondary unit at the Coleridge school and a primary unit will be opening at the Burrowmoor school, March. Six county children are to begin at this unit in September, 1969.

During the year 18 sessions were held at the Cherry Hinton assessment clinic supervised by Mr. G. E. Mann, F.R.C.S., when 108 children were investigated, the majority being those attending for periodical review. The clinic is a joint venture by the county and city and children from both areas attend as the need arises.

4. Professional Co-operation

On October 19th a one-day conference for parents and professional people concerned with the problem of children with impaired hearing was held at Cottenham Village College when nearly 100 people attended. Under the Chairmanship of the principal school medical officer the speakers were Mr. G. E. Mann, F.R.C.S., Consultant ENT Surgeon, Addenbrooke's Hospital, Professor M. M. Lewis, M.A., Ph.D. Emeritus Professor of Education, Nottingham University, Miss O. Z. Morley, Senior Teacher of the Deaf, Belgrave Hospital, London, and Mr. W. H. Snowdon, M.M.I.

The teachers of the deaf gave lectures to the following:-

Career Advisory Officers (S.E. Region)

County Health Visitors

Third year students at Saffron Walden College of Education

Rotary clubs and other local groups.

They visited Tewin Water School for the Partially Hearing and the East Anglian School for the Deaf, and attended a conference on technical equipment at Sheffield.

They actively co-operated with the local branch of the National Deaf Children's Society. This led to a series of articles being printed in the Cambridge News.

An essential link was established with the careers advisory service to help with the placement of hearing-impaired school-leavers. The teachers accompanied these children to interviews on several occasions.

Phenylketonuria

For a number of years the public health nursing staff have tested the urine of infants by the Phenistix method in order to ascertain whether they suffer from the rare condition of phenylketonuria, a metabolic disease causing mental subnormality. The incidence of this illness is given variously, but is probably in the region of one case per 20,000 births. Unfortunately the method used at present is not 100% accurate and it is possible for a case to be missed. Recent work on improved tests was the subject of a Ministry letter in October. The most reliable of these new tests and one which has been employed in a number of areas is known as the Guthrie Test, and necessitates obtaining a small spot of blood from the heel of the infant on the sixth day, or as near as possible afterwards to this day.

Following discussions at meetings of the Medical Officers of Health Advisory Committee to the East Anglian Regional Hospital Board, it is anticipated that a regional service for examination of the blood samples will be offered by about the

summer of 1969 by Dr. G. Roberts, Physician Superintendent of the Ida Darwin Hospital. The samples would be obtained by the public health nurses and hospital staffs. In the first place they would be examined for phenylketonuria and later on, as tests become available, for other metabolic diseases.

Rhesus Immunisation

In July a letter was received from the Ministry of Health (as it then was) relating to the prevention of Rh-haemolytic disease of the newborn by using anti-D immunoglobulin to prevent the development of antibody in the mother. The procedure is connected with the collection of blood containing the required anti-bodies from certain women who have developed them, and the Ministry asked for the assistance of public health nurses in furthering the scheme for building up supplies of blood containing the required anti-bodies. All public health nurses were issued with an explanatory note so that they are able to support the advice given by doctors to their patients.

Care of the Unmarried Mother

The arrangements for the care of the unmarried mother were unchanged in 1968, 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 Social Welfare.

Grants towards the cost of maintenance in mother and baby homes were made in 24 cases.

Child Psychiatric Service

The arrangements for the referral of cases to the Child Psychiatric Service remained unchanged. The child psychiatric clinic was moved from premises in Chesterton Road to larger and more pleasant premises at Brookside, Cambridge. Dr. R. Glennie and Dr. A. Gage, Consultant Child Psychiatrists, held clinics at Addenbrooke's Hospital and Brookside, covering 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 were continued and were attended by medical officers from the City and County Health Departments. These meetings are considered invaluable in establishing the closest relationship 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.

Detailed statistics showing the number of children seen are set out in the report of the Principal School Medical Officer.

MIDWIVES SERVICE, HEALTH VISITING AND HOME NURSING

There was no change in 1968 in the pattern of administration of the nursing and health visiting services. In the southern part of the county area these were directly administered by the local health authority under the supervision of a County Nursing Officer based in Cambridge, a situation obtaining in Cambridgeshire since 1948.

The health visitors in the northern part of the county were employed directly by the authority, while the midwifery and home nursing services were provided on an agency basis by the Isle of Ely Nursing Association. The County Nursing Officer, employed by the local health authority, was based at March.

Following the advice given in Circular 12/65 relating to the structure of the nursing services, the Health Committee have recommended the appointment of a Principal Nursing Officer supported by Area Nursing Officers at March and Cambridge. This reorganisation is expected to become effective in September 1969.

Considerable discussion took place in the early part of the year on the future role of the Isle of Ely Nursing Association. The work the Association and their officers have undertaken in providing a nursing service in the northern part of the county has been tremendous and most valuable, but it was felt that in the last decade changes in both social structure and the pattern of administration of nursing services had now altered the position so much that the original concept and purpose of local nursing associations were now overtaken by events.

The Isle of Ely Nursing Association at their meeting on May 28th, 1968, resolved that the agency arrangements between the County Council and the Association be terminated on 31st March, 1969. The arrangements for implementing this decision were in hand at the end of the year.

Concern was felt that the voluntary services of the members of the district nursing associations should not be lost. With this in mind a meeting was held in October to which were invited members of the district nursing associations and other interested people to discuss voluntary work still required in the community, and at which speakers from various voluntary organisations described their activities.

The following staff were in post at 31st December, 1968.

	<u>Full-time</u>	<u>Part-time</u>
Health Visitors	25	3
District Nurse/Midwife/Health Visitors	4	-
District Nurse/Midwives	21	1
District Midwives	8	-
District Nurses S.R.N.	20	7
S.E.N.	1	2

Home Nursing

During the year under review the home nursing service has continued to operate smoothly, and to reflect a continuing growth in the care of the elderly. The number of cases nursed (5,967) shows an increase of almost 500 over the previous year. Almost 60% of the patients were aged 65 and over.

A greater variety of aids, both nursing and mechanical, were used during the year, ranging from pre-packed sterilized dressings to such items as hydraulic hoists and, in one case, an electric turning bed. Their use has enabled patients who would otherwise have had to remain in hospital to return home and receive continuing care in familiar surroundings.

Following discussions with the Ministry of Health and officers of the Huntingdon and Peterborough County Council, application was made for the formation of a district nurse training area consisting of Cambridgeshire and Isle of Ely, including the City of Cambridge, and Huntingdon and Peterborough County Council, including Peterborough. This authority received formal approval as a theoretical and practical training area, and Huntingdon and Peterborough as a practical training area.

The first course started in September 1968, and occupied a period of four months. It was held at Abberley House, Great Shelford, and was attended by seventeen nurses, ten

of whom were from Cambridgeshire and Isle of Ely. All seventeen were successful in the examination.

Midwifery

1968, like its predecessor, produced from the point of view of this particular service, its quota of problems. Of these shortage of staff must take pride of place. More and more nurses are marrying early, either on or even before completing general training. Of those who go on to take midwifery training many complete only Part I either because they intend to become health visitors or because midwifery on closer acquaintance loses its appeal. Of those who stay the course, a large percentage marry or take posts abroad. It follows therefore that competition for the remainder, as between local authority and hospital fields, is strong. A further interesting point is that of the pupils completing Part II training in this area, most wish to work wholly as midwives rather than in combination with district nursing. This makes for added difficulties when attempting to staff scattered, sparsely populated, rural areas, where the volume of domiciliary midwifery is too small to allow of a full-time midwifery appointment.

During the year under review the number of domiciliary confinements has again decreased, due in part to shortage of staff and in part to the decision of the maternity hospital to admit all first pregnancies. There was a corresponding increase in the number of planned 48 hour and other early discharges. The proportion of confinements taking place in hospital was 81% (80% in 1967; 76% in 1966.) Of the remainder 550 were booked with their general practitioners, and 23 were not. 1,271 mothers were discharged from hospital, including 48 hour discharges, during the puerperium.

The midwives worked closely with the general practitioners in the provision of ante and post-natal care; co-operation with general practitioners is at perhaps the highest level ever with an increasing number of joint sessions being held at surgeries.

An extensive programme of mothercraft and relaxation classes run jointly by midwives and health visitors is in operation in those areas where population density or the provision of transport facilities to the centre make such classes possible.

Following discussions between hospital and domiciliary staff and general practitioners, arrangements have been made for suitable patients to be booked and delivered by the domiciliary midwives in the Grange Maternity Hospital, Ely, returning home after 48 hours. The general practitioner obstetrician and midwife are responsible for the patient's ante-natal and post-natal care. It is regretted that owing to shortage of midwives it has not been possible to start similar schemes at Wisbech and March.

Radiotelephones were fitted in a further seven midwives' cars, bringing the total in use to 23.

Thirty-four pupils completed their training in the Part II Midwifery School during 1968. The school caters for eighteen pupils at any one time, nine undergoing hospital training and nine district training. Twelve of the pupils are accommodated at the Maternity Hospital, and six of those undergoing district training are in a hostel provided by the local health authority.

Health Visiting

The demand for this service has continued at the same high level as in the previous year, some 18,000 cases being dealt with in the county area of which more than three-quarters were aged 65 and over.

The supportive role of the health visitor in respect of families in need has been much to the fore, with a resultant falling off of routine visiting of the under-fives.

Teaching, in child health centres, schools, parent classes, etc., has again increased and ranges over a wide field, supported by the advice of the Health Education Officer.

Two S.R.Ns. were employed to assist the health visiting staff, each working with one or two health visitors - a pattern which is likely to be further developed in the future.

The health visitors have also been encouraged to maintain a close contact with registered day nurseries and child minders in addition to their formal six-monthly visits of inspection.

Attachment Schemes

There was an increase in the number of attachment schemes in 1968. They are of varying kinds, each tailored to meet the particular situation, as the needs of no two practices seem to be identical. The following schemes were introduced in 1968:

Two district nurse midwives were attached to two general practices. Ante and post-natal coverage is a joint concern and deliveries take place in a G.P. Unit in close liaison with a nearby hospital offering consultant facilities. Two health visitors, one full-time and one part-time, and an S.E.N., also serve the needs of these practices.

Four practices have district nurse attachment schemes. Another has health visitor and district nurse attachment, and two have health visitors attached.

In the northern part of the county a series of meetings have been organised attended by domiciliary staff and the consultant and nursing staffs of the general and maternity hospitals, while the visiting by domiciliary staffs of the wards of general hospitals has proved useful.

Further liaison has been effected by the attendance of hospital and domiciliary staff at quarterly lunch meetings arranged by the Matron of the Gables Maternity Hospital, Peterborough.

MIDWIFERY SERVICE

Notification of Intention to Practise

Under the rules of the Central Midwives Board, 160 midwives notified their intention to practise:-

	<u>City of Cambridge</u>	<u>County Area</u>
Domiciliary	13	41
Institutional	56	50

Domiciliary Midwives in Practice at 30th September, 1968

(a) Employed by the Authority

City of Cambridge		County Area		Total	
Whole-Time	Part-Time	Whole-Time	Part-Time	Whole-Time	Part-Time
9	1	7	26	16	27

(b) In private practice

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

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

	Doctor not booked		Doctor booked		Total
	Doctor present at delivery	Doctor not present at delivery	Doctor present at delivery	Doctor not present at delivery	
City of Cambridge	-	-	118	307	425
County Area	-	23	176	374	573
Total	-	23	294	681	998

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

<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
333	1,271	1,604

HEALTH VISITING

Cases visited by Health Visitors

	<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
(i) Total number of cases	5,936	18,035	23,971
(ii) Children born in 1968	1,451	3,294	4,745
(iii) Children born in 1967	981	3,868	4,849
(iv) Children born in 1963-66	1,755	7,451	9,206
(v) Total number of children in lines (ii) to (iv)	4,187	14,613	18,800
(vi) Persons aged 65 or over	962	1,934	2,896
(vii) Number included in line (vi) who were visited at the special request of a G.P. or hospital	771	637	1,408
(viii) Mentally disordered persons	63	102	165
(ix) Number included in line (viii) who were visited at the special request of a G.P. or hospital	58	50	108
(x) Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	62	94	156
(xi) Number included in line (x) who were visited at the special request of a G.P. or hospital	44	39	83
(xii) Number of tuberculous households visited	37	22	59
(xiii) Number of households visited on account of other infectious diseases	32	69	101
(xiv) Other cases	593	597	1,190

Cases visited by tuberculosis visitors

(xv) Number of tuberculous households visited by tuberculosis visitors	-	138	138
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HOME NURSING SERVICE

	<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
(i) Total number of persons nursed during the year	1,879	4,088	5,967
(ii) Number of persons who were aged under 5 at the first visit in 1968	47	206	253
(iii) Number of persons who were aged 65 or over at first visit in 1968	1,116	2,419	3,535

SECTION 26 - VACCINATION AND IMMUNISATION

The Council's vaccination and immunisation schemes for the protection of children against smallpox, whooping cough, tetanus, diphtheria and poliomyelitis continued during the year on the same lines as previously. In addition, with effect from the beginning of May, measles vaccine became available, and it was recommended that vaccination should be offered to all children up to and including the age of 15 who were susceptible to an attack of measles because they have neither been immunised nor had natural measles.

Because of the shortage of vaccine, it was necessary to phase the demand and a start was made on children between the ages of 4-7 years. The take up of measles vaccination was rather disappointing, considering the number of children at risk and the table at the end of this section shows the number vaccinated.

The review of the existing schedules of immunisation in childhood by the Joint Committee on Vaccination and Immunisation was completed in September and a new schedule was recommended with a slightly different timetable for injections. This was brought to the attention of all general practitioners in the area.

Official estimated figures have been received showing the percentage of children estimated to have been vaccinated against the above diseases and it is pleasing to note that the figures for this area are in all cases above the national average.

The immunisation work was again carried out in the main by the general practitioners with only a limited amount being done in the pre-school clinics. The number of children protected, both by primary courses and boosters can be seen from the following tables -

Diphtheria Immunisation

At the end of the year 81% of the children born in 1967 had been protected against diphtheria, 3% above the national average.

RECORD OF DIPHTHERIA IMMUNISATION

Year of Birth	City of Cambridge		County Area		Total	
	Primary	Booster	Primary	Booster	Primary	Booster
1968	488	-	925	18	1,413	18
1967	682	357	1,481	461	2,163	818
1966	40	614	86	1,192	126	1,806
1965	21	45	33	155	54	200
1961-1964	36	822	112	1,977	148	2,799
Others under Age 16	14	106	43	252	57	358
Total	1,281	1,944	2,680	4,055	3,961	5,999

Poliomyelitis

The following tables show the number of primary and reinforcing doses given during the year. At the end of the year 76% of the children born in 1967 had been vaccinated compared with a national average of 74%.

POLIOMYELITIS

Primary Vaccination

	City of Cambridge		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 1968	-	414	-	759	-	1,173
Children born in 1967	-	672	-	1,559	-	2,231
Children born in 1966	-	91	1	160	1	251
Children born in 1965	-	28	-	41	-	69
Children born in years 1961-1964	-	52	-	117	-	169
Others under age 16	-	34	-	48	-	82
Totals	-	1,291	1	2,684	1	3,975

Re-inforcing Doses

	City of Cambridge	County	Total
Number of persons given booster injections of Salk vaccine or quadruple vaccine	-	-	-
Number of persons given a re-inforcing dose of oral vaccine	998	2,697	3,695

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 40% of the children under two years of age had been vaccinated against Smallpox. This compares favourably with the national figure of 38%.

NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED)

Age at Date of Vaccination	City of Cambridge		County Area		Total	
	Vaccinated	Re-vaccinated	Vaccinated	Re-vaccinated	Vaccinated	Re-vaccinated
0-3 months	5	-	19	-	24	-
3-6 months	9	-	23	1	32	1
6-9 months	8	-	104	-	112	-
9-12 months	14	-	93	-	107	-
1 year	522	5	1,076	5	1,598	10
2-4 years	294	43	472	159	766	202
5-15 years	61	231	103	96	164	327
Total	913	279	1,890	261	2,803	540

Tetanus

The following table shows the number of persons immunised against tetanus during the year, either by 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 a significant increase.

NUMBER OF PERSONS IMMUNISED AGAINST TETANUS

Year of Birth	City of Cambridge		County Area		Total	
	Primary	Booster	Primary	Booster	Primary	Booster
1968	488	-	927	18	1,415	18
1967	685	357	1,484	464	2,169	821
1966	40	614	88	1,194	128	1,808
1965	24	49	34	161	58	210
1961-1964	46	854	129	2,017	175	2,871
Others under age 16	389	652	234	621	623	1,273
Total	1,672	2,526	2,896	4,475	4,568	7,001

Whooping Cough

The following table shows the number of children who have completed a primary course of whooping cough immunisation exclusively by the use of triple antigen. It is estimated that 80% of the children in the area had been protected against this disease at the end of the year.

WHOOPIING COUGH VACCINATION

Year of Birth	City of Cambridge	County Area	Total
1968	488	922	1,410
1967	680	1,451	2,131
1966	37	80	117
1965	19	32	51
1961-1964	21	73	94
Others under age 16	3	10	13
Total	1,248	2,568	3,816

MEASLES VACCINATION

Year of Birth	City of Cambridge	County Area	Total
1968	23	30	53
1967	322	389	711
1966	363	351	714
1965	313	350	663
1961-1964	692	884	1,576
Others under age 16	75	68	143
Total	1,788	2,072	3,860

The ambulance service continued to work on the lines set out in previous reports with minor variations of establishment to meet changing needs. Vehicles and equipment were replaced, an interesting development being the purchase of a special coach built sitting case vehicle designed to ensure additional comfort and space for patients being conveyed from hospitals to convalescent homes and incidentally making it possible on occasion to use one vehicle instead of two.

Work continued on the building of the ambulance station at March and at the time of writing part of it is already in use. Similarly building of the Ely ambulance station will commence in the very near future.

Towards the end of the year the agency arrangements operated by the St. John Ambulance Brigade in the Littleport area were discontinued as the Brigade felt the mileage no longer justified the maintenance of the vehicle nor the employment of the driver and early in 1969 a similar situation arose at Soham where the British Red Cross had operated. In each case additional appointments to the Council's ambulance staff were made to meet the needs of the situation and the vehicle used by the British Red Cross Society in the Soham area has in fact been purchased by the Council in its normal replacement programme.

Training of Staff

Training is continuing at the Accident Service, Addenbrooke's Hospital, at a practical level. Sessions are held weekly and are attended by personnel on rota. Quarterly lectures are given by a senior registrar on chest injuries and the other types of serious injuries that are now encountered in road traffic accidents due to speed and the modern motor vehicle.

Ambulance personnel also attend lectures at the North Cambridgeshire Hospital, Wisbech and the R.A.F. Hospital, Ely, and arrangements are in hand for practical training to be given at the casualty department at Daddington Hospital.

Emergency midwifery lectures have been arranged for ambulance personnel. It has been found that these assist crews to effect a safer delivery in an ambulance and the crew can also be of more use to the "Obstetric Flying Squad" team.

In future all new entrants will have two weeks comprehensive training under the direction of the Training Officer.

The major emergency scheme is now in operation and all personnel have been issued with a copy of the scheme. Emergency equipment consisting of first aid panniers, blankets and Furley stretchers are stored in Cambridge, March and Ely.

The training facilities have been greatly appreciated by the ambulance personnel which has been of benefit to both service and staff.

The table that follows gives details of the mileage, number of journeys and number of patients conveyed by ambulance and hospital cars:-

<u>Ambulance Service</u>		(1967)
Mileage	462,284	457,936
Journeys	30,781	30,207
Patients conveyed	44,115	44,878

The above figures include the agency services at Soham, Whittlesey and Littleport.

<u>Hospital Car Service Vehicles</u>		(1967)
Mileage	754,155	662,473
Journeys	39,093	35,015
Patients conveyed	90,819	91,694

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.

"A moderate increase in the incidence of tuberculosis occurred in 1968. Thirty one new cases were notified (27 pulmonary and 4 non-pulmonary), an increase of nine on the previous year's figure. The number of patients on the Notification Register fell from 211 to 175, and the number of tuberculosis cases seen at the Clinic decreased from 1,221 pulmonary and 45 non-pulmonary, to 1,174 pulmonary and 35 non-pulmonary.

As was stated in last year's report, the situation with regard to tuberculosis leaves no room for complacency, and preventive measures such as B.C.G. vaccination and careful follow-up of contact cases are being thoroughly pursued.

The total number of patients seen at the Clinic, including 2,264 initially seen at the 'X-ray Only' clinic, was 13,814, a slight rise on the previous year's figure of 13,530, the scope of the work being widened by physiotherapy and psychotherapy for asthmatic patients.

Although the management of tuberculosis still continues to be a not inconsiderable part of the work of the Chest Clinic, other thoracic diseases, such as chronic bronchitis, lung cancer and more recently bronchial asthma, are becoming increasingly important and take up more time each year. This tendency towards more general medical interests is likely to become further accentuated when the Chest Clinic is moved to the New Addenbrooke's Hospital site, probably within the current year.

Tuberculosis Care and After-Care, 1968

It was envisaged in last year's report that the Cambridgeshire Tuberculosis and Chest Diseases Aftercare Association would gradually decline and no longer be necessary because of the decrease in tuberculosis, the better results of treatment and the fact that many of the Association's functions were now undertaken by the Welfare State. This has in fact happened, and at the Annual General Meeting it was decided to disband the Association gradually. At the end of the year, apart from milk grants supplied by the County Council, only two patients were receiving groceries.

When the present assets of £37. are exhausted, the Central Aid Society have kindly agreed to take over whatever grocery commitments remain, and so the work of the Association will come to an end."

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

"During 1968 the decline in numbers of newly notified cases of tuberculosis continued. The number of new cases totalled 6 of whom only 4 were infectious. The tubercle bacilli excreted by the 4 infectious cases were fully sensitive to the three standard first line antituberculous drugs. There are still no known cases of tuberculosis in this area excreting tubercle bacilli resistant to standard first line antituberculous drugs."

While the decline in incidence of tuberculosis continues, cases of non-tuberculous chest diseases including asthma, carcinoma of the bronchus and chronic bronchitis which form the bulk of the present chest clinic work regrettably show no comparable diminution".

B.C.G. Vaccination

The B.C.G. Vaccination Scheme, whereby pupils aged 13 and over are tuberculin tested and if necessary given B.C.G. Vaccination, continued as in the previous year.

Disposable needles and syringes were again used throughout the programme and there is no doubt that this enables the B.C.G. teams to operate in the schools much more quickly.

In the Southern part of the County all children with grade II positives and above have a chest x-ray as a precaution whereas in the Northern area all children with a positive result are x-rayed.

The B.C.G. teams again received the fullest co-operation from the staff of the Secondary Schools and this is much appreciated. The following table sets out details of the work carried out in schools in Cambridge City and County areas:-

	<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
Number skin tested	1,292	1,901	3,193
Number found positive	75	65	140
Number found negative	1,185	1,760	2,945
Number vaccinated	1,178	1,757	2,935

Contact Scheme

The following figures represent the number of persons dealt with at the Chest Clinic under the Contact Scheme during 1968:-

Number skin tested	395
Number found positive	151
Number found negative	244
Number vaccinated	225

CITY OF CAMBRIDGE TUBERCULOSIS REGISTER 1968

	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Total</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
1. Number of Cases on Register at commencement of year	96	43	20	26	116	69
2. Number of Cases notified for first time during year under Regulations	12	5	1	-	13	5
3. Cases restored to Register	-	-	-	-	-	-
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other Districts	2	-	-	-	2	-
(b) From Death Returns	-	-	-	-	-	-
5. Number of Cases removed from Register	16	14	-	1	16	15
6. Number of Cases remaining on Register at end of year	94	34	21	25	115	59

COUNTY TUBERCULOSIS REGISTER 1968
(excluding City of Cambridge)

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of Cases on Register at commencement of year	124	68	17	27	141	95
2. Number of Cases notified for first time during year under Regulations	18	6	1	-	19	6
3. Cases restored to Register	-	-	-	-	-	-
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other Districts	-	3	-	-	-	3
(b) From Death Returns	-	-	-	-	-	-
5. Number of Cases removed from Register	18	6	1	2	19	8
6. Number of Cases remaining on Register at end of year	124	71	17	25	141	96

Cervical Cytology

At the end of 1968, local authority cytology clinics were operating at Swavesey, Gt. Shelford, Soham and Girton. 316 smears were taken at these clinics, of which two proved positive. In addition, a number of smears were taken at the family planning clinic at Sawston.

The mobile clinic provided by means of a grant from TENOVUS (a charitable organisation in Cardiff concerned with cancer education) came into operation in June. It was in the charge of Dr. Dorothy Davy, and the following is the report she made to the Steering Committee on the first five months of the scheme.

"Sessions were started in the van early in June 1968. By the end of November, 1968, 51 sessions have been held and a total of 710 patients have been seen and smears taken.

The van has visited six centres including a visit to Chivers factory at Histon.

All women who apply for an appointment are seen - married or unmarried and no age limit is set. The age of patients has ranged from eighteen to over seventy years.

About four to five weeks before an area is visited contact is made with the local general practitioners, the school or village college where the van is to be stationed and the local women's organisations. Any industry in the area is notified and contact made with its personnel manager. In this way it is hoped as many women as possible will be made aware of the opportunity to have smears taken and they are invited to make an appointment directly with the health visitor or by telephone with her. It has been found that posters placed in the general practitioner's surgeries (if they agree) and in shops, factories and the post office have been very successful in bringing women to the clinic and word of mouth from those who have already been.

Adequate preparation of an area is essential to the success of the van's visit, especially in the more isolated and less sophisticated areas.

From the first, the response has been extremely good and women have seemed enthusiastic in their attendance. It seems there is a relatively large number of women who have not had smears taken, who do not wish either to see their doctor to have this done or who do not wish or cannot because of family ties

or transport difficulties, attend a hospital or urban L.A. clinic. To have facilities on their doorstep, where they will not have to wait, to which they can bring their children, and with which there is less association in their mind with disease obviously appeals to these women.

It has been found that women will come with their friends and neighbours, and from the local industries with their workmates - that young married women will bring their mothers-in-law and daughters their mothers. It seems that the informal atmosphere and appearance of the van favours this grouping.

I would like to see more women from the lower social and income groups. At first, we operated with the local health visitor working in the van. It seemed likely that if she could work in the area, instead, she would be free to bring to the van those women who needed transport to and from the clinic, perhaps with their children, those who lived in the remoter areas of the district and those who needed extra stimulus and encouragement to attend. We now have a regular nurse working in the van and we hope we shall now see more of those women most at risk.

The van is connected up to the main water and electricity supplies either at a local school or village college. There has been full co-operation from all head teachers and their staff, especially the caretakers and kitchen staffs who have been most kind and helpful.

The local general practitioners, too, have been co-operative, and the health visitors of each area have worked hard to visit and encourage women to attend and in organising the appointment lists.

The van has proved highly satisfactory to work in".

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:-

			<u>Positives</u>
Cambridge	7,769	(7,237)	52
Wisbech	3,061	(2,482)	25
Newmarket	3,843	(3,043)	38
TOTAL	14,673	(12,762)	115

The figures for 1967 are shown in parentheses for comparison.

Chiropody

At the beginning of the year the Council's scheme which had seen steady expansion since its inception appeared to have reached the stage where further development depended on the direct employment by the authority of another chiropodist on a full or part time basis, all the chiropodists in private practice having reached the limits of the time they could offer.

Some minor advances were made but towards the end of the year there was a very serious set-back in that the full time chiropodist resigned his appointment, one of the chiropodists in private practice who had given considerable help from the outset emigrated and another found it necessary to reduce her commitments. This meant that at once some 40 centres were without a chiropodist as well as housebound patients living in the vicinity of these centres together with other patients who had attended the surgeries of the chiropodists concerned.

Intensive efforts were made and part-time help from two chiropodists living at considerable distances from Cambridge and another who recently moved to the area was secured but at the end of the year there were still 16 centres without a chiropodist, along with a considerable number of "domiciliary" and "surgery" patients whom the remaining chiropodists simply could not cover.

At the time of writing the situation has improved only slightly and it is cause for the greatest concern that recruitment to the local authority service should appear to be virtually impossible and maintenance of this important and eminently worthwhile service should have to depend on the chance removal to the area of suitably qualified chiropodists who may have time to offer.

NUMBER OF PERSONS TREATED DURING YEAR

	By Local Authorities		By Voluntary Organisations		TOTAL	
	City of Cambridge	County	City of Cambridge	County	City of Cambridge	County
Men over 65	305	674	-	94	305	768
Women over 60	1,828	2,417	-	344	1,828	2,761
Expectant Mothers	-	1	-	-	-	1
Children under 5	-	-	-	-	-	-
Others (including Handicapped Persons)	19	127	-	6	19	133
TOTAL	2,152	3,219	-	444	2,152	3,663

NUMBER OF TREATMENTS GIVEN DURING YEAR

	By Local Authorities		By Voluntary Organisations		TOTAL	
	City of Cambridge	County	City of Cambridge	County	City of Cambridge	County
In Clinics	422	2,895	-	223	422	3,118
In Patients' Homes	1,547	4,023	-	729	1,547	4,752
In Old People's Homes	562	1,773	-	-	562	1,773
In Chiropodists' Surgeries	10,736	7,295	-	1,002	10,736	8,297
TOTAL	13,267	15,986	-	1,954	13,267	17,940

Number of clinics operating at some period during 1968

<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
14	70	84

Family Planning

The family planning facilities in the area were further extended during 1968 by:-

- 1) The opening, in association with the Cambridge Womens Welfare Association and the Board of Governors of the United Cambridge Hospitals, of a weekly out-patient clinic at the Maternity Hospital, Mill Road, Cambridge, and
- 2) The establishment by the Cambridge Womens Welfare Association of a domiciliary service in the City of Cambridge and surrounding area operated in the first instance by Dr. Caroline Deys and from early in 1969 by Dr. Amelie Boyd.

At the end of the year negotiations were in progress with the Family Planning Association for the setting up of a clinic in March, to operate with the opening of the new Health Centre there.

At the time of writing this report the following family planning facilities were available in the Administrative County.

I. Cambridge Womens Welfare Association

22 Parsonage Street Newmarket Road Cambridge.	Mondays 5.30pm to 7.0pm. Wednesday 2.30pm to 4.0pm. No appointment required	Telephone Cambridge 52525
Out-Patient Clinic Maternity Hospital Mill Road, Cambridge.	Fridays 2.30pm. to 4.0pm. No appointment required	
Health Centre Sawston.	1st and 3rd Tuesday in each month - 9.30am to 11.0am. By appointment a) by telephone to Centre b) by calling at Centre during clinic hours c) by telephoning health visitor	Sawston 2711 Sawston 2333
Domiciliary Service for Cambridge and surrounding area	Dr. A. Boyd 21 Newton Road, Cambridge	Telephone Cambridge 50809

II. Family Planning Association

County Clinic Horsefair, Wisbech.	2nd, 3rd and 4th Tuesdays 6.30pm. By appointment	Telephone Wisbech 2597
Health Centre March.	1st and 3rd Wednesdays 6.45pm. By appointment	Telephone March 2611

III. Cambridge Advisory Service for Young People

Advisory Centre for Young People 33 Clarendon Street, Cambridge.	Doctors available (by appointment) for counselling on personal problems, sexual difficulties and techniques of birth control. Monday to Thursday 10.30am to 1.0pm and 2.0pm to 4.0pm Friday and Saturday 10.30am to 12 noon By appointment	Telephone Cambridge 55003
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IV. Special arrangements for the fitting of the I.U.C.D.

The I.U.C.D. is not fitted at the routine clinics described in I and II above. Special arrangements, in addition to those available at hospital departments, have been made as follows:

- (a) an additional clinic is held by one of the medical officers of the Cambridge Womens Welfare Association in the ante-natal clinic of the Maternity Hospital, Mill Road, Cambridge. This is solely for the fitting of the I.U.C.D., and is restricted to patients requiring this form of contraception on medical and socio-medical grounds.
- (b) in addition to their particular services for young people, the Cambridge Advisory Service for Young People provide an I.U.C.D. clinic for other than medical and socio-medical cases.

Arrangements also exist in centres on the periphery of, or near to, the County boundary, e.g. King's Lynn, Peterborough, Newmarket, Saffron Walden, Huntingdon and St. Neots.

Medical Loan

The British Red Cross Society continued to act as the Council's agent for the issue of medical loan equipment. The equipment is supplied free of charge to the patients to facilitate domiciliary care, the local authority contributing towards the expense of the service. The Branch Welfare Officer of the Society reports an increase in the number of items issued, 5,674 items being issued to 3,062 patients. In the previous year 5,495 items were issued to 2,444 patients.

In addition, certain items of loan equipment were issued direct by the Health Department. These included

Amesbury chairs, hydraulic hoists, ripple beds, geriatric and commode chairs, 3 section toilet bed mattress, electric turning bed, bath seats, bath safety rails, raised toilet seats, adjustable rollator, tripod walking sticks.

Venereal Disease

Circular 38/68, issued in November, emphasised the very real problem of venereal disease in this country, and drew attention to the incidence among young people. The importance of contact tracing, a very difficult task, was detailed, and the local health authority's part in this was described. A change in the law was announced to facilitate the transmission of confidential information between those concerned with the running of the services.

In this authority senior nursing officers had for many years undertaken the difficult task of contact tracing, but at the beginning of 1968, following discussion with the Consultant Venereologist and the Senior Medical Social Worker, Addenbrooke's Hospital, a special appointment was made (the post being held against the nursing establishment) and a much improved service provided.

The majority of cases of venereal disease were dealt with at the Special Clinic at Addenbrooke's Hospital which has a catchment area wider than that of the administrative county. I am indebted to Dr. J.K. Oates, Consultant in Venereology, for the following observations on the work of the Special Clinic.

"In 1968 a total of 19 cases of syphilis were treated at the clinic, 12 of these being early infections. Of these early infections 10 were acquired in the Cambridge area and 2 outside the British Isles. The number of cases of gonorrhoea increased to a total of 150, 97 in men and 53 in women. 125 of these cases of gonorrhoea were acquired in the Cambridge area, 15 cases were acquired elsewhere in Great Britain and 10 in countries outside the British Isles.

198 men were seen suffering from non-gonococcal urethritis and in 3 the illness was complicated by the development of arthritis, this is a slight increase on total for last year. A total of 666 patients attended the clinic for the treatment of conditions other than statutorily defined venereal diseases, and a total of 3,565 attendances were made. This was a considerable increase on the total for the previous year".

The following figures relate to "first time" attendance by patients resident in the Administrative County with figures for three previous years for comparison.

	<u>1968</u>	<u>1967</u>	<u>1966</u>	<u>1965</u>
Syphilis	16	11	8	9
Gonorrhoea	129	64	69	103
Other conditions	513	403	361	497

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>1968</u>	<u>1967</u>	<u>1966</u>	<u>1965</u>
Syphilis	3	-	1	-
Gonorrhoea	10	4	5	3
Other conditions	13	30	26	12

The King's Lynn and West Norfolk Hospital treated five patients from the County for gonorrhoea and eighteen for other venereal conditions.

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, 765 persons were vaccinated, - this compares with a figure of 741 for 1967.

Convalescent Holidays

The local health authority accepted financial responsibility for four patients to have recuperative holidays under arrangements made by the British Red Cross Society, and for one patient at a W.R.V.S. holiday home. In addition a number of patients in the northern part of the County were able to spend a holiday at the Isle of Ely Blind Society's Home at Hunstanton under arrangements for its use at off-peak periods.

Health Education

I am indebted to Miss J. Randell, Senior Health Education Officer, for the following report:-

"It is often thought that health education is the responsibility of those with specialist training in the subject; but is this really so? All of us have attitudes to health matters which are built up over several decades and can prove difficult to alter; the habits we learn at our mother's knee are carried on throughout life and this can be for better or worse depending on the quality of the mothering. Thus we all have attitudes to health which stem from our childhood and these can be positive or negative: we can view life, and the health that affects it, with joy or despair; we can look at disease as an unlikely contingency which has both preventative and curative aspects or as a certain blight on our lives which will be inevitably fatal. That this is over-stating the case is obvious, but it is also obvious that we are all born eventually to die and that the application of positive attitudes to health will make part at least of life more profitable and enjoyable. Nor do our positive or negative attitudes affect only ourselves; we do not live in isolation; our every action affects in some way family, neighbour, friend and the environment in which we live; every adult who smokes cigarettes is influencing the younger generation and is thereby practising negative health education; every well-meaning mother who stuffs her child with food high in carbohydrate is laying down eating patterns that will prove exceedingly difficult to reverse in later years; these are two examples and it requires very little imagination to extend them infinitely. Conversely, the non-smoker and those with good eating habits are exerting a positive influence; thus we are all acting as health educators, whether we like it or not and with, too often, a negative effect. But those who do exert a positive influence do so against considerable opposition. A cursory glance at any advertising media will show only too clearly the pressures that are being exerted continuously; repeated reinforcement of the 'message' can eventually lead to a change of attitudes. Perhaps it is here that health education can take a cue. If we could compete with national mass media, and put across the message of positive health, the effect of health education both on individuals and small groups should be much more effective.

The responsibility for such national programmes has now passed from the Ministry of Health and the Central Council for Health Education to the Health Education Council Ltd. Dr. W.T. Jones, at present Medical Director of the West Midlands Industrial Health Service has been appointed as the first Director General and will take up his appointment early in 1969.

In this authority health education is undertaken by many people either on their own or with the help and advice of the Health Education Section. 1968 has been a busy year with a steady expansion of many facets of the work and there is a growing demand for health education from all sections of the community. It would be pleasing to report that this indicates an increasing awareness of and alertness to the prevalent social problems. Unfortunately it remains difficult to interest or alert adult groups to the seriousness of home accidents, which have a higher mortality than road accidents, or to convince adolescents of the inherent dangers of cigarette smoking.

It is convenient to consider the work of the past year in 5 sections:-

1. The pre-school child and his family.
2. Primary and Secondary Schools.
3. Adults.
4. The Elderly.
5. In-service training etc.

The Pre-school child and his family

The pre-school child and his family are usually a close and interdependent unit having a great concern for the health and welfare of the unit. The parents are easily alerted to health needs and are often ready to be educated towards healthy patterns of living. Health education is carried out by the health visitors in their routine visiting; at mothercraft and relaxation classes, to which many expectant mothers and some fathers come; at parents' groups or mothers' clubs where teaching and discussion takes place in a relaxed atmosphere, and at child health centres, where opportunity is afforded for displays, demonstrations, visual aids, short talks etc. In 1968 a demonstration of safe nightwear fabrics was taken to many clinics and literature and posters were displayed in an attempt to alert parents to accidental poisoning by medicine and household fluids.

The guidance and education of those who care for children under 5 outside their homes was continued with a course for pre-school play group leaders. This consisted of 4 four hour sessions with speakers, demonstrations, film and discussion on many aspects of child care. There was an average attendance of 50 at each session and appreciation was expressed by those attending. As a sequel to this has been an increasing number of requests for talks and films on the development of children in this age group, from parents and leaders alike.

Primary and Secondary Schools

In the school situation one has, for once, a captive audience; it is here that the patterns of healthy living laid down, one hopes, in early childhood, can be reinforced and expanded. Health education is not, per se, a curriculum subject, but it is taking a significant place and many schools are asking for help and information in preparing health orientated work for their pupils. Some interesting project work is being done and 1969 will see the commencement of an Independent Television broadcast programme series 'Living and Growing' aimed specifically at the final year of the junior school.

Because research has shown that a significant number of children start smoking before, or at entry to, secondary school, a project has been started in selected junior schools to instruct those in the 10-11 year age range on the health risks involved. It is hoped that these children can be questioned in subsequent years to find out if this teaching has a significantly better effect than that which is being carried out at the moment.

With the increasing incidence of dental decay, dental health education is of prime importance. During the latter part of the year Mrs. G. Tibbs, Dental Auxiliary, was seconded for 9 months to undertake dental health education. She has been welcomed enthusiastically in many schools and at child health centres and mothers' clubs and it is to be hoped that an improvement in dental hygiene will follow.

Interest in all aspects of health education increases in many secondary schools, and the section has arranged courses, or single lectures, run discussion groups, advised teachers, lent visual aids and in many other ways participated in the work in the schools. Involvement in personal relationship courses continues and covers many aspects from human reproduction, venereal diseases, and contraception to the emotional difficulties of adolescence and there is usually informative and sensible discussion during these sessions. It is apparent from letters received by individual schools from parents that these sessions are much appreciated and it is gratifying to receive their approbation. We must here record with gratitude the help and encouragement received from the education department and from the staff of individual schools without whose co-operation we would be lost.

A one-day course for teachers, health visitors etc. on health education in schools was organised in the Country Centre by Miss Hugall, the Health Education Section being asked to present and display visual aids and other material used by them. This proved a very fruitful contact with secondary school teachers and much useful information was exchanged. Subsequently we have had invitations to give a series of talks on child development, personal relationships, good grooming etc. in several schools new to us.

Many of the individual projects undertaken in schools are reported in the quarterly information bulletin, but of especial note is the venture into team teaching to the

entire school at Gamlingay Village College. Topics included food, water and lung function and many aspects were covered, either by the teaching staff or the health education section. Pupils participated in group work and the whole was presented at the end of the day. This has proved most popular at the village college and would seem to be an excellent way in which to integrate health with other curriculum subjects.

Many other young people requested information and help either individually or through such organisations as Scouts, Guides, Youth Clubs, Duke of Edinburgh Award groups and so on.

Adults

The advent of the Mobile Cervical Cytology Clinic has created the need for additional publicity both about the cervical smear test and the protection this test offers. Posters and leaflets are distributed to villages prior to the arrival of the van and wherever possible an illustrated talk followed by discussion is given to as many women's groups as possible. This, in conjunction with intensive propaganda by health department staff in the field, has encouraged many women to come forward.

Greater interest was shown during the year in mental health and two further education centres ran courses which were complementary to Mental Health Week. At each, attendance was not high, but keen interest was expressed. A display of mental health material was organised in co-operation with the mental health section and has enjoyed wide publicity both during Mental Health week and at many other functions.

Many adult groups have requested speakers on a wide variety of health orientated topics and wherever possible help has been given.

The Elderly

Over 60s clubs continue to make us welcome guests, and opportunity has been afforded to talk about diet, exercise, home safety and first aid. All clubs were circularised about the dangers of mishandling medicines and further requests for speakers on this subject have been received.

In-service Training etc.

Visitors to the section have been welcomed throughout the year and much useful advice and information has been exchanged. As in previous years, two students from the Diploma Course in Health Education of the University of London Institute of Education attended to undertake field work and the entire group visited Gamlingay Village College to observe the social biology project.

Visual aids perform a useful function in health education and opportunity has been given as often as necessary for staff to learn about the use of equipment and to preview new teaching aids. Much of the health education work is undertaken by nurses, midwives and health visitors and every effort is made to help them in this field.

The search continues for good visual aids in the field of drug addiction, so far without any great success.

Dr. Oates, Consultant Venereologist to United Cambridge Hospitals, lectured to youth tutors and health department staff on aspects of venereal disease. This lecture is to be repeated for head teachers and wardens and Dr. Oates is producing a taped talk, illustrated by slides, which can be used in health education work in this field.

The Information Bulletin has continued to appear quarterly. Especial thanks must go to Professor Mitchell and the Department of Radiotherapeutics for the content of the issue on cancer. Many other people have also contributed to each issue, providing us with a wide, and we hope interesting, range of subjects, and to them also we tender our grateful thanks.

Finally, no report of the year's work would be complete without acknowledging the debt of gratitude we owe to our colleagues, in both the statutory and voluntary fields, for the great help and co-operation they have extended to us during the year".

The following brief notes exemplify some of the many and divers activities in the health education field.

HEALTH EDUCATION TEXT BOOKS FOR THE MENTALLY HANDICAPPED

Every year Youth Action Cambridge recruits older school children into various types of voluntary work. Some preparation for visiting and working with the mentally handicapped was given to these children by the Health Education Section. An exciting outcome was the production of 5 "Textbooks" made on the scrap-book principle and which will be used for health teaching by the staff of the Rees Thomas School previously known as the Junior Training Centre, Hawkins Rd., Cambridge; this is in addition to the actual work undertaken in this school and the Ida Darwin Hospital.

EMERGENCY RESUSCITATION

Many Primary and most Secondary schools now have their own swimming pool. Training in emergency resuscitation was offered to all the teachers involved in swimming in the County and instruction was given at 13 centres during March 1969. An interesting outcome was the number of invitations to instruct school children and Parent Teachers Associations that followed this.

COMMUNICATIONS

To foster communications between the various disciplines, both statutory and voluntary, of the care-giving services bi-monthly informal meetings are now taking place organised by a steering committee composed of interested people from health, education and welfare departments etc.

MENTAL HEALTH

The new Adult Training Centre, Marwick Road, March, came into use on 18th March and was formally opened on 11th June. This factory-type building, designed to accommodate 65 mentally subnormal adults, replaced the Centre which for two years had functioned in temporary premises in March. There has been considerable local interest in it, some of this being expressed in a practical way by work being made available for the Centre to undertake, by gifts, and by a splendid sum of £1,000 from the Wisbech and District Society for Mentally Handicapped Children for additional equipment and amenities.

Attendance at this Centre is from a wide area - north to Wisbech and south to Ely. With transport costing an average for all Training Centres of £2 per person per week it has not been possible so far to meet all the demands for admission but it is hoped it will be possible to improve on this situation in 1969.

Plans were completed for an additional workshop to be built at the Adult Training Centre, Coldham's Lane, Cambridge. The completion of this building, soon after Easter 1969, will give a total number of places at the two Adult Training Centres of 185. An additional Adult Centre will be required and has been included in the capital works programme for 1971/72.

Early in the year it became urgently necessary to devise means of providing places for children awaiting admission to the Junior Training Centres. The parents of eight children living in the Newmarket area kindly co-operated with the suggestion that their children be transferred from the Cambridge Centre to the Ely Centre. At the same time by arranging for use to be made of the staff/medical inspection room at the Cambridge Junior Training Centre and by using parts of the adjoining hostel it was possible to increase the number attending this 60 place Centre to 69. This can be only a temporary expedient and coupled with the number of children known to be in need of Junior Training Centre places within the next two or three years makes it urgently necessary to provide an additional Centre. Whilst it is hoped it would be possible to build this at Sawston or one of the nearby villages, a site has not yet been found. This additional Centre has been provided for in the capital works programme for 1970/71.

The additional sanitary facilities at the Wisbech Junior Training Centre came into use early in the year and several "special care" doubly handicapped children are now attending. It was towards the end of the year that the Prime Minister announced that arrangements would be made for the transfer of responsibility for Junior Training Centres from Local Health Authorities to Local Education Authorities. The future responsibility for special care units attached to Junior Training Centres (Cambridge and Wisbech) is unknown; there is no doubt that the children attending these are primarily a medical and nursing concern.

A site was purchased at Elm Road, March, for a hostel for mentally subnormal adults. The building of this is included in the capital works programme for 1971/72.

Continuing the Council's policy of staff training, one member of staff from a Junior Training Centre and one from an Adult Training Centre commenced their training courses during the year. Additionally, several members of the Training Centres staff have attended refresher and short training courses. A once-termly meeting of all Training Centre staff is now arranged to give opportunity for discussion of problems of common interest and to keep pace with developments within the Department and outside.

During the year we received visits from officers of the Department of Health and Social Security, namely, Dr. R. Wilkins, Senior Medical Officer and Mr. B.F.C.M. Schiphorst, Advisory Officer in Education and Training of the subnormal.

Assistance was given to Dr. G. Roberts in a research project being undertaken by him on behalf of the National Society for Mentally Handicapped and the Institute of Health to determine the risk of producing a mentally subnormal child in families where there is already an affected child.

At the initiation of the senior mental welfare officer for the area, a club for the mentally ill was started in the Further Education Centre in March. This now provides social contacts and support for a number of patients most of whom attend the local clinic at which this officer and the mental welfare officers for that area work very closely with the consultant psychiatrist. This arrangement, like most arrangements within the local mental health service, has been achieved regardless of the administrative dichotomies which exist in the health services.

Additional money allowed for the year permitted the appointment of one of the four additional mental welfare officers allowed for in the staff establishment. The additional officer, currently working in the City of Cambridge, provided much needed help in the work of meeting the needs of the mentally ill, a social service which depends almost entirely on the number and calibre of the social workers.

For the mentally ill, Winston House (S.O.S. Society) and the homes of bed-sitting rooms provided by the Cambridgeshire Mental Welfare Association continue to be a most valuable aid. With the staffing of residential establishments proving very difficult, I hope to see that Association being able to achieve its ambition to establish further such homes. As these homes operate without staff they require a team of supportive helpers, an admirable opportunity for volunteer help and community involvement.

The Hawthorns Hostel for maladjusted children continued to meet the urgent needs of the child psychiatric service, but unfortunately could not be used as fully as possible owing to staffing difficulties. This situation will be remedied after Easter 1969. The erection of a large playhut at these premises has proved a valuable addition to the areas required for play and hobbies. In view of his close association with this hostel, I welcome particularly the County Council's decision to appoint Dr. R.E. Glennie, Director of the Child Psychiatric Service, as an honorary consultant to the Authority in his special interest of child psychiatry.

The staff in the mental health service have continued to give talks and show mental health films to varied audiences. Assistance was given with the local mental health week which was centred round an exhibition of paintings and craft work undertaken by patients.

It was of considerable benefit for the staff to move, during the summer, from the cramped accommodation on the top floor of 19 Gloucester Street to the more spacious accommodation, with modern furniture, at Gloucester Court.

Statistics

1. Mentally Subnormal Persons

(a) Admissions to hospital:	
(i) for permanent care - Informally	10
Under Order	1
Transfers to Ida Darwin	
from other hospitals	1
(ii) for temporary care -	44
(b) Awaiting permanent admission to hospital	71
(c) Discharged from hospital	5
Died	3
(d) Attending the three Junior Training Centres at 31.12.68.	128
(e) Weekly boarders at Junior Hostel at 31.12.68.	10
(f) Attending the two Adult Training Centres at 31.12.68.	145
(g) Resident at Edmund House	11
(h) Under County Council Guardianship	7
(i) Under Guardianship to some other person	1
(j) Receiving home teaching	42
(k) Total number receiving home visits, including those in the above categories	394
(l) Temporary care arranged elsewhere and with financial assistance by the Council	17

2. Mentally Ill Persons

(a) Hospital admissions during 1968 with assistance from mental welfare officers:	
Under Section 25 of the Mental Health Act 1959	27
Under Section 26 of the Mental Health Act 1959	4
Under Section 29 of the Mental Health Act 1959	100
Under Section 60 of the Mental Health Act 1959	1
Informal admissions	239
(b) Receiving visits by mental welfare officers	717
(c) Resident in Cambridgeshire Mental Welfare Association's homes	12
(d) Financial assistance to residents in Winston House and other psychiatric hostels during the year	21

3. Resident at The Hawthorns Hostel for maladjusted children	9
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The problem of drug dependence in the Administrative County started to be discussed in 1966 and the following report by the County Medical Officer was made to the Health Committee on 8th March, 1968.

"In 1966 the Cambridge Psychiatric Service set up a small sub-committee to consider problems relating to drug dependence and I was invited in my dual capacity of County Medical Officer and Honorary Consultant in Social and Preventive Medicine, to be a member of this sub-committee.

One of the first matters which had to be considered was the implication of the circulars then being issued by the Ministry of Health on the setting up of treatment centres in hospitals, and the sub-committee compiled a report which was sent to the Board of Governors of the United Cambridge Hospitals and the East Anglian Regional Hospital Board. The nub of this report was that without finance, staff and premises, it was unrealistic merely to put a label on the door and offer patients an inferior service.

Early in 1967 it will be remembered there was considerable publicity in the National Press as well as in the Local Press about problems of drug dependence, and in this connection I had discussions with the Chief Education Officer, which resulted in Dr. E. Beresford-Davies, Consultant Psychiatrist, addressing a meeting to which all Heads of secondary schools, both local authority and independent, were invited.

Before Dr. Beresford Davies addressed this meeting in March 1967, a meeting of the sub-committee already referred to, of which he is a member, was called at his request together with certain other representatives, for example, Education, both County and City, Police, the Chairman of the Cambridge Mental Welfare Association, the Children Officer, and members of the Health Department, in order that Dr. Beresford-Davies might discuss the best way of approaching the problem. It was felt then and continues to be our opinion, that prevention is the most important matter to tackle, and that this is best achieved by educational programmes in the schools. Unfortunately, there is a singular lack of suitable material to assist in the mounting of such programmes.

Two matters arose out of these meetings in March 1967; firstly the talk Dr. Beresford-Davies gave to the Heads of secondary schools was produced in the form of a memorandum which has been widely distributed to members of this Council, schools, sixth formers, magistrates, central government departments, local health authority medical officers throughout England and Wales, and many others. Secondly, from the meeting of the sub-committee together with the other representatives mentioned above, it was felt that the creation of a liaison committee would be of value, and a first meeting was held in July 1967 and further meetings have since taken place. This liaison committee consists of the sub-committee set up by the Cambridge Psychiatric Service, together with representatives from Education (City and County), Police in the three divisions in this County, together with a representative from Headquarters, the three Clerks to the Justices, The Local Medical Committee, Probation Service, Children Officer, Health Education Officer, Senior Proctor, Student Representative Council, Cambridge Council of Churches, Cambridge Association for the Prevention of Drug Addiction. The purpose of this liaison committee (which has honoured me by making me its chairman) has been to try to keep all those concerned with the problem in touch and to try to make plans for the future, realising that the problem is long term, i.e. 10-20 years, rather than short term.

Towards the end of 1967 a team of research workers came to Cambridge to study, in particular, problems of heroin addiction. It has now become apparent that the tentative estimates of the size of the problem which we believed to exist in and around Cambridge have been amply confirmed.

Immediately this information was available meetings began to take place amongst those within the National Health Service who would be most concerned with setting up the necessary machinery to carry out and co-ordinate the three main tasks presented by the problem, namely containment, prevention and treatment. Many of us feel that the question of prevention is by far the most important and as has been said the material available for assisting with educational programmes is sadly deficient. What is needed most is a good film on the subject suitable for school audiences starting with the top form of the primary schools.

During February steps were taken by the Cambridge Psychiatric Service and the general practitioners to meet formally to determine what should be done as an immediate measure to contain the problem in Cambridge. Resulting from these discussions came three formal resolutions:

1. that through the appropriate channels the Ministry of Health be made clearly to understand that the medical profession in Cambridge consider that a properly constituted treatment centre should be set up as soon as possible.
2. that steps be taken immediately to open a unit, not for the purpose of treatment, but merely round which could be built an organisation to contain the problem.
3. to assist in the organisation of this scheme Dr. A.R.K. Mitchell and Dr. M. Heron, Consultant Psychiatrists, were appointed to assist in the medical aspects of the scheme, and your County Medical Officer was asked to act as the co-ordinator of the various aspects of the scheme. Subsequently I accompanied Dr. Mitchell to Birmingham to learn about the way they had tackled the problem in that City.

At the time of writing this report it is anticipated that a containment unit will have opened on Friday, March 1st in the Chest Clinic, Shire Hall, lasting from 8-0.p.m. to 9-30.p.m. and thereafter this unit will open on Mondays and Fridays at the same time.

The unit is being manned by general practitioners holding Honorary Assistant Clinical posts with the Board of Governors of the United Cambridge Hospitals. The Health Department is supplying health visitors initially in order to assist in getting the scheme underway. I am not in the position at this point in time to say what the financial implications arising from the setting up of this scheme may be, since all three parts of the National Health Service - hospital, general practitioners, local health authority - are involved in one way or another, and each has had to make some contribution to getting the scheme going.

In this connection I should like to record my thanks to Mr. Cannon, House Governor, United Cambridge Hospitals, and Mr. Lloyd, Clerk to the National Health Service Executive Council, for the understanding and most ready co-operation which they have given me in their respective fields.

The next meeting of the Health Committee is on May 31st and I would hope then to make a further report on what is happening".

On the 31st May a further report was made to the Health Committee in which it was pointed out that since the last meeting hospital and local authorities had been informed that on April 16th the Dangerous Drugs (Supplies to Addicts) Regulations 1968 would come into force.

This information led to a reappraisal of the arrangements that had been made for a containment unit at the Chest Clinic, Shire Hall, and after considerable discussion it was agreed, for a variety of reasons, that the needs of the situation could best be met on a more permanent basis by the containment unit being run from the Psychiatric Department, Addenbrooke's Hospital, and this change took place with effect from April 16th.

The Ministry of Health was kept informed of the opinion of the hospital and local health authority medical staff, that no great success could ever be achieved without a properly staffed unit for the management of the problem, the magnitude of which lies not so much in withdrawing drugs upon which the person has become dependent, but in keeping them from becoming dependent again.

A meeting was held with a senior doctor of the Ministry of Health at which the plans for a scheme including premises and staff was discussed. At the end of the year there was no indication that special funds, without which proper progress cannot be made, would be forthcoming.

SECTION 29 - HOME HELP SERVICE

The administration of the service in the City of Cambridge was unchanged, there being a Home Help Organiser and an Assistant Home Help Organiser.

In the county area, where an increasing caseload had made it difficult for the organising staff to carry out their visiting, supervisory and assessment duties adequately, an additional Assistant Home Help Organiser was appointed. This appointment gave an establishment of a Home Help Organiser and three Assistant Home Help Organisers. For administrative purposes the county area was divided into three districts, each served by an Assistant Home Help Organiser under the general control of the Home Help Organiser.

The total number of cases was somewhat higher than last year, the whole of the increase being in the county area. In both the county area and the City of Cambridge there was again an increase in the number of aged patients helped, and they accounted for some 74% of the total (70% in 1967, 67% in 1966.)

HOME HELP SERVICE

	City of Cambridge	County Area	Total
<u>Number of helps employed at 30th September, 1968</u>			
(a) Whole-Time	29	-	29
(b) Part-Time	88	363	451
(c) Whole-Time equivalent of (b)	44	134	178
<u>Number of cases where help provided during 1968</u>			
(a) Aged 65 or over on first visit in 1968	707 (643)	1,135 (1,002)	1,842 (1,645)
(b) Aged under 65 on first visit in 1968:			
Chronic sick and tuberculous	11 (25)	108 (86)	119 (111)
Mentally disordered	1 (1)	3 (5)	4 (6)
Maternity	121 (161)	143 (158)	264 (319)
Others	125 (148)	128 (93)	253 (241)
Total	965 (978)	1,517 (1,344)	2,482 (2,322)

(1967 figures in parentheses for comparison)

Neighbourly Help Scheme

The neighbourly help scheme was continued in 1968. It is based upon the idea that whereas the home helps work for each case for a fixed period of time, many old folk need a number of small items of service on a number of occasions during the day. This type of service is best provided by a "Good Neighbour", that is to say someone living near enough to be able to pop in as required.

At the end of 1968 there were 35 Neighbourly Helps.

REGISTERED NURSING HOMES

	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Homes on the register at end of year	4	6	86	92
Mental Nursing Homes	1	-	120	120

One small nursing home (2 beds) no longer admits patients, but has asked to retain registration.

Medical Examination of Staff

The system whereby all newly appointed staff complete a medical questionnaire was continued during the year, and has proved very satisfactory. Only a limited few are required to undergo a full examination. This of course does not apply to candidates for admission to Teacher Training Colleges or entrants to the teaching profession where a full examination is always carried out including a chest x-ray. The figures for 1968 were as follows:-

Medical examinations carried out on candidates -

(a) for admission to Teacher Training colleges	...	...	...	146
(b) for entry to the teaching profession	...	...	...	72
Number of questionnaires received from other staff		...	...	622
Number of clinical examinations arising from completed questionnaires			...	24

The figure is 67 more than that for 1967.

Visitors to the Department

As in previous years there were a considerable number of visitors to the department who wished to discuss various aspects of public health work and often it was possible to arrange for them to visit our training centres and other places of interest.

Two administrative trainees from the East Anglian Regional Hospital Board were attached to the department in June and in addition to studying the working of the health department spent short periods in the Children and Welfare Departments as well as a day with the Chief Public Health Inspector of the South Cambridgeshire Rural District Council. These attachments are now a regular annual feature.

In June also, the Essex County Medical Officer and his Principal Dental Officer came to see one of our mobile dental clinics and also saw the mobile cervical cytology clinic in operation. In August Mr. M. Ali, Deputy Secretary, Services and General Administrative Department and Deputy Secretary to the Council of Ministers, Government of East Pakistan, paid a short visit to learn something of the working of the department.

Dr. Brian Didsbury, Principal Medical Officer of the Department of Health and Social Security was also amongst our visitors and in March, Sir Arnold France, Permanent Secretary to the Ministry of Health, accompanied by Mr. J.G. Paterson, Principal Regional Officer, came to the region and visited amongst other establishments, the Hawthorns Hostel for Maladjusted Children and the nearby Junior Training Centre.

Food and Drugs Act, 1955

The County Council is responsible for the administration of the Food and Drugs Act, 1955. As regards Milk Supplies, 22 samples of raw milk were taken in the county during the year, apart from Chesterton Rural District Council. All samples were satisfactory. The public health inspectors are responsible for the taking of milk samples in the area of Chesterton Rural District Council.

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 the tables relating to live births and deaths which appear on pages 61 and 64 respectively.

Population

The Registrar General's mid-1968 estimate showed an increase of 4,540 on the figure for mid-1967, an increase of 130 in the City of Cambridge and 4,410 in the county area.

General

The statistics given for the year 1964 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 basis for comparison purposes.

Births

The live and still birth figures relate to occurrences in the calendar year instead of registrations. The comparable birth rate of 14.8 per thousand population for the Administrative County is 2.1 lower than the average for England and Wales (16.9) which has shown a decrease of 0.3 on last year's figure.

The number of illegitimate births fell from 315 to 305 in 1968. Shown as a percentage of the total live births occurring in the Administrative County, however, this is 6.8% compared with 6.7% in 1967. The percentage of illegitimate live births in the urban area is 8.8% (8.7% in 1967); in the rural area 4.9% (5.0% in 1967.)

Stillbirths

The number of still births occurring in the Administrative County decreased from 66 to 58 giving the rate per thousand total births as 13.0 (14.0 in 1967). The rates for the urban area and rural area were 16.0 (12.0 in 1967) and 10.0 (16.0 in 1967) respectively. The rate for England and Wales was 14.0.

Infant Mortality

The infant mortality rate for the Administrative County (deaths of children under one year of age per thousand live births) was precisely the same as in 1967, 14.0. The rates for the urban and rural area were 13.0 (15.2 in 1967) and 14.0 (12.8 in 1967) respectively. The rate for England and Wales was 18.0.

The illegitimate infant mortality rate (deaths of illegitimate infants under one year per 1,000 illegitimate live births) fell from 25.4 in 1967 to 9.8 in 1968, but, as has been said previously, owing to the relative smallness of the figures involved, this rate is subject to wide fluctuations.

The neonatal death rate (deaths in the first four weeks of life per 1,000 live births) again fell somewhat in the Administrative County from 10.3 in 1967 to 8.2 in 1968. The rate for the urban area was 8.9 (11.6 in 1967) whilst the rate for the rural area was 7.6 (9.1 in 1967.) This compares with a rate of 12.3 for England and Wales.

The early neonatal death rate (deaths in the first week of life per 1,000 live births) also fell in the Administrative County from 8.8 in 1967 to 6.4 in 1968. The rates for the urban and rural area respectively were 6.5 (9.8 in 1967) and 6.3 (7.8 in 1967.) The rate for England and Wales was 10.5

Since the main loss of young life today 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 were 19.0 (22.7 in 1967); urban area 22.0 (21.2 in 1967), rural area 16.0 (23.9 in 1967.) The rate for England and Wales was 25.0.

Deaths

The comparable death rate for the Administrative County was 10.5 per thousand population; that for England and Wales was 11.9.

International Classification of Diseases

For many years a short list of 36 causes used for analysis of mortality in the vital statistics issued by the Registrar General has been published. The introduction of the Eighth Revision of the International Classification of Diseases has resulted in an enlarged list of causes of mortality, basically made up of the International Abbreviated List of 50 causes with some further sub-divisions to make each section of the list complete in itself and improve comparability with the previous list.

From the revised list now published it will be noted that the greatest causes of death were heart disease (1,015) cancer (651) and cerebrovascular disease (498).

The number of deaths from cancer of the lung and bronchus rose from 130 in 1967 to 172 in 1968, an increase of 30 in males and 12 in females. The number of deaths from cancer of all sites rose by 58 to 651, the whole of this rise affecting males.

Deaths of persons over the age of 65 amounted to 74.7% of the total deaths, an increase of 1.7% on last year.

POPULATION

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Administrative County	271,000	273,050	277,900	280,640	282,950	287,870	291,030	294,010	296,930	301,470

URBAN DISTRICTS

Area	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Cambridge M.B.	93,140	93,840	94,810	95,380	96,020	98,390	99,270	99,830	100,340	100,470
Chatteris	5,570	5,580	5,520	5,520	5,500	5,470	5,490	5,520	5,520	5,520
Ely	9,760	9,790	9,810	9,800	9,920	10,010	10,040	10,030	10,030	10,060
March	13,200	13,280	13,140	13,230	13,240	13,240	13,180	13,200	13,410	13,800
Whittlesey	8,980	9,050	9,390	9,460	9,540	9,630	9,710	9,820	9,900	11,000
Wisbech M.B.	17,090	17,170	17,460	17,550	17,520	17,520	17,500	17,410	17,410	17,550
Total	147,740	148,710	150,130	150,940	151,740	154,260	155,190	155,810	156,610	158,400

RURAL DISTRICTS

Area	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Chesterton	42,450	43,970	45,380	46,970	47,540	49,000	49,430	50,080	50,500	51,580
Ely	14,500	14,500	14,340	14,370	14,520	14,540	14,560	14,630	14,760	14,920
Newmarket	19,790	20,060	20,930	21,100	21,150	21,360	21,720	22,040	22,310	22,500
North Witchford	4,790	4,770	4,650	4,650	4,620	4,620	4,580	4,570	4,560	4,550
South Cambs.	28,500	28,390	29,880	29,940	30,630	31,260	32,650	33,810	35,020	36,280
Wisbech	12,600	12,650	12,590	12,670	12,750	12,830	12,900	13,070	13,170	13,240
Total	123,260	124,340	127,770	129,700	131,210	133,610	135,840	138,200	140,320	143,070

LIVE BIRTH RATES PER THOUSAND POPULATION

England and Wales 1968 - 16.9

	1964			1965			1966			1967			1968		
AREA	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	5076	17.6	N/A	4815	16.5	0.99	4638	15.7	0.99	4654	15.7	0.99	4506	14.9	0.99
<u>URBAN DISTRICTS</u>															
Cambridge M.B.	1588	16.1	0.96	1494	15.0	0.96	1421	14.2	0.96	1353	13.5	0.97	1318	13.5	0.97
Chatteris	85	15.5	1.06	87	15.8	1.06	61	11.0	1.06	81	14.7	1.06	73	13.2	1.06
Ely	157	15.7	0.97	143	14.2	0.97	146	14.5	0.97	138	13.8	0.97	120	11.9	0.97
March	219	16.5	1.05	202	15.3	1.05	196	14.8	1.05	206	15.4	1.05	230	16.7	1.05
Whittlesey	177	18.4	1.01	191	19.7	1.01	149	15.2	1.01	185	18.7	1.01	160	14.5	1.00
Wisbech M.B.	328	18.7	1.03	282	16.1	1.03	292	16.8	1.03	270	15.5	1.03	240	13.7	1.03
AGGREGATE	2554	16.5	N/A	2399	15.5	0.98	2265	14.5	0.98	2233	14.3	0.99	2141	13.5	0.99
<u>RURAL DISTRICTS</u>															
Chesterton	915	18.7	0.94	899	18.2	0.94	849	16.9	0.94	876	17.3	0.94	904	17.5	0.94
Ely	261	17.9	1.07	226	15.5	1.07	209	14.3	1.07	238	16.1	1.07	231	15.5	1.07
Newmarket	394	18.4	1.02	376	17.3	1.02	384	17.4	1.02	363	16.3	1.02	362	16.1	1.02
North Witchford	68	14.7	1.02	50	10.9	1.02	57	12.5	1.02	67	14.7	1.02	49	10.8	1.02
South Cambs.	644	20.6	1.02	657	20.1	1.01	639	18.9	1.01	649	18.5	1.00	594	16.4	1.00
Wisbech	240	18.7	1.01	208	16.1	1.01	235	18.0	1.01	228	17.3	1.01	225	17.0	1.01
AGGREGATE	2522	18.9	N/A	2416	17.8	0.99	2373	17.2	0.99	2421	17.3	0.99	2365	16.5	0.99

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1967	315	6.7	194	8.7	121	5.0
1968	305	6.8	189	8.8	116	4.9

STILL BIRTHS (Rate per thousand total births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1967	66	14.0	26	12.0	40	16.0
1968	58	13.0	34	16.0	24	10.0

England and Wales 1968 - 14.0

TOTAL LIVE AND STILL BIRTHS

Area	1964	1965	1966	1967	1968
Administrative County	5,148	4,867	4,710	4,720	4,564
<u>URBAN DISTRICTS</u>					
Cambridge M.B.	1,605	1,508	1,446	1,369	1,332
Chatteris	87	88	61	83	74
Ely	159	144	147	139	123
March	222	205	201	208	235
Whittlesey	178	194	151	190	163
Wisbech M.B.	333	286	295	270	248
Aggregate	2,584	2,425	2,301	2,259	2,175
<u>RURAL DISTRICTS</u>					
Chesterton	930	910	862	888	913
Ely	265	227	215	245	233
Newmarket	401	383	388	369	364
North Witchford	71	51	59	67	51
South Cambs.	652	661	645	663	601
Wisbech	245	210	240	229	227
Aggregate	2,564	2,442	2,409	2,461	2,389

INFANT MORTALITY (Deaths under one year per thousand live births)
England and Wales 1968 - 18.0

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1967	65	14.0	34	15.2	31	12.8
1968	61	14.0	28	13.0	33	14.0

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1967	57	13.1	27	13.1	30	13.4
1968	58	13.8	25	12.8	33	14.7

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1964	4	13.8	4	24.0	-	-
1965	8	25.8	5	28.6	3	22.4
1966	2	7.2	-	-	2	19.6
1967	8	25.4	7	36.1	1	8.2
1968	3	9.8	3	15.9	-	-

NEONATAL 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
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
1967	48	10.3	26	11.6	22	9.1
1968	37	8.2	19	8.9	18	7.6

EARLY NEONATAL 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
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
1967	41	8.8	22	9.8	19	7.8
1968	29	6.4	14	6.5	15	6.3

PERINATAL 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
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
1967	107	22.7	48	21.2	59	23.9
1968	87	19.0	48	22.0	39	16.0

MATERNAL DEATHS (Rate per thousand total births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1964	-	-	-	-	-	-
1965	2	0.41	-	-	2	0.82
1966	-	-	-	-	-	-
1967	1	0.21	1	0.44	-	-
1968	1	0.22	1	0.46	-	-

DEATH RATES PER THOUSAND POPULATION

England and Wales 1968 - 11.9

	County			Urban Area Aggregate			Rural Area Aggregate		
	No.	Rate	Compara- bility factor	No.	Rate	Compara- bility factor	No.	Rate	Compara- bility factor
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
1967	3039	10.2	0.95	1647	10.5	0.94	1392	9.9	0.95
1968	3313	11.0	0.95	1748	11.0	0.94	1565	10.9	0.94

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1967	5	0.02	2	0.01	3	0.02
1968	6	0.02	3	0.02	3	0.02

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
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
1967	306	113	287	17	164	63	174	10	142	50	113	7
1968	364	143	287	29	198	78	168	15	166	65	119	14

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

AGGREGATE OF URBAN DISTRICTS

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years										75 and over
					1-	5-	15-	25-	35-	45-	55-	65-			
Cholera	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Typhoid Fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Bacillary dysentery and amoebiasis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Enteritis and other diarrhoeal diseases	M	1	-	1	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Tuberculosis of respiratory system	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	1	-	-	-	-	-	-	-	1	-	-	-		
Other tuberculosis, incl. late effects	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
Plague	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Whooping cough	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Streptococcal sore throat and scarlet fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Meningococcal infection	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Acute poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Smallpox	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Measles	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Typhus and other rickettsioses	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Malaria	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Syphilis and its sequelae	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-		
All other infective and parasitic diseases	M	2	-	-	-	1	1	-	-	-	-	-	-		
	F	3	-	-	-	-	1	-	-	-	2	-	-		
Malignant neoplasm - stomach	M	15	-	-	-	-	-	-	-	2	2	6	5		
	F	13	-	-	-	-	-	-	-	-	4	4	5		
Malignant neoplasm - lung, bronchus	M	78	-	-	-	-	-	-	3	9	16	34	16		
	F	15	-	-	-	-	-	-	-	3	2	6	4		
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	46	-	-	-	-	-	1	-	13	11	9	12		
Malignant neoplasm - uterus	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	10	-	-	-	-	-	-	-	1	4	2	3		
Leukaemia	M	4	-	-	-	-	-	-	-	1	1	2	-		
	F	5	-	-	-	-	1	-	-	1	-	1	2		
Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	M	101	-	-	-	-	-	-	3	6	22	24	46		
	F	79	-	-	-	-	-	1	4	7	11	26	30		
Benign neoplasms and neoplasms of unspecified nature	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
Diabetes mellitus	M	2	-	-	-	-	-	-	-	-	-	-	2		
	F	9	-	-	-	-	-	-	-	-	3	2	4		
Avitaminoses and other nutritional deficiency	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other endocrine, nutritional and metabolic diseases	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	4	-	-	-	1	-	-	-	-	-	2	1		
Anaemias	M	3	-	-	-	-	-	-	-	-	-	-	3		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
Other diseases of blood and blood-forming organs	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	3	-	-	-	1	-	-	1	-	1	-	-		
Mental disorders	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-		
Meningitis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other diseases of nervous system and sense organs	M	8	-	-	-	-	-	2	1	-	3	-	2		
	F	12	-	-	-	-	-	-	-	-	1	4	2		
Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Chronic rheumatic heart disease	M	2	-	-	-	-	-	-	-	-	-	2	-		
	F	9	-	-	-	-	-	-	-	-	2	3	4		
Hypertensive disease	M	10	-	-	-	-	-	-	-	-	3	3	4		
	F	22	-	-	-	-	-	-	-	-	1	7	14		
Ischaemic heart disease	M	209	-	-	-	-	-	1	1	18	52	75	62		
	F	155	-	-	-	-	-	-	-	5	15	44	91		
Other forms of heart disease	M	56	-	-	-	-	-	-	-	3	4	14	35		
	F	59	-	-	-	-	-	-	-	-	1	4	54		
Carried Forward	M	494	-	1	-	1	3	2	7	42	104	162	173		
	F	450	-	-	2	1	1	3	5	31	61	114	232		

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years										75 and over
					1-	5-	15-	25-	35-	45-	55-	65-	over		
<i>Brought Forward</i>	M	494	-	1	-	1	3	2	7	42	104	162	173		
	F	450	-	-	2	1	1	3	5	31	61	114	232		
Cerebrovascular disease	M	106	-	-	-	-	-	-	1	3	13	25	64		
	F	167	-	-	-	-	-	-	2	2	10	28	125		
Other diseases of the circulatory system	M	39	1	-	-	-	-	-	-	1	4	12	21		
	F	31	-	-	-	-	-	-	-	1	1	4	25		
Influenza	M	7	-	-	-	-	-	-	-	-	1	2	4		
	F	18	-	-	-	-	1	-	-	1	1	1	14		
Pneumonia	M	64	-	-	2	-	2	-	-	1	7	10	42		
	F	71	-	-	1	-	-	-	-	3	1	11	55		
Bronchitis, emphysema	M	56	-	-	-	-	-	-	-	-	9	20	27		
	F	17	-	-	-	-	-	-	-	-	2	2	13		
Asthma	M	1	-	-	-	-	1	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-		
Other diseases of the respiratory system	M	7	-	2	-	-	-	-	-	-	-	1	4		
	F	6	-	-	-	-	-	-	-	-	1	1	4		
Peptic ulcer	M	5	-	-	-	-	-	-	-	1	1	2	1		
	F	4	-	-	-	-	-	-	-	-	-	-	4		
Appendicitis	M	1	-	-	-	-	-	-	-	1	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-		
Intestinal obstruction and hernia	M	3	-	-	-	-	-	-	-	-	-	2	1		
	F	13	3	-	-	-	-	-	1	-	-	2	7		
Cirrhosis of liver	M	1	-	-	-	-	-	-	-	-	-	-	1		
	F	2	-	-	-	-	-	-	1	1	-	-	-		
Other diseases of the digestive system	M	7	-	-	-	-	-	-	-	-	1	2	4		
	F	9	-	-	-	-	-	-	-	-	1	4	4		
Nephritis and nephrosis	M	6	-	-	-	-	-	-	2	-	1	-	3		
	F	5	-	-	-	-	-	-	-	-	-	3	2		
Hyperplasia of prostate	M	7	-	-	-	-	-	-	-	-	1	3	3		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other diseases of the genito-urinary system	M	7	-	-	-	-	-	-	-	1	2	3	1		
	F	7	-	-	-	-	-	-	-	-	1	3	3		
Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other complications of pregnancy, childbirth and puerperium	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	1	-	-	-	-	-	-		
Diseases of the skin and subcutaneous tissue	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Diseases of the musculoskeletal system and connective tissue	M	3	-	-	-	-	-	-	-	-	-	2	1		
	F	8	-	-	-	-	-	-	-	-	-	4	4		
Congenital anomalies	M	9	4	1	1	1	-	-	-	-	1	-	1		
	F	7	-	4	-	2	-	-	1	-	-	-	-		
Birth injury, difficult labour, and other anoxic and hypoxic conditions	M	4	4	-	-	-	-	-	-	-	-	-	-		
	F	2	2	-	-	-	-	-	-	-	-	-	-		
Other causes of perinatal mortality	M	2	2	-	-	-	-	-	-	-	-	-	-		
	F	2	2	-	-	-	-	-	-	-	-	-	-		
Symptoms and ill-defined conditions	M	8	-	1	1	-	-	-	-	-	-	-	6		
	F	11	-	-	-	-	-	-	-	-	-	1	10		
Motor vehicle accidents	M	10	-	-	1	1	3	-	1	-	1	2	1		
	F	10	-	-	-	-	3	-	-	1	3	2	1		
All other accidents	M	9	-	-	-	1	-	3	1	-	-	3	1		
	F	26	1	-	-	-	-	-	1	1	-	3	20		
Suicide and self-inflicted injuries	M	8	-	-	-	-	2	-	-	1	1	2	2		
	F	10	-	-	-	-	1	1	2	2	2	1	1		
All other external causes	M	2	-	-	-	-	-	-	-	-	2	-	-		
	F	2	-	-	-	-	-	-	-	1	-	-	1		
TOTAL ALL CAUSES	M	867	11	5	5	4	11	5	12	51	149	253	361		
	F	981	8	4	3	3	7	4	13	44	84	186	525		

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

AGGREGATE OF RURAL DISTRICTS

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years										75 and over
					1-	5-	15-	25-	35-	45-	55-	65-			
Cholera	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Typhoid fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Bacillary dysentery and amoebiasis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Enteritis and other diarrhoeal diseases	M	1	-	-	-	-	-	1	-	-	-	-	-		
	F	2	-	1	-	-	-	-	-	-	1	-	-		
Tuberculosis of respiratory system	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other tuberculosis, incl. late effects	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	2	-	-	-	-	-	-	-	-	-	1	1		
Plague	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Whooping cough	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Streptococcal sore throat and scarlet fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Meningococcal infection	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Acute poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Smallpox	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Measles	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Typhus and other rickettsioses	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Malaria	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Syphilis and its sequelae	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
All other infective and parasitic diseases	M	3	1	-	-	1	1	-	-	-	-	-	-		
	F	6	-	1	-	1	-	-	-	1	1	2	-		
Malignant neoplasm - stomach	M	22	-	-	-	-	-	-	-	1	5	10	6		
	F	12	-	-	-	-	-	-	-	2	-	2	8		
Malignant neoplasm - lung, bronchus	M	65	-	-	-	-	-	1	1	6	19	27	11		
	F	14	-	-	-	-	-	-	-	-	3	9	2		
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	26	-	-	-	-	-	-	3	-	8	10	5		
Malignant neoplasm - uterus	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	6	-	-	-	-	-	-	-	1	1	2	2		
Leukaemia	M	3	-	-	-	-	-	1	-	-	2	-	-		
	F	2	-	-	-	-	-	-	-	-	-	1	1		
Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	M	76	-	-	-	-	-	3	-	14	8	23	28		
	F	59	-	-	-	-	-	1	2	8	11	20	17		
Benign neoplasms and neoplasms of unspecified nature	M	2	-	-	-	-	-	-	-	-	1	1	-		
	F	2	-	-	-	-	-	-	-	1	-	-	1		
Diabetes mellitus	M	7	-	-	-	1	-	-	1	-	1	-	4		
	F	13	-	-	-	-	-	-	-	1	2	4	6		
Avitaminoses and other nutritional deficiency	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other endocrine, nutritional and metabolic diseases	M	1	-	-	-	-	-	1	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-		
Anaemias	M	3	-	-	-	-	-	-	-	-	-	1	2		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other diseases of blood and blood-forming organs	M	2	-	1	-	-	-	-	-	-	1	-	-		
	F	1	-	-	-	-	-	-	-	-	1	-	-		
Mental disorders	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	3	-	-	-	-	-	-	-	1	1	-	1		
Meningitis	M	3	-	-	-	1	-	-	-	-	1	1	-		
	F	2	-	-	-	-	-	-	1	1	-	-	-		
Other diseases of nervous system and sense organs	M	10	-	1	1	-	-	1	-	-	4	2	1		
	F	4	-	-	-	-	-	-	-	-	-	1	3		
Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Chronic rheumatic heart disease	M	6	-	-	-	-	-	-	-	1	1	3	1		
	F	6	-	-	-	-	-	-	-	2	-	1	3		
Hypertensive disease	M	12	-	-	-	-	-	-	1	-	2	2	7		
	F	16	-	-	-	-	-	-	-	1	-	4	11		
Ischaemic heart disease	M	223	-	-	-	-	1	1	7	20	43	66	85		
	F	140	-	-	-	-	-	-	1	1	14	40	84		
Other forms of heart disease	M	31	-	-	-	-	-	-	-	2	2	1	26		
	F	59	-	-	-	-	-	1	-	2	3	6	47		
Carried Forward	M	471	1	2	1	3	2	9	10	44	91	137	171		
	F	376	-	2	-	1	-	2	7	22	46	104	192		

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75 and over
<i>Brought Forward</i>	M	471	1	2	1	3	2	9	10	44	91	137	171
	F	376	-	2	-	1	-	2	7	22	46	104	192
Cerebrovascular disease	M	87	-	-	-	-	-	-	-	1	11	23	52
	F	138	-	-	-	*	-	-	3	2	11	30	92
Other diseases of the circulatory system	M	27	-	-	-	-	-	-	-	-	2	10	15
	F	27	-	-	-	-	-	-	1	3	3	7	13
Influenza	M	15	-	-	-	-	-	-	-	-	1	5	9
	F	17	-	-	-	-	-	-	-	-	4	5	8
Pneumonia	M	73	-	-	-	1	2	1	-	1	4	14	50
	F	83	-	1	-	-	-	1	-	1	6	11	63
Bronchitis, emphysema	M	45	-	-	-	-	1	-	-	-	5	16	23
	F	14	-	-	-	-	-	-	-	-	2	4	8
Asthma	M	2	-	-	-	-	1	-	-	-	1	-	-
	F	2	-	-	-	-	-	-	-	-	-	1	1
Other diseases of the respiratory system	M	8	-	-	1	-	-	-	-	1	2	1	3
	F	8	-	-	1	-	-	1	-	-	-	2	4
Peptic ulcer	M	12	-	-	-	-	-	-	1	-	4	2	5
	F	-	-	-	-	-	-	-	-	-	-	-	-
Appendicitis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Intestinal obstruction and hernia	M	3	-	1	-	-	-	-	-	-	-	1	1
	F	4	-	-	-	-	-	-	-	-	-	2	2
Cirrhosis of liver	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Other diseases of the digestive system	M	3	-	1	-	-	-	-	-	-	1	-	1
	F	8	-	-	-	-	-	-	2	-	-	-	6
Nephritis and nephrosis	M	4	-	-	-	-	-	-	-	1	1	1	1
	F	2	-	-	-	-	-	-	-	-	-	-	2
Hyperplasia of prostate	M	6	-	-	-	-	-	-	-	-	-	2	4
	F	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of the genito-urinary system	M	3	-	-	-	-	-	-	-	-	1	2	-
	F	4	-	-	-	-	-	-	-	-	2	1	1
Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Other complications of pregnancy, childbirth and puerperium	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of the skin and sub-cutaneous tissue	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	2	-	1	-	-	-	-	-	-	-	-	1
Diseases of the musculoskeletal system and connective tissue	M	4	-	-	-	-	-	-	-	2	-	1	1
	F	9	-	-	-	-	-	1	-	1	2	2	3
Congenital anomalies	M	8	3	2	-	1	1	-	1	-	-	-	-
	F	10	4	-	2	-	-	-	-	1	2	-	1
Birth injury, difficult labour, and other anoxic and hypoxic conditions	M	4	4	-	-	-	-	-	-	-	-	-	-
	F	1	1	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	M	3	3	-	-	-	-	-	-	-	-	-	-
	F	2	2	-	-	-	-	-	-	-	-	-	-
Symptoms and ill-defined conditions	M	4	-	-	-	-	-	-	-	-	-	-	4
	F	9	-	-	-	-	-	-	-	-	-	-	9
Motor vehicle accidents	M	14	-	-	-	-	6	1	-	2	3	1	1
	F	7	-	-	1	2	1	1	-	1	1	-	-
All other accidents	M	10	-	4	-	-	-	1	1	-	1	-	3
	F	17	-	1	-	-	-	-	1	-	3	3	9
Suicide and self-inflicted injuries	M	10	-	-	-	-	-	3	1	2	3	1	-
	F	2	-	-	-	-	1	-	-	1	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	2	-	-	-	-	-	1	-	1	-	-	-
TOTAL ALL CAUSES	M	819	11	10	2	5	13	15	14	55	133	217	344
	F	746	7	5	4	3	2	7	14	33	82	174	415

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

ADMINISTRATIVE COUNTY

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years										75 and over
					1-	5-	15-	25-	35-	45-	55-	65-			
Cholera	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Typhoid fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Bacillary dysentery and amoebiasis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Enteritis and other diarrhoeal diseases	M	2	-	1	-	-	-	1	-	-	-	-	-		
	F	2	-	1	-	-	-	-	-	-	1	-	-		
Tuberculosis of respiratory system	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	1	-	-	-	-	-	-	-	1	-	-	-		
Other tuberculosis, incl. late effects	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	3	-	-	-	-	-	-	-	-	-	1	2		
Plague	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Whooping cough	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Streptococcal sore throat and scarlet fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Meningococcal infection	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Acute poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Smallpox	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Measles	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Typhus and other rickettsioses	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Malaria	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Syphilis and its sequelae	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-		
All other infective and parasitic diseases	M	5	1	-	-	2	2	-	-	-	-	-	-		
	F	9	-	1	-	1	1	-	-	1	3	2	-		
Malignant neoplasm - stomach	M	37	-	-	-	-	-	-	-	3	7	16	11		
	F	25	-	-	-	-	-	-	-	2	4	6	13		
Malignant neoplasm - lung, bronchus	M	143	-	-	-	-	-	1	4	15	35	61	27		
	F	29	-	-	-	-	-	-	-	3	5	15	6		
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	72	-	-	-	-	-	1	3	13	19	19	17		
Malignant neoplasm - uterus	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	16	-	-	-	-	-	-	-	2	5	4	5		
Leukaemia	M	7	-	-	-	-	-	1	-	1	3	2	-		
	F	7	-	-	-	1	-	-	1	-	-	2	3		
Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	M	177	-	-	-	-	-	3	3	20	30	47	74		
	F	138	-	-	-	-	-	2	6	15	22	46	47		
Benign neoplasms and neoplasms of unspecified nature	M	3	-	-	-	-	-	-	-	-	2	1	-		
	F	3	-	-	-	-	-	-	-	1	-	-	2		
Diabetes mellitus	M	9	-	-	-	1	-	-	1	-	1	-	6		
	F	22	-	-	-	-	-	-	-	1	5	6	10		
Avitaminoses and other nutritional deficiency	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other endocrine, nutritional and metabolic diseases	M	2	-	-	-	-	-	1	-	-	1	-	-		
	F	5	-	-	-	1	-	-	-	-	-	3	1		
Anaemias	M	6	-	-	-	-	-	-	-	-	-	1	5		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
Other diseases of blood and blood-forming organs	M	2	-	1	-	-	-	-	-	-	1	-	-		
	F	4	-	-	-	1	-	1	-	-	2	-	-		
Mental disorders	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	4	-	-	-	-	-	-	-	1	1	1	1		
Meningitis	M	3	-	-	-	1	-	-	-	-	1	1	-		
	F	2	-	-	-	-	-	-	1	1	-	-	-		
Other diseases of nervous system and sense organs	M	18	-	1	1	-	2	2	-	3	4	4	1		
	F	16	-	-	-	-	-	-	-	1	4	3	8		
Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Chronic rheumatic heart disease	M	8	-	-	-	-	-	-	-	1	1	5	1		
	F	15	-	-	-	-	-	-	-	2	2	4	7		
Hypertensive disease	M	22	-	-	-	-	-	-	1	-	5	5	11		
	F	38	-	-	-	-	-	-	-	1	1	11	25		
Ischaemic heart disease	M	432	-	-	-	-	1	2	8	38	95	141	147		
	F	295	-	-	-	-	-	-	1	6	29	84	175		
Other forms of heart disease	M	87	-	-	-	-	-	-	-	5	6	15	61		
	F	118	-	-	-	-	-	1	-	2	4	10	101		
Carried Forward	M	966	1	3	1	4	5	11	17	86	195	299	344		
	F	826	-	2	2	2	1	5	12	53	107	218	424		

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years										75 and over
<i>Brought Forward</i>	M	966	1	3	1	4	5	11	17	86	195	299	344		
	F	826	-	2	2	2	1	5	12	53	107	218	424		
Cerebrovascular disease	M	193	-	-	-	-	-	-	1	4	24	48	116		
	F	305	-	-	-	-	-	-	5	4	21	58	217		
Other diseases of the circulatory system	M	66	1	-	-	-	-	-	-	1	6	22	36		
	F	58	-	-	-	-	-	-	1	4	4	11	38		
Influenza	M	22	-	-	-	-	-	-	-	-	2	7	13		
	F	35	-	-	-	-	1	-	-	1	5	6	22		
Pneumonia	M	137	-	-	2	1	4	1	-	2	11	24	92		
	F	154	-	1	1	-	-	1	-	4	7	22	118		
Bronchitis, emphysema	M	101	-	-	-	-	1	-	-	-	14	36	50		
	F	31	-	-	-	-	-	-	-	-	4	6	21		
Asthma	M	3	-	-	-	-	2	-	-	-	1	-	-		
	F	3	-	-	-	-	-	-	-	-	-	2	1		
Other diseases of the respiratory system	M	15	-	2	1	-	-	-	-	1	2	2	7		
	F	14	-	-	1	-	-	1	-	-	1	3	8		
Peptic ulcer	M	17	-	-	-	-	-	-	1	1	5	4	6		
	F	4	-	-	-	-	-	-	-	-	-	-	4		
Appendicitis	M	1	-	-	-	-	-	-	-	1	-	-	-		
	F	2	-	-	-	-	-	-	-	-	-	2	-		
Intestinal obstruction and hernia	M	6	-	1	-	-	-	-	-	-	-	3	2		
	F	17	3	-	-	-	-	-	1	-	-	4	9		
Cirrhosis of liver	M	2	-	-	-	-	-	-	-	-	1	-	1		
	F	3	-	-	-	-	-	-	1	1	-	1	-		
Other diseases of the digestive system	M	10	-	1	-	-	-	-	-	-	2	2	5		
	F	17	-	-	-	-	-	-	2	-	1	4	10		
Nephritis and nephrosis	M	10	-	-	-	-	-	-	2	1	2	1	4		
	F	7	-	-	-	-	-	-	-	-	-	3	4		
Hyperplasia of prostate	M	13	-	-	-	-	-	-	-	-	1	5	7		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other diseases of the genito-urinary system	M	10	-	-	-	-	-	-	-	1	3	5	1		
	F	11	-	-	-	-	-	-	-	-	3	4	4		
Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other complications of pregnancy, childbirth and puerperium	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	1	-	-	-	-	-	-		
Diseases of the skin and sub-cutaneous tissue	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	2	-	1	-	-	-	-	-	-	-	-	1		
Diseases of the musculoskeletal system and connective tissue	M	7	-	-	-	-	-	-	-	2	-	3	2		
	F	17	-	-	-	-	-	1	-	1	2	6	7		
Congenital anomalies	M	17	7	3	1	2	1	-	1	-	1	-	1		
	F	17	4	4	2	2	-	-	1	1	2	-	1		
Birth injury, difficult labour, and other anoxic and hypoxic conditions	M	8	8	-	-	-	-	-	-	-	-	-	-		
	F	3	3	-	-	-	-	-	-	-	-	-	-		
Other causes of perinatal mortality	M	5	5	-	-	-	-	-	-	-	-	-	-		
	F	4	4	-	-	-	-	-	-	-	-	-	-		
Symptoms and ill-defined conditions	M	12	-	1	1	-	-	-	-	-	-	-	10		
	F	20	-	-	-	-	-	-	-	-	-	1	19		
Motor vehicle accidents	M	24	-	-	1	1	9	1	1	2	4	3	2		
	F	17	-	-	1	2	4	1	-	2	4	2	1		
All other accidents	M	19	-	4	-	1	-	4	2	-	1	3	4		
	F	43	1	1	-	-	-	-	2	1	3	6	29		
Suicide and self-inflicted injuries	M	18	-	-	-	-	2	3	1	3	4	3	2		
	F	12	-	-	-	-	2	1	2	3	2	1	1		
All other external causes	M	3	-	-	-	-	-	-	-	1	2	-	-		
	F	4	-	-	-	-	-	1	-	2	-	-	1		
TOTAL ALL CAUSES	M	1686	22	15	7	9	24	20	26	106	282	470	705		
	F	1627	15	9	7	6	9	11	27	77	166	360	940		

NOTIFICATION OF INFECTIOUS DISEASE IN CAMBRIDGE CITY IN AGE GROUPS, 1963

Age in Years	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningococcal infection	Infective Jaundice
			Paralytic	Non-paralytic					
Under 1 year	-	1	-	-	13	-	-	-	Under 1 year
1-	-	4	-	-	20	-	1	-	1-
2-	-	2	-	-	42	-	-	-	2- 4
3-	3	4	-	-	44	-	-	-	5- 9
4-	3	4	-	-	52	-	1	-	10-14
5- 9	5	18	-	-	150	-	1	-	15-19
10-14	2	-	-	-	4	-	3	-	20-24
15-24	1	-	-	-	-	-	8	-	25-34
25 and over	-	1	-	-	-	-	2	-	35-44
Age unknown	-	3	-	-	12	-	-	-	45-54
									55-64
									65-74
									75 & over
									Age unknown
Totals	14	37	-	-	337	-	16	-	199
1967 Totals	31	19	-	-	528	-	81	1	23

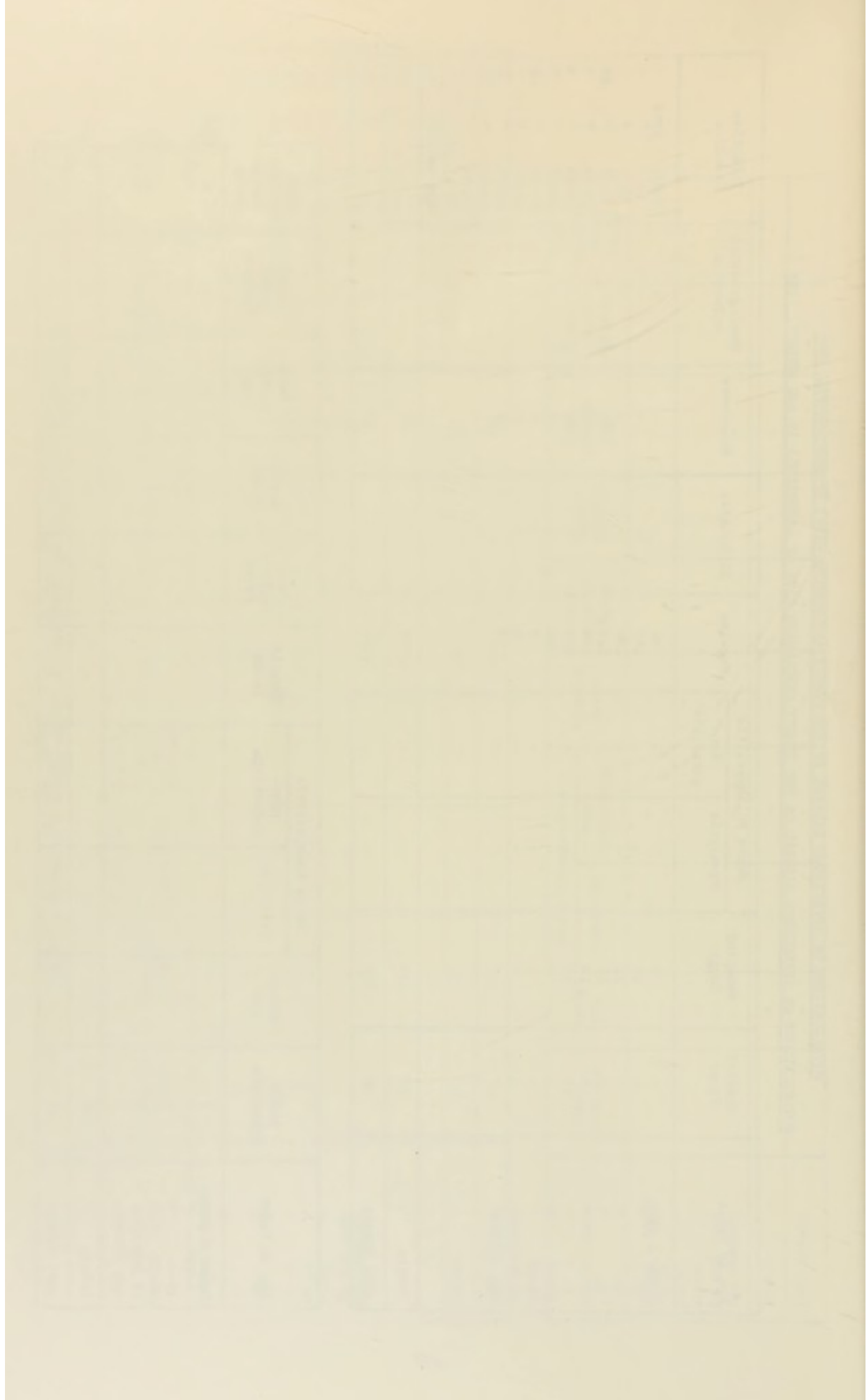
Age in Years	Acute pneumonia	Small-pox	Acute Encephalitis			Typhoid fever	Paratyphoid fever	Erysipelas	Food poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum
			Infective	Post-Infectious							
Under 5 years	-	-	-	-	-	-	-	-	-	-	-
5-14	-	-	-	-	-	-	-	-	-	-	-
15-44	-	-	-	-	-	-	-	-	-	6	-
45-64	-	-	-	-	-	-	-	1	-	-	-
65 and over	-	-	-	-	-	-	-	1	-	-	-
Age unknown	-	-	-	-	-	-	-	-	-	-	-
Totals	-	-	-	-	-	-	-	2	-	6	-
1967 Totals	-	-	-	-	-	-	-	-	-	-	-

NOTIFICATIONS OF INFECTIOUS DISEASE IN THE COUNTY (EXCLUDING CITY) IN AGE GROUPS, 1968

NOTIFICATIONS OF INFECTIOUS DISEASE IN THE COUNTY (EXCLUDING CITY OF CAMBRIDGE) IN AGE GROUPS, 1968

Age in Years	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningococcal infection	Infective Jaundice
			Paralytic	Non-paralytic					
Under 1 year	2	9	-	-	54	-	-	2	Under 1 year
1-	1	11	-	-	167	-	-	-	1-
2-	5	11	-	-	194	-	-	-	2-4
3-	9	16	-	-	213	-	1	-	5-9
4-	16	19	-	-	238	-	1	-	10-14
5-9	48	51	-	-	852	-	22	-	15-19
10-14	5	6	-	-	29	-	5	-	20-24
15-24	-	1	-	-	9	-	1	-	25-34
25 and over	1	4	-	-	6	-	5	-	35-44
Age unknown	-	-	-	-	13	-	4	-	45-54
									55-64
									65-74
									75 & over
									Age unknown
Totals	87	128	-	-	1,775	-	39	2	69
1967 Totals	96	205	-	-	2,231	-	40	1	21

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	2	-	-	-	-	-	-	-	6	-	-
5-14	4	-	-	-	-	-	-	1	3	-	-
15-44	3	-	-	-	-	-	-	4	10	1	-
45-64	5	-	-	-	-	-	-	2	3	-	-
65 and over	8	-	-	-	-	-	-	1	1	-	-
Age unknown	2	-	-	-	-	-	-	1	2	-	-
Totals	24	-	-	-	-	-	-	9	25	1	-
1967 Totals	33	-	-	-	-	-	-	14	23	-	-



CAMBRIDGESHIRE AND ISLE OF ELY
EDUCATION COMMITTEE

ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
for the
Year ending 31st December 1968

FOREWORD

This annual report, the fourth, on the school health service in the County of Cambridge-shire and Isle of Ely records yet another year of steady progress and consolidation, with an improved staffing position and the achievement finally in sight of centralisation of administration. The time required ultimately to reach this latter most necessary goal may not be without relevance in these days of proposed far-reaching change in the pattern of local government. Nevertheless it would be foolish to regard our present position with self-satisfaction, as is only too evident when one considers some of the comments, appearing in the pages that follow, of those with particular responsibility for the varied aspects of the service. It is abundantly clear that our dental service, not by any means only in this county, is still not geared to meet the real need and, I am afraid, is unlikely ever to be so unless and until fluoridation of water supplies becomes universal accepted practice. The inevitability of gradualness is hardly appropriate to this modern age when it is apparently easier to put men on the moon, with all that that entails in expertise, and money, than to ensure an elementary pre-requisite for the health of the vast majority who must perforce remain earth-bound. Then again, to mention only one other subject, there is child guidance, where our blast off is clearly insufficiently powered to enable us to reach the obviously desirable objective. The reports of our consultants only too clearly highlight the pressure on this service, the long wait for appointments, the continuing shortage of hospital beds for those in need of long term intensive treatment. However much we may regret the necessity, the need is there as is only too apparent daily in the world news. At least it can be said that this authority, as indeed are many others, is doing what is possible by way of hostel provision.

To return to more mundane matters, it is pleasant to be able to report once again that the general health of our school population remains satisfactory, with an over-all fall in the percentage of children found to be in need of treatment, except be it noted in the case of dental, and visual, defects. Children with impaired hearing continue to receive particular attention, and it is interesting to note the relatively large numbers brought to light in recent years following the introduction of routine sweep testing of the hearing of all schoolchildren at an early age. It is difficult to believe that there has in fact been any actual increase in this affliction so detrimental to a child's education and, looking back to the past, one can only wonder how many such unfortunate children were written off as dull and backward, or merely inattentive. Impairment of sight is not readily apparent in a young child; impairment of hearing even less so. At least now we have the tools for ready assessment, and the facilities for remedial action.

In conclusion I must, and indeed would wish to, tender my thanks to all concerned for their hard work, enthusiasm, and ever willing cooperation.

M.E. HOCKEN

PRINCIPAL SCHOOL MEDICAL OFFICER

21 July 1969

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	19,174
Secondary Modern Schools	8,333
Secondary Grammar Schools	2,087
Nursery Schools	60
Special Schools	53
Total	<u>29,707</u>

ARRANGEMENTS FOR SCHOOL MEDICAL INSPECTION

At the end of 1967 the medical staff was below establishment owing to the national dispute which prevented any new appointments being made. Fortunately, the dispute was settled early in 1968 and it was then possible to have a full establishment of medical officers. Dr. Munk and Dr. O'Connell commenced in the northern part of the county and were joined by Dr. Holton in May. In the southern area Dr. Jones Davies and Dr. Fisher completed the team. In September, we were sorry to lose the services of Dr. Brereton, our senior medical officer, whose services to Cambridge, city and county, extended over a period of 38 years. Dr. Macartney was appointed as her successor. The administrative work of the school health service was centralised at Shire Hall, Cambridge, in July and two members of staff were transferred from County Hall, March, at that time.

In the schools, the system of routine medical inspection based on "frequent visits" was continued, and here I would like to acknowledge the help given by all teaching staff in arranging convenient dates for medical examinations. The total number of children seen was 3,000 up on last year. As forecast in last year's report, the number of children referred for reinspection showed a large increase.

MEDICAL INSPECTION AND TREATMENT

<u>Numbers Inspected</u>	Periodic Inspections	9,923
	Special Inspections	215
	Re-inspections	9,143
	Total	19,281

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 5.6% as compared with 14.3% last year and 11.9% in the previous year. Defective vision was found in 244 of the 560 individual children found to require treatment, a higher proportion than in previous years, and the proportion of children with unsatisfactory physical condition was 0.14%, the corresponding figure for 1967 being 0.26%.

Recuperative Holidays

During the year, three children were recommended for recuperative holidays. Two spent a week at a childrens' home in Devon and one spent a fortnight at the British Diabetic Association's holiday camp.

SCHOOL DENTAL SERVICE

Dr. F.E. Adams and Mr. J.R. Toller are the joint principal dental officers for the county and I am indebted to them for their reports.

Dr. Adams reports as regards the northern area:-

"The staffing situation has remained fairly constant over the year but an additional dental auxiliary, Miss D. Troupe, was appointed at the end of the year to work in the new March health centre. Miss E. Law took up her duties as a dental auxiliary at the Wisbech clinic in September.

The amount of treatment carried out by the dental staff was much the same as in the previous year with a slight increase in the number of children receiving courses of treatment. The number of school children receiving dental inspection during the year was a little more than the year before: this was shown by more children coming forward and requesting an inspection in the clinics.

In the clinical field conservation of teeth received the highest priority. In most cases this meant routine fillings, but a good deal of time was spent on making crowns for teeth that had been damaged by accident either at school or at home.

Nearly 1,400 general anaesthetics were administered to school children and the priority groups during the year. Two thirds of this number were administered by the consultant anaesthetist and the remaining third by the school dental officers. Orthodontic treatment continued to play an important part in the dental service offered to pupils, and the same amount of time was devoted to this branch of dentistry as hitherto.

The maternity and child welfare cases occupied a fair amount of the dental officers' time, and the treatment carried out compared favourably with the previous year, although a greater number of expectant and nursing mothers came for treatment this year: this increase was seen mainly at the Wisbech clinic, and it is interesting to note that, at the time of writing this report, a similar increase in the number of mothers receiving dental treatment

is now being seen at the March health centre.

During the year attention has been directed towards furnishing and equipping the dental surgeries in the new March health centre, and at the present time both dental surgeries are fully operational. The dental auxiliary, the first one to be employed at March, is finding plenty to do in treating the younger children - under the direction of the dental surgeon - and instructing them in oral hygiene. The dental suite consists of a waiting room, general office, two dental surgeries, a recovery room, dental officer's office and a combined dark room, store and laboratory; a patient's toilet leads off from the waiting room. The whole suite is tastefully decorated, and brightness in colour has been achieved in the dental surgeries, as this appeals to children and helps to allay their fears. Both dental surgeries are, of course, equipped with high speed drills. We look forward to the opening of new health centres at Whittlesey and Littleport in the not too distant future. The lay-out of the dental suite at Whittlesey is similar to the one at March, and we shall be able to employ a dental auxiliary there.

Our great problem is that we have not got enough dentists to offer every child a comprehensive service. We should inspect each school child once a year, but we only managed to inspect just over half of our total number of school children during the year; this is a clear indication that we are understaffed. When we consider the fact that there is a shortage of general dental practitioners in the area, and the ratio of dentist to population is in the order of 1 to 10,000, then it is obvious that we are in a dental 'black spot', and large numbers of the population including children and the priority groups are not able to obtain the dental treatment they need. Local authorities should build up their dental services to help meet the needs of the population in areas where there is a shortage of dentists, so that no school child, pre-school child, or expectant or nursing mother need be denied treatment. Local authorities are now in a better position to attract dental surgeons into the school service and to offer them better career prospects than they have been able to do before. Our experience has shown that if a dental service is offered in modern well-equipped surgeries, and this has been well shown at our Wisbech clinic, the demand for treatment goes on increasing. With the opening of new health centres this demand for dental treatment will gather momentum, and we want an increased dental staff to be able to meet this demand."

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

"At the beginning of 1968 the southern area, in the appointment of Mr. Askew, had more dentists on its staff than it had ever previously had - three, apart from the principal. In fact it had more dentists than it had clinic facilities and the principal had to devote himself, clinically, entirely to the City of Cambridge. For the first time for fifteen years it seemed that a school dental service for the area could be planned. It was planned and remained a plan.

In June one full time dentist resigned and became part time. Later, Mr. Askew resigned to become head of the department of restorative dentistry at Sheffield University Dental School. At the time of writing the part time dentist referred to has resigned. Very shortly we shall have only one dentist, apart from the principal. There have been no replacements for the vacancies. With this mobility of staff and variation in its strength it is impossible to plan a service and a waste of time trying to do so. In the city Mr. Burn retired, after 20 years service, in November. There has been no replacement for the vacancy and Coleridge Road dental clinic has had to be closed. The dental auxiliary formerly employed there became redundant.

It has been obvious for some time that generally both the staff and the patients of this service are the "drop outs" from other services. There are, fortunately, exceptions but, generally, few young dentists enter the service now to make it their career. There is no worthwhile career in it for them. It is made use of both by dentists and their patients. Since there is so much dental disease always waiting to be repaired the comprehensive facilities of this service can always be useful. The school dental service of course needs refounding and it might be useful if the refounders went to Scandinavia and had a close look at how much better they manage things than we do. For example, Denmark: an overall ratio of 1 school dentist for every 600 children; in their large towns 1 to 500. Yet they appear to be quite happy with so many dentists about."

SCHOOL OPHTHALMIC SERVICE

The arrangements for the specialist examination of childrens' eyes and the prescription of glasses where necessary continued as in 1967, and the following table summarises the work carried out directly on behalf of the authority:-

	Number of examinations	Number of new patients	Number of prescriptions
Doddington Hospital	345	72	59
Wisbech Clarkson Hospital	294	120	102
Ely School Clinic	525	46	161
Dr. D.D. Stenhouse-Stewart, Cambridge	253	80	135
Dr. A.R. Wade, Cambridge	697	188	229
TOTAL	2,114	506	686

Many children are examined at hospital or elsewhere as the result of reference by the school medical staff as well as other agencies. In this connection, I should like to express my particular thanks to Mr. J. Monckton, consultant ophthalmic surgeon at Newmarket General Hospital, who very willingly sees children who would normally be referred to Dr. Wade, but in whose case the journey to Newmarket is easier than the journey to Cambridge. Moreover, Mr. Monckton is kind enough to send full reports which are much appreciated by all concerned. We were very sorry to receive the resignation in August of Dr. Wade who has been holding eye clinics for the county since 1949, and I would like to pay tribute to the very valuable work she has contributed over the past years. It was not until September that we were fortunate enough to recruit Dr. D.D. Stenhouse-Stewart who commenced sessions at Auckland Road clinic with the co-operation of the city health department.

I am indebted to Miss Perrers Taylor, Dr. D.D. Stenhouse-Stewart, and Miss B. Johnson for submitting the following reports:-

Miss Perrers Taylor writes:-

"In 1968, fifty-three clinics were held at the Downham Road clinic, Ely, with the number of attendances being five hundred and twenty-four. Forty-six new cases were seen throughout the year and one hundred and sixty-one prescriptions were issued. There is little else to report. The clinic continues to be very satisfactory, the parents mostly cooperative and Nurse Gudgeon continues to give her excellent help. Our new orthoptist, Miss Johnson, is also very helpful. Our surgical cases, mostly squints, continue to attend Mr. Monckton at the Newmarket hospital, with very satisfactory results."

Dr. Stenhouse-Stewart writes:-

"Since late September I have aimed by intensive personal engagement in available clinic sessions at Auckland Road, Cambridge, to assist the county authority. The expected help at those sessions of a nurse and/or an orthoptist has not yet been provided. Up to 31st December, thirteen morning sessions and two afternoon sessions were held. Two hundred and fifty-three children attended; one hundred and thirty-five prescriptions for spectacles were issued; one child was discharged from further attendance, and the remainder have been noted for re-examination at the appropriate time, several months to two years hence. Meanwhile the school medical officers will recognise any substantial decline in sight calling for earlier reference, and parents, teachers, or doctors can consult the authority at any time if deterioration in sight is suspected. Some general medical practitioners seek the help of the clinic for children complaining of eye discomfort, or to exclude ocular factors as contributory causes of headache. Propaganda by the mass media, especially radio and television, have awakened parents to the service readily available through hospitals and local authorities for the prompt and expert medical care necessary for their children's eyes; the suggestion of eye examination and of the possible need to wear glasses seldom arouses strong objections.

Except for service families returning from overseas, and other migrants, most squinting children are, as they should be, under the care of hospital eye departments before attaining school age, and are not returned to local authority care until surgical or other hospital treatment has attained the limit of expected improvement. Amblyopia of one eye from unequal focus may escape detection in infancy but can be expected to benefit from regular orthoptic treatment when brought to notice early in school life. During the period September/December 1968 one child was thought to merit the inconvenience incurred by additional journeys to attend Addenbrooke's hospital for assessment; more could be achieved if an orthoptist's help was available on the spot.

The lack of secretarial facilities hampers individual communication on clinical matters from the clinic to the general practitioner, but it is intended to introduce a duplicated form for this purpose."

Miss Johnson reports:-

"I am able to comment only on the months of April to December, as I did not take up my duties as orthoptist until this time.

During 38 sessions, 211 appointments were sent out, 180 of which were kept. To comment on the 14.28% of defaulters I feel this is due in some cases to the fact that the patients are always sent for again if they do not attend. Although this is a very commendable line of action, patients tend to neglect cancelling their appointments or making a special effort to attend.

Orthoptic patients are not usually kept waiting very long to be seen, and the clinic on a whole usually is run very smoothly and pleasantly. Having Miss Gudgeon as our Nurse is a marvellous help, as in many cases she knows details of many of the children's family history, or home problems, and in this way can contribute greatly to the case management."

CHILDREN WITH IMPAIRED HEARING

Routine Audiometric Testing

A change was made in the age group at which routine sweep testing is undertaken. In order to standardise this procedure throughout the county area, it was decided to test all children between their sixth and seventh birthday. Testing is also undertaken in respect of school children of all ages when it appears to be necessary. As a result, 5628 children were routinely tested, of whom 358 were found to require retest. In addition, 1253 children were specially examined or retested, and 398 required some further investigation or retest.

Children in Special Classes

3 children from the rural area were in attendance at special units for children with impaired hearing attached to ordinary schools in the city of Cambridge, and 6 at the unit attached to Histon nursery school.

Peripatetic Teachers of children with impaired hearing

A report prepared by Mr. J.L. Holmes, senior teacher of children with impaired hearing, 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 23rd January, 1968, 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 sub-normal, 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 23rd January 1969

Category	In maintained special schools		In non-maintained special schools		In independent schools		Boarded in homes		Special classes and units not forming part of a special school		Totals		Newly placed in special schools in 1968	
	Day		Boarding		Day		Boarding		M		M		M	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Blind	-	-	-	-	-	-	3	2	-	-	3	2	-	2
2. Partially Sighted	-	-	7	2	-	-	1	-	-	-	8	2	2	-
3. Deaf	-	-	6	1	-	-	2	-	-	-	9	1	1	-
4. Partially Hearing	-	-	3	-	-	-	2	-	1	6	7	6	-	1
5. Physically Handicapped	17	11	1	-	-	3	4	2	-	-	22	16	2	4
6. Delicate	-	1	4	-	-	-	-	-	1	1	5	3	-	-
7. Maladjusted	-	-	-	-	-	-	-	1	7	2	8	3	1	1
8. Educationally Sub-normal	62	19	24	32	-	-	36	-	1	1	123	52	15	6
9. Epileptic	1	-	-	-	-	-	2	-	-	-	3	-	1	-
10. Speech Defect	-	-	-	-	-	-	1	-	-	-	1	-	-	-
Total	80	31	45	35	-	3	51	5	11	4	189	85	22	14

In addition, 26 boys and 14 girls were in attendance at special classes for educationally sub-normal children attached to primary schools in the southern part of the county, one girl, maladjusted, was receiving home tuition, and one boy, physically handicapped, was being educated in hospital.

In the area of the county south of March the consultant child psychiatrists responsible for this service are Dr. R.E. Glennie and Dr. A. Gage. They worked during 1968 from Addenbrooke's Hospital and the child psychiatric clinic in Chesterton, but that clinic will move to Brookside, Cambridge, early in 1969. Children living in March and the area north of the town are seen by 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 at these clinics are of school age but the service is also available to pre-school children. At Cambridge the practice was continued of medical officers from the city and the county attending the weekly clinic, and the close liaison which existed between the various personnel has therefore continued. Individual children are discussed with the consultant psychiatrists, and the general practitioners are kept fully in the picture regarding the progress of their patients. Copies of all medical 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:-

"The service has been utilised by school medical officers to a considerable extent as can be seen from the tables of new cases referred from the city and county of Cambridge. The weekly meetings held in the clinic, with school medical officers, educational psychologists, and others involved in the support and treatment of disturbed children, have I think led to much general benefit to patients in the school setting. It is hoped that the new educational psychologist will be able to work closely with this department and the school health department so that further integration can be brought about.

The waiting list, which has always been a cause for concern, had by most strenuous efforts been reduced; unfortunately this state of affairs was short-lived and by the end of December the list was increasing rapidly. This means that some children have to wait for over six months between the time of referral and their first visit to the clinic. The length of the waiting list was not improved by the illness which kept me from work for three months, although we were fortunate to have a part-time locum consultant for part of that period. Efforts have been made for several years now to increase the medical staff by a senior registrar but we have been unable to obtain permission for this.

The training of psychologists as part of the regional scheme has involved a great deal of instruction, particularly for the permanent psychological staff, and we are most grateful for the help afforded by various schools and social agencies in helping to give a broad practical picture of the work involved. During the vacation small groups of students from Homerton College carried out a project in an attempt to assess the provision made for maladjusted pupils in this area. Contact was maintained with speech therapists and remedial teachers by means of occasional discussion meetings at the clinic. It has been possible for our psychologists to give greater individual support and remedial teaching to some of the disturbed children here. Visits to schools to discuss confidentially the particular problems of individual children have helped in the overall treatment the clinic is attempting to provide.

The Hawthorns hostel for maladjusted children has continued to prove its worth and excellent cooperation has been offered by local schools attended by the patients. Contact with and encouragement of the parents has been a most important feature of the work of the hostel. Unfortunately the first warden and his wife, who had been so successful in starting off the hostel and making it acceptable in the environment, left to take up a training appointment, and we were glad to be able to appoint successors without loss of continuity. At the instigation of Dr. Tyser, monthly meetings take place at the hostel so that all concerned in the medical, psychiatric, educational, and social aspects of particular patients can consider the best means of helping the children in the hostel, and their families.

Following recommendations by the Ministry of Health serious and continued efforts have been made to try and obtain suitable in-patient accommodation for severely disturbed children and adolescents. The East Anglian Regional Hospital Board and the Board of Governors of Addenbrooke's Hospital were approached at intervals; it was decided that of the two age-groups, the need for adolescent provision was greater and, although this was accepted in principle by everyone, no practical steps have as yet been taken to meet this acute need.

We have continued with our teaching programme as in previous years. The children's department has frequently enlisted our support with disturbed children in their care, and juvenile court magistrates continue to send patients for assessment, and sometimes treatment. Some children have been so acutely disturbed, for example some suffer from severe school phobia, as to require admission to the children's ward of Addenbrooke's Hospital or, in the case of adolescents, to Douglas House. Due to the help given by head teachers it has been possible for these children to recommence attending school from hospital before returning home to continue with their education.

One problem has not been resolved. Due to the large catchment area children and their parents from outlying areas find it impossible to attend the clinic without the expenditure of a great deal of time and money, and in some cases the inadequate public transport system makes it impossible for them to come at all. We have had help from the hospital car service but they are under such pressure that patients usually arrive at the wrong time or have to wait hours before they are taken home. We appreciate that some cases would never reach us at all but for the help given by the school welfare officers, but it does seem that there is a need for efficient transport which is not at present being met on an adequate basis.

The child psychiatric clinic was set up in September 1954 when I arrived as the first consultant child psychiatrist for this area. Because of the imminent development of the clinic grounds as part of a road-building scheme, our lease will not be renewed and the regional hospital board has agreed for the clinic to be transferred to much more spacious premises at 2 Brookside in January 1969.

We would again like to thank all those concerned with the support of children for their continued help in our endeavours to treat emotionally disturbed children and their parents."

CAMBRIDGE COUNTY CHILDREN

New cases referred and examined in 1968

Chesterton Child Psychiatric Clinic					
Source of Cases	No. Exam	Notif. to SMO	Treatment	Observation	Cons. Only
School Medical Officers	29	29	19	7	3
General Practitioners	24	16	21	1	2
Consultants	3	2	3	-	-
Juvenile Court JP's	9	2	2	4	4
Others	14	4	5	7	1
	79	53	50	19	10

Psychiatric Department, Addenbrooke's					
Source of Cases	No. Exam	Notif. to SMO	Treatment	Observation	Cons. Only
School Medical Officers	1	1	1	-	-
General Practitioners	16	9	14	-	2
Consultants	3	2	1	1	1
Juvenile Court JP's	-	-	-	-	-
Others	5	1	2	2	1
	25	13	18	3	4

Total number of new cases examined: 104

Total number of new cases taken on

for observation and treatment: 90

Chesterton Clinic

Cases under observation and treatment brought forward from previous years: 96

Addenbrooke's

Cases under observation and treatment brought forward from previous years: 37

Total number of county children under observation and treatment in 1968: 237

CAMBRIDGE CITY CHILDREN

New cases referred and examined 1968

Chesterton Child Psychiatric Clinic					
Source of Cases	No. Exam	Notif. to SMO	Treatment	Observation	Cons. Only
School Medical Officers	13	11	10	2	1
General Practitioners	31	20	23	-	-
Consultants	2	1	2	-	-
Juvenile Court JP's	10	3	2	2	6
Others	11	2	5	3	3
	67	37	42	7	10

Psychiatric Department, Addenbrooke's					
Source of Cases	No. Exam	Notif. to SMO	Treatment	Observation	Cons. Only
School Medical Officers	3	3	3	-	-
General Practitioners	13	7	10	1	2
Consultants	3	3	-	2	1
Juvenile Court JP's	-	-	-	-	-
Others	5	2	1	3	1
	24	15	14	6	4

Total number of new cases examined: 91

Total number of new cases taken on for observation and treatment: 69

Chesterton Clinic

Cases under observation and treatment brought forward from previous years: 107

Addenbrooke's

Cases under observation and treatment brought forward from previous years: 26

Total number of city children under observation and treatment in 1968: 224

Dr. Whitehead writes:

"Patients from the northern part of Cambridgeshire attend the clinics. Those living in March and Whittlesey attend the district general hospital at Peterborough. The patients from Wisbech attend the clinic at the North Cambridgeshire Hospital, which is held on alternate Fridays. Because of the infrequency of the latter clinic, and structural alterations at that hospital, some patients from Wisbech are seen at Peterborough, the main clinic, to which all referrals in the first instance are made.

There have been no changes in the clinic staff which still relies on the school education services for psychological assessments and making school visits. The senior school medical officer has recently attended proposed monthly meetings to improve liaison and discuss individual cases, and contact is regularly maintained with the educational psychologist, school welfare, mental welfare, and other social workers whose co-operation is greatly appreciated. There has always been a close liaison with the childrens' department and this has continued. At Peterborough the psychiatric social worker, Mrs. Johnson, is supervising a student social worker from the Stevenage College of Further Education, originally seconded to that course by the childrens' department.

Provision for the treatment of adolescent girls who need placement away from home still poses difficulties. During the year one girl had a period of treatment at Beverley Hospital Unit, Yorkshire, and one at the Lawns Hospital, Lincoln. Whilst one boy remains in the Rauceby Adolescent Unit, another has been placed in the hostel at Holbeach. All these children have responded well to the treatment.

Children who present as social misfits from circumstances which can be described as "problem families" constitute an increasing challenge. These children are often severely deprived, unwanted and unloved, the result of parental mismanagement and neglect. They require firm consistency and control rather than psychotherapy, and skilled case work is needed to help the parents. Many of these children become the responsibility of the

children's officers. They are often difficult to manage in the children's home, and the clinic is consulted for advice and help in supporting house mothers and finding alternative residential placements. There is still a grave shortage of beds in the health service especially in children's special long stay units. Many of these deprived children seem to need more skilled handling than can be provided by the children's department, and the demands of other patients who are capable of responding to psychotherapy by the clinic make it even more difficult to provide services for these children. It would seem that to meet these needs, more provision should be made to provide special units with adequate psychiatric and psychiatric social work supervision."

SPEECH THERAPY

After 18 months of serious staff shortage, I am pleased to be able to report a much happier situation this year; for the first two months the staff consisted of one full-time and 6 part-time therapists (24 sessions weekly) out of an establishment of 6 full-time therapists. However, in February and March we were joined by Miss P. Knight and Miss F. Cameron (full-time), and in September by Mrs. H. Goodwill (part-time) taking the place of Miss M. Cullen who had just resigned. We are thus now able to provide a much better service for the Isle of Ely area as therapists have been available to visit schools in this area, as well as continuing treatment in the clinics. Throughout the county and city we have continued to give regular treatment to as many children as possible in their schools, and in clinics in Cambridge and Wisbech, while others are seen occasionally for check-up and advice, or, particularly in the case of pre-school children or young school age children, for advice to parents and/or teachers.

The number of children referred to us last year had dropped in comparison with the two previous years, but this year, as the table below indicates, the number of referrals has risen considerably.

Year	No. of Referrals
1965	386
1966	372
1967	283
1968	545

The number of children who have been examined and found to require treatment is more than double the number for last year (250:522). It is interesting to note that the referrals from the northern and southern rural areas were almost equal in number (southern area - 190; northern area - 189). With the increase in staff, the number of children treated regularly and seen occasionally, and also the number discharged from treatment, has risen, and the number of children already on the treatment list for whom we were unable to provide treatment has dropped; however, owing to the large increase in referrals the waiting list had risen by the end of the year, and these two figures together, plus the number of children referred but not yet examined, bring the total awaiting treatment up to 353. Priority has been given wherever possible to those children whose speech disorder renders communication difficult or impossible, or is a source of anxiety to the child or his parents, while many of those whose defects, although noticeable, do not make their speech unintelligible, e.g. lisping, have had to remain on the waiting list. Unfortunately, the waiting list does still contain many in the former category. The total number of children on the books at the end of the year, either awaiting treatment or on the treatment list, now stands at 1,033.

We have been grateful for the co-operation of teachers in the schools throughout the area, and for the opportunities for discussion with teachers, school doctors, dentists, and the staff of the child psychiatric service.

Statistics

Referrals

	County	City of Cambridge	Total
Number awaiting examination at end of 1967	41	18	59
" of new referrals	379	166	545
" examined and found to require treatment	363	159	522
" not requiring treatment, treatment refused, or referred elsewhere	20	8	28
" left area before examination, or treatment refused	6	2	8
" not yet examined	31	15	46

Treatment

Regular treatment during some period of the year	366	196	562
Occasional attendance for treatment or advice	218	84	302
Total number treated during year	584	280	864

No. discharged during year	Cambridge		
	County	City	Total
Speech normal	48	43	91
Speech satisfactory	68	47	115
Left area, etc.	56	32	88
Total	172	122	294
No. on treatment list at end of 1968	477	230	707
<u>Awaiting treatment</u>			
On treatment list, but suspended throughout year	23	4	27
No. on waiting list at end of year	228	52	280
No. referred but not yet examined	31	15	46
Total	282	71	353
TOTAL NUMBER ON BOOKS AT END OF YEAR	736	297	1,033

HEALTH EDUCATION IN SCHOOLS

Close co-operation, enhanced by the "frequent visit" system of medical inspection, continues between school medical, nursing, and teaching staff. The health education officer, on the staff of the county medical officer, devotes a considerable proportion of time to work in schools, and a full report on this officer's activities appears in that part of the report prepared by the county medical officer on page No. 49. An addition to the health education material offered to schools has been dental health education through the seconding of Mrs. G. Tibbs, dental auxiliary, to the health education section for a period of eight months commencing in November 1968.

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 1968:-

	Primary courses	Booster
Diphtheria	155	2,229
Whooping Cough	83	981
Tetanus	363	2,638
Poliomyelitis:		
Sabin vaccine	165	2,143
Salk vaccine	-	-

BCG VACCINATION

The following figures relate to BCG vaccination in the area during 1968:-

Number skin tested	1,901
Number found positive	65
Number found negative	1,760
Number vaccinated	1,757

X-ray examination of children found positive was undertaken at the Cambridge Chest Clinic through the courtesy of Dr. M.J. Greenberg 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:-

Diphtheria	Scarlet Fever	Whooping Cough	Measles (excluding rubella)	Dysentery	Acute Pneumonia	Food Poisoning	Infective Jaundice
-	53	57	881	27	4	3	27

SCHOOL SWIMMING POOLS

The work of sampling and inspection of the school swimming pools was carried on during the year by the public health inspectors and thanks are due to head teachers for their cooperation in recording temperature and completion of weekly returns. I am glad to be able to report there have been no untoward incidents arising from the use of pools

in any part of the area. New pools were opened at the following schools during the year:-

Bassingbourn Infants, Horseheath, Lode, Soham Infants,
Stetchworth Heath, Swaffham Bulbeck, Wisbech (Rammoth Road),
Wisbech (St. Peter).

PROVISION OF MILK AND MEALS IN SCHOOLS

The arrangements for the supply of milk in schools have continued so far as primary schools are concerned as before, although the supply of milk to pupils at secondary schools was discontinued at the end of the summer term 1968. In October 1968, there were 15,207 children receiving it, 87.51% of the total in attendance, at primary schools. Of those in attendance at the nursery school, 100% received it; and at primary schools, 87.47%. Pasteurised milk was supplied to all schools in the area.

Cooked mid-day meals were available for all schools, and a total of 20,486 children, 74.87% received them. At the nursery school, 34.55% took meals; at primary schools, 76.95%; and at secondary schools, 71.48%.

The number of children receiving free meals, as required by the Department of Education and Science, was 2,713.

MEDICAL INSPECTION AND TREATMENT

Statistics for the year ended 31st December 1968:

Numbers of pupils on the registers of maintained primary, secondary, special and nursery schools in January 1968:-

(i)	Form 7 schools	29,594
(ii)	Form 7M schools	53
(iii)	Form 11 schools	60
	Total	29,707

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

TABLE A. - PERIODIC MEDICAL INSPECTIONS

Age groups inspected (by year of birth)	No. of pupils who have received a full medical examination	Physical condition of Pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1964 & later	60	60	-	-	-	-
1963	1,821	1,818	3	26	39	63
1962	1,495	1,491	4	19	92	109
1961	201	201	-	3	6	9
1960	1,541	1,538	3	57	31	87
1959	454	454	-	8	53	60
1958	340	340	-	10	15	25
1957	350	350	-	5	15	19
1956	472	472	-	23	11	33
1955	1,372	1,371	1	28	25	53
1954	895	892	3	27	11	37
1953 & earlier	922	922	-	38	27	65
Total	9,923	9,909	14	244	325	560

Col.(3) total as a percentage of Col.(2) total.... 99.86

Col.(4) total as a percentage of Col.(2) total.... 0.14

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	215
Number of Re-inspections	9,143
Total	9,358

TABLE C. - INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 37,501
- (b) Total number of individual pupils found to be infested 135
- (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.	Defect or Disease		Periodic Inspections				Special Inspections
(1)	(2)		Entrants	Leavers	Others	Total	
4	Skin	T	15	13	24	52	1
		O	132	50	123	305	1
5	Eyes - a. Vision	T	44	63	137	244	-
		O	322	289	462	1073	1
	b. Squint	T	15	1	7	23	-
		O	74	28	47	149	-
	c. Other	T	7	5	8	20	-
		O	33	29	29	91	-
6	Ears - a. Hearing	T	11	2	6	19	2
		O	150	32	103	285	1
	b. Otitis Media	T	4	3	5	12	-
		O	88	14	45	147	-
	c. Other	T	3	-	5	8	-
		O	34	10	21	65	-
7	Nose and Throat	T	23	7	18	48	-
		O	342	35	175	552	2
8	Speech	T	24	1	2	27	-
		O	84	11	57	152	1
9	Lymphatic Glands	T	3	1	-	4	-
		O	97	12	27	136	1
10	Heart	T	4	1	6	11	2
		O	72	23	36	131	-
11	Lungs	T	9	-	5	14	-
		O	140	23	68	231	1
12	Developmental - a. Hernia	T	1	-	1	2	-
		O	13	1	13	27	-
	b. Other	T	6	3	10	19	-
		O	141	19	87	247	-
13	Orthopaedic - a. Posture	T	-	1	1	2	-
		O	25	5	29	59	-
	b. Feet	T	19	1	14	34	-
		O	204	57	178	439	2
	c. Other	T	4	-	5	9	-
		O	103	21	97	221	-
14	Nervous System - a. Epilepsy	T	-	-	1	1	1
		O	11	4	5	20	-
	b. Other	T	-	-	1	1	-
		O	14	6	10	30	-
15	Psychological - a. Development	T	-	-	1	1	-
		O	56	27	49	132	5
	b. Stability	T	-	2	3	5	-
		O	164	30	111	305	3
16	Abdomen	T	2	-	2	4	-
		O	12	9	17	38	-
17	Other	T	2	4	5	11	-
		O	48	30	46	124	1

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	9
Errors of refraction (including squint)	1,880
Total	1,889
Number of pupils for whom spectacles were prescribed	780

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

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	46
(b) for adenoids and chronic tonsillitis	197
(c) for other nose and throat conditions	40
Received other forms of treatment	65
Total	348
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1968	6
(b) in previous years	59

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	40
(b) Pupils treated at school for postural defects	-
Total	40

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	3
(b) Body	-
Scabies	3
Impetigo	16
Other skin diseases	83
Total	105

TABLE E. - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at child guidance clinics	285

TABLE F. - SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapist	584

TABLE G. - OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	166
(b) Pupils who received convalescent treatment under school health service arrangements	2
(c) Pupils who received BCG vaccination	2,062
(d) Other than (a) (b) (c) above	
Hospital in-patient	57
Other	-
Total	2,287

DENTAL INSPECTION AND TREATMENT1. Inspections

(a) First inspection at school.	Number of pupils	10,510
(b) First inspection at clinic.	Number of pupils	3,320
	Number of (a) + (b) found to require treatment	9,737
	Number of (a) + (b) offered treatment	8,654
(c) Pupils re-inspected at school clinic		7,231
	Number of (c) found to require treatment	4,314

2. Sessions

Sessions devoted to treatment	3,805
Sessions devoted to inspection	134
Sessions devoted to dental health education	4

3. Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First visit	3,945	2,598	603	7,146
Subsequent visits	6,337	5,894	1,354	13,585
Total visits	10,282	8,492	1,957	20,731
Additional courses of treatment commenced	319	219	56	594
Fillings in permanent teeth	3,212	6,147	1,625	10,984
Fillings in deciduous teeth	4,519	220	-	4,739
Permanent teeth filled	2,529	5,177	1,444	9,150
Deciduous teeth filled	4,103	205	-	4,308
Permanent teeth extracted	218	1,072	251	1,541
Deciduous teeth extracted	4,891	1,277	-	6,168
General anaesthetics	1,316	504	62	1,882
Emergencies	731	352	104	1,187

Number of pupils x-rayed	594
Prophylaxis	1,294
Teeth otherwise conserved	353
Number of teeth root filled	51
Inlays	1
Crowns	37
Courses of treatment completed	5,887

4. Orthodontics

Cases remaining from previous year	162
New cases commenced during year	88
Cases completed during year	59
Cases discontinued during year	13
No. of removable appliances fitted	152
No. of fixed appliances fitted	-
Pupils referred to hospital consultant	27

5. Prosthetics

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	1	1
Pupils supplied with other dentures (first time)	-	26	18	44
Number of dentures supplied	-	34	25	59

6. Anaesthetics

General anaesthetics administered by dental officers 442

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:-

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? 8+, 11+, 12+, 13+, 14+, 15+, 16+.

Is colour vision testing undertaken? Yes

If so, at what age? 8+

Are both boys and girls tested? Yes

By whom is vision testing carried out? School Nurse

By whom is colour vision testing carried out? School Nurse

Is routine audiometric testing of entrants carried out within their first year at school? No

If not, at what age is the first routine audiometric test carried out? 7

By whom is audiometric testing carried out? Audiometrician or Health Visitor



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