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CAMBRIDGESHIRE AND ISLE OF ELY
COUNTY COUNCIL



ALCO. 01

ANNUAL REPORTS

of the

County Medical Officer of Health

and

Principal School Medical Officer

for the year

1970

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.

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

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WESSEX REGIONAL HOSPITAL BOARD

Summary of Hospital Costs - Year ended 31st March, 1971

ERRATUM

SECTION 2

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Page 14	<u>Column No.</u>	<u>Delete</u>	<u>Substitute</u>
Regional Average	48	191963	5532,799
" "	Ref. No.	8	-

SECTION 3

Out-Patient Departments

Page 20.

Ref. No. 76 Herrison. Column 14 Insert 51.91

Treasurer's Department,
Highcroft,
Romsey Road,
Winchester.

November, 1971

REPORT ON THE PROGRESS OF THE WORK

During the year 1900 - from January 1st to December 31st

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Page 1

HEALTH COMMITTEE

Chairman: Alderman Harry Payne, J.P.

Alderman R.G. Curston, J.P.	Councillor D.Q. Fuller
Alderman T.H. Ellingham, O.B.E., J.P.	Councillor J.J.B. Foster
Alderman A.J. Goss	Councillor O.R. Game
Alderman E. Hepher	Councillor A.S. Hannington
Alderman W.J. James	Councillor H. Hartley
Alderman F.H. Jeeps, M.C.	Councillor D.H. Hofford
Alderman E.W. Parsons	Councillor B.M. Osborn, J.P.
Councillor D.M. Abbott	Councillor H. Palmer
Councillor G.J. Acton	Councillor D.M. Silberston
Councillor A.B. Amey	Councillor H. Tash
Councillor E. Briggs	Councillor E.M. Vinith-Williams
Councillor H. Crabb	Councillor C. Webb

Three representatives from the Cambridgeshire and Isle of Ely Executive Council:

Councillor F.G.W. Darby	Dr. J.A. Sadler
Dr. H.R. Erskine	

Two persons with special experience in Mental Health:

Mrs. P.R. Burnet, C.B.E., J.P.	Mr. E.N. Rigg
--------------------------------	---------------

GUARDIANSHIP SUB-COMMITTEE

Chairman: Alderman Harry Payne, J.P.

Alderman A.J. Goss	Councillor E. Briggs
Alderman E. Hepher	Councillor H. Tash

There are no other Sub-Committees.

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, 1970)

County Medical Officer:

P.A. TYSER, M.D., B.S., M.R.C.G.P., D.P.H.

Associate County Medical Officer and
Principal School Medical Officer:

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

Second Deputy County Medical Officer:
(based at the Health Centre, March)

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

Senior Medical Officers:

B.W.M. MACARTNEY, B.A., B.M., B.Ch., D.C.H., D.P.H., D.(Obst.) R.C.O.G.
J.R.M. MURDOCH, M.B., Ch.B., D.P.H.

Principal Administrative Officer:

L. BLY, F.H.A., A.C.I.S., D.M.A.

Medical Officers in the Department and School Medical Officers:

The following doctors undertake sessional work for the department:-

ROSALIND B. BANGHAM, M.B., B.S.	GWYNETH A. JONES-DAVIES, M.B., B.Ch.
KATHERINE A. BARCLAY, M.B., B.S.	MAUVEEN E.V. MUNK, M.B., Ch.B.
AMELIE BOYD, B.Sc., M.B., Ch.B., D.P.H.	ROSE A. NEWSOM, M.B., B.Ch., B.A.O.
EILEEN M. BRERETON, M.A., M.B., Ch.B.	D. (Obst.) R.C.O.G.
DOROTHY M. DAVY, M.B., Ch.B.	MARJORIE E. NICOL, M.B., Ch.B.
PAMELA M. FISHER, M.B., Ch.B.	
GWYNETH M. GRESHAM, M.B., B.S.	MARJORIE THOMAS, B.Sc., M.B., Ch.B.,
W.R. HOLTON, M.B., B.S., M.R.C.S., 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.
Chief Dental Officer:	F.E. ADAMS, L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S., R.C.S.(Ed.) (Died 3.9.70)
Area Dental Officers:	J.C. McINTYRE, L.D.S. MARGARET C. McINTYRE, B.D.S.
Senior Dental Officers:	LORNA J.M. KNOX, L.D.S. I.J. STEELE, L.D.S., R.F.P.S.
Dental Officers:	*OLIVE FOULDS, L.D.S. *JOSEPHINE M. GREENWOOD, B.D.S. *J.H. JONES, L.D.S. *GLENYS MOSS, B.D.S. *JESSIE M. POUNTAIN, L.D.S. *N. WICKHAM, B.D.S.
Dental Auxiliaries:	ANNE FRENCH JOAN H. STEVENSON
Health Education Officer:	JANE RANDELL, S.R.N., S.C.M., H.V., Q.N., Dip.H.E.
Assistant Health Education Officers:	W.G. BUCHANAN, R.G.N., Q.N., Dip.H.E. GERALDINE L.J. TIBBS
Senior Teacher of the Deaf:	J.L. HOLMES, Dip. Teacher of the Deaf
Senior Administrative Assistants:	I. HUTCHINSON, D.M.A. (Deputy to P.A.O.) (General Health Service) J. GIPSON (March Office) R.E. PARR, A.C.I.S. (Mental Health Service) H.J. SADLER (Management and Finance) R.F. SUMMERFIELD (Nursing and Aftercare)
County Ambulance Officer:	A.D. PRIOR
Chief Nursing Officer:	SARAH MEE, S.R.N., S.C.M., H.V., Q.N., P.H. Admin. Cert.
Home Help Organiser:	OLIVE B. GREENSLADE
Senior Mental Welfare Officers:	K.D. ARMITAGE R.A.M. REEVE, C.S.W.
Mental Welfare Officers:	T.H. COY K. FREELAND, R.N.M.S. *E.R. GRANT, C.S.W. *R. HESELTINE M. NELSON, C.S.W. R.J.M. RICKETTS, R.M.N.

Mental Welfare Officers (contd.)	J.M. ROWLING, C.S.W. L.E. STEBBINGS
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. B. GILBERT, L.C.S.T. *D.E. GOODMAN, L.C.S.T. H. GOODWILL, L.C.S.T. S. REES, L.C.S.T. *R. SCOTT, L.C.S.T. *C. SMITH, L.C.S.T.
Senior Educational Psychologist:	D.C. JONES-DAVIES, M.A.(Wales), M.Phil.(London)
Educational Psychologists:	M.W. BRENNER, M.A., Ph.D. T. McN. MILLAR, B.A. G.McG. SHIACH, M.A., M.Ed.(Aberdeen)

*Part-time staff

CHILD PSYCHIATRIC SERVICE

United Cambridge Hospitals and East Anglian Regional
Hospital Board

CAMBRIDGE

Consultant Child Psychiatrists:	R.E. GLENNIE, M.D., D.C.H., D.P.M. (Died 18.7.70) A. GAGE, M.B., Ch.B., D.P.M. M.I. PLATT, M.B., Ch.B., D.P.M. (Part-time) MISS D. GUMLEY, B.A.
Psychologists:	MRS. M.F. FARRELL, M.A. (Part-time) MISS D. GUMLEY, B.A.

PETERBOROUGH

Consultant Child Psychiatrist:	B.F. WHITEHEAD, M.A., M.B., D.P.M.
Senior Clinical Psychologist:	MISS V.E. LABRUM, M.A., D.C.P., A.B.Ps.S.
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. (died 18.7.70)
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.

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, South Cambridgeshire Hall,
Hills Road, Cambridge.

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

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.

J.R.M. Murdoch, M.B., Ch.B., D.P.H.

B.W.M. Macartney, B.A., B.M., B.Ch., D.C.H.,
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.

M.E. Hocken, M.B., Ch.B., D.P.H. (acting)

J.R.M. Murdoch, M.B., Ch.B., D.P.H.

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

GENERAL STATISTICS OF THE ADMINISTRATIVE COUNTY

Area	531,578 acres
Mid-year population (Registrar General's estimate)	304,680
Census population 1966 (based on 10% sample census)	287,840
Birth rate (corrected)	14.6 per 1,000 population 14.5 " " "
Death rate (corrected)	10.9 " " " 10.5 " " "
Infant Mortality rate	16.0

GENERAL INFORMATION

The area of the administrative county remained unchanged at the end of 1970 at 531,578 acres. The estimated mid-year population was divided as to 100,010 persons resident in the City of Cambridge, of whom over 10,000 are studying at the University and 204,670 in the remainder of the county. The tables which appear on page 46 show that the estimated population of the City of Cambridge has decreased by 190 while the remainder of the county shows an increase of 2,310.

To the Chairman and Members of the County Council.

Ladies & Gentlemen,

1970 has seen the beginning of the many changes in the administration of our affairs, so long the matter of report, conjecture and discussion. There are many feelings, some of relief that at last it has all started, some of excitement, some of bewilderment at the complexity of the changes envisaged; undoubtedly there are fears and doubts as must accompany all changes when entrenched positions are endangered. I have heard it said that in the area of our County we do not need a Green Paper, the inference being that we have progressed so far along the path of integration that a workable pattern has evolved which it would be a pity to disrupt. As in all broad statements there is an element of truth. Under present administrative and financial arrangements, however, one can progress just so far without coming up against difficulties, the surmounting of which absorbs an unrealistic amount of time. This is the point we are now reaching, and administrative and financial change is needed to enable the proper use and deployment of the entire resources available for medical care. Fortunately it is becoming increasingly realised and recognised that there is no ceiling to the cost of health, only that which is introduced by the limitation of resources. In order, therefore, to offer the consumer the best that can be provided within these constraints, resources must be maximised and priorities ranked; this is one of the main purposes behind the impending changes.

It would be an omission of the obvious not to join all those others who have commented in their reports, papers and statements upon the tragedy that health and social services are to part company; it is a political issue and one frankly admitted as such and merits no further comment. Its implications are, however, very much our concern for we must try to stand between what the politicians perforce find themselves having to decree and the consumer who, not withstanding any administrative difficulties, expects a first class service in his hour of need. It is as usual we who must see, therefore, that the consumers' interests are safeguarded, most particularly in these times of radical change.

The setting up of the local authority social service departments is the first move in a series, which we are told will culminate on April 1st, 1974, bringing into effect the reorganisation of the National Health Service in one administration outside local government on the one hand, and a reorganised local government structure, which will include the social services, on the other. These are indeed mighty changes and for us all, members and officers alike, a great undertaking and a great challenge. Now is the time when some of the most valuable ground work for the future can be undertaken and I would particularly refer to the forging of such links between all the health services and the social services which will stand the disruption and stresses of the next half decade or more.

To this task of forging links may I enter a plea for all to apply themselves not only with patience, understanding and humanity, but also with vigour, foresight and broad mindedness. The opportunities are before us, let us seize them and go forward in the coming years from strength to strength. I have every confidence that we shall succeed. The County Council has over the years provided such buildings and services (and envisages in its capital programmes the continuation of such provision) that there is a splendid background against which further developments can take place. It is my hope that the health centres in particular may provide a strong link for the health and social services and one is grateful that it has been possible to enter this new era with such helpful facilities at hand.

The report is prepared as usual in conformity with the regulations and the customary circular (DHSS 1/71) issued by the Department of Health & Social Security. I am asked to comment specifically on the following points:

- (a) Co-ordination and co-operation with other parts of the National Health Service and attachment schemes of local authority nursing staff to family doctors.

Successive reports have dealt with these matters and there is a continuing development in this field which includes not only attachment and liaison schemes for family doctors but also in the field of hospital care with regard to services for the elderly and for those suffering from sexually transmitted diseases.

- (b) The scheme for the notification of congenital defects.

This scheme continues to function satisfactorily and requires no further comment.

(c) The fluoridation of water supplies.

The Council at their meeting on 30th January 1971 passed the following resolution:

"That approval be given to the payment to the Cambridge Water Company of the sum of £2,000 in this financial year to enable the Company to prepare a detailed scheme for the adjustment of the fluorine ion content in public piped water supplies in the Company's area."

(d) Steps to combat the spread of sexually transmitted diseases (venereal disease).

Sexually transmitted disease more accurately describes what one is attempting to combat, venereal disease having amongst the public the narrower reference to syphilis and gonorrhoea which are only two of a number of illnesses and infections that can be acquired through sexual intimacy and actual intercourse. Gonorrhoea is the disease presenting the greatest problem and the annual increase in national figures is alarming, constituting in every sense of the word, an epidemic. Whatever benefits "the pill" may confer on society it must inevitably facilitate the spread of a disease like gonorrhoea which can be a relatively 'silent' infection in women thus making control difficult and contact tracing vitally important. To the special clinic at Addenbrookes Hospital the County Council has attached a nurse to undertake contact tracing. The Health Education Section of the Health Department in co-operation with the Education Department and the schools, takes all the opportunities offered to educate young people about sexually transmitted diseases. A tape and slides has been prepared by Dr. J.K. Oates, consultant in venerology, which can be used with a variety of audiences; teachers and youth organisers and youth leaders are amongst the many who have seen and heard this excellent lecture.

On page 34 the Family Planning Services available in the administrative County are detailed: it may be added that in centres on our boundaries facilities also exist. The inhabitants of the County are I think fairly well served, however, as indicated on page 35 it is intended to open further clinics in the future as more health centres open, but I foresee that it is in the domiciliary field in rural areas that there is a growing need; people cannot get to centres easily and the situation is becoming worse as public transport services diminish. For this vitally important service it will be necessary, therefore, to make extensive arrangements for it to be taken to the clients in need. Apart from the obvious humanity of the service and the hope of preventing the birth of unwanted children (it is estimated some 250,000 are born annually) there looms the larger issue of the world's population explosion by which these already highly developed Islands are much affected. In some thirty years we can expect on present estimates at least another 10 million people, whereas it is said that we are now already over the optimum population. Family planning is the key to a population policy and it would greatly help towards the inevitable adoption of such a policy if family planning facilities were now made a part of the National Health Service; after all abortions are.

A further most successful course on Developmental Paediatrics was held within the University's Postgraduate Medical Education programme and reference is made on page 15. These courses both here and elsewhere in the Country are becoming increasingly popular and are attracting more and more interest from general practitioners, which is a most important omen for the future. Early detection of abnormalities is vitally important in any programme of prevention; who better than the general practitioner and his attached staff to set up screening and monitoring services?

The introduction of vaccination against rubella (German measles) was very welcome and marks an important step in the direction of preventing the occurrence of congenital abnormalities.

It is with great regret that I have to record the death of two colleagues. On July 18th Dr. R. Glennie, Consultant in charge of the Child Psychiatric Service and Honorary Consultant in Child Psychiatry to this Authority, died after a long illness throughout which he displayed a magnificent courage. Dr. Glennie is sorely missed by colleagues in the many disciplines with which his speciality is connected, but most of all his young patients have lost a fine doctor, a wise counsellor and a good friend.

On September 3rd Dr. Adams died suddenly whilst on holiday. It is particularly tragic that his death should have occurred so soon after his appointment as the Authority's sole Chief Dental Officer and before he could begin to put into operation his plans for the future of the local authority dental services.

On behalf of the County Health Department may I thank the Chairman and members of the County Health Committee and all the many friends and colleagues in many differing disciplines who contribute directly or indirectly to the work of the department and who by their efforts, support and encouragement make it all so worth while.

I am,
Your obedient Servant,

P.A. Tyser
County Medical Officer of Health

August 1971

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

WATER SUPPLIES

Chatteris Urban District Council

New water mains laid during 1970 in the Urban District are 186 yds. of 4" P.V.C. main and 14 yds. of 3" P.V.C. main in Ash Grove, High Street, Chatteris, and 87 yds. of 3" P.V.C. main in Fair View Estate, Chatteris. 20 additional properties were connected to the mains water supply during the year.

66 samples were taken from the water mains during the year for bacteriological examination and all tests proved 100% negative.

Ely Rural District Council

Ely Rural District draws its water from the Beck Row source, and apart from a rather persistent taste problem at the extremity of the distribution system at Littleport, this supply is both wholesome and adequate. No cause was identified for the taste problem, which however responded to chlorination and flushing. The dead end has now been eliminated by linking it to another part of the system and raising the pressure, and it is to be hoped that there will be no recurrence of this problem.

Ely Urban District Council

Ely Urban District has drawn its water from the Beck Row source since 1968.

Newmarket Rural District Council

Newmarket Rural District draws its supplies from four sources. In the north the Isleham source, from which a further connection was made to Soham during 1970. Minor bacterial contamination has occasionally appeared in this source. Arrangements are in hand for 2-stage chlorination should it be necessary to bring the affected bore hole back into use.

This information has been taken from the Annual Report of the Engineer of the Ely, Mildenhall and Newmarket Water Board as water supplies are no longer the responsibility of these three district councils.

March Urban District Council

The Water Board have laid the following mains which includes a booster main in Upwell Road to serve the new private development in that area.

160 yds. - 9" main	280 yds. - 4" main
575 yds. - 6" main	357 yds. - 3" main

The lengths of sewers laid during the year are as follows:-

30 yds. - 4" pipes	200 yds. - 6" pipes
386 yds. - 9" pipes	

North Witchford

Schedule of work carried out in North Witchford Rural District during the year ended 31st December, 1970.

New Mains Laid: Eastwood End, Wimblington 187 yds. of 4" P.V.C.

Additional Domestic Properties Supplied:	Benwick	3
	Doddington	12
	Wimblington	16
		<u>31</u>

65 bacteriological samples were taken by the Chemist and Bacteriologist of the Wisbech and District Water Board from two sampling points in the Rural District Council's area and all of these produced negative results.

Wisbech Municipal Borough

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

A few houses remain without an internal water supply. In town two or three houses in this category fall to be dealt with by clearance action. Elsewhere in the rural parts of the Borough five families prefer to make use of natural sources of supply for domestic purposes.

SEWERAGE SCHEMES

Chatteris Urban District Council

No alterations or extensions were carried out to the town's sewerage works, the two main works continue to give effluents which comply with the requirements of the Royal Commission standards.

Chesterton Rural District Council

Completed during Year (Approximately £694,000)

Dry Drayton and Oakington
Fen Drayton
Stapleton and Shelford (additional facilities)

In Progress during Year (Approximately £360,000)

South Western Area Scheme (Barton, Comberton, Grantchester, Toft)
Newton
Milton (additional facilities)

Tenders due March 1971

Eastern Area Scheme (Stow-cum-Quy, Great and Little Wilbraham)

Tenders due during 1971

Western Area Scheme Phase I (Bourn, Caldecote, Caxton, Hardwick)
Western Area Scheme Phase II (Boxworth, Conington, Lolworth)

In Preparation during 1971

Western Area Scheme Phase II (Croxtan, Elsworth, Eltisley, Graveley, Knapwell)

Ely Rural District Council

i) Parish Schemes

The completion of the small schemes at Pymoor and Black Horse Drove marked the end of an era in which the Council had actively engaged in the provision of main sewerage facilities in all but the most outlying parts of the district. The only exception has been the Parish of Wentworth and it is anticipated that this scheme will be not too far away, despite ominous rumblings that curtailment in public expenditure may necessitate the temporary shelving of plans which were approved in November. A scheme is on the stocks for provision of a sewer to serve 33 premises, and which will discharge to the existing Witcham Works. Plans for extensions of the Littleport sewers have had to be temporarily held over.

ii) Sewer Reconstruction

What might be termed the Saga of Silt Road continued throughout the year. The reconstruction of this part of the Littleport system has produced every anticipated problem plus one or two additional snags. Originally expected to take 4 months, the contract was only 80% completed at the 6 month stage. The crossing and recrossing of water, gas and electric service lines; cavities formed by running silt; and the need to drive sheet steel piling to a depth of 16 ft. were only some of the problems encountered.

In all circumstances a rate of progress of 8-10 yds. per week was commendable and the work has been done with remarkably little interference with the comfort of the residents.

Ely Urban District Council

During the calendar year 1970 two village main drainage schemes were completed. The scheme for Prickwillow comprised the provision of a new extended aeration sewage treatment plant, with upward flow clarifier and tertiary grass plot treatment, as well as the provision of four small pumping stations, and serves 88 dwellings and other premises. Two old, unsatisfactory sewage treatment plants have been abandoned. It is possible that further extensions of this scheme will be necessary in the future.

The scheme for Adelaide includes two pumping stations and serves 26 dwellings and other premises, and a large factory on land allocated for industrial premises. Sewage is pumped back into the town sewers for treatment at the main Sewage Treatment Works.

Mechanical screen raking equipment was installed at the main Sewage Treatment Works and has proved very successful in removing large solids, although some modification is desirable.

Preliminary investigations have been carried out into problems of drainage in the Station Road area of Ely, and at Kingdon Avenue, Prickwillow. The preparation of a main drainage scheme for Stuntney village has been undertaken.

Negotiations have proceeded on the acquisition of land near Downham Road for the construction of a stormwater balancing reservoir to ease surface water drainage problems on the western side of the City.

March Urban District Council

The County Council have laid two new surface water sewers to relieve the flooding which took place from time to time in Broad Street.

In 1969 mention was made of the appointment of Consultants to make a comprehensive report on the existing sewerage services in the Urban District and their recommendations with suggestions for any new works as well as alterations of existing services. This report has now been received and deals particularly with extensions at Knights End, Wimblington Road, and Upwell Road, together with alterations to the pumping station and sewage works.

Newmarket Rural District Council

Ashley, Cheveley, Woodditton:-

Design nearing completion, anticipate work to commence 1971.

Soham Extensions:-

Work nearing completion on the sewerage of the areas not previously served and work has commenced on the extension to the sewage disposal works.

Wicken and Upware Scheme:-

This scheme has been modified to discharge into Soham treatment works, design nearing completion. Work to commence in 1971.

South Cambridgeshire Rural District Council

Parish sewerage schemes completed during 1970

Hinxton, Ickleton, Tadlow

Parish sewerage schemes in final stage of completion

Barrington, Orwell

Parish sewerage schemes in progress

Hildersham, Lt. Abington, Gt. Abington

Linton Sewage Works is also in course of extension to cope with the drainage from the three parishes mentioned, and

in addition the drainage from Hadstock parish situated with Saffron Walden Rural District. Anticipated completion date for these projects 1972.

Tenders are being invited for the sewerage of Gt. Eversden and Lt. Eversden and work should commence in the Spring.

It has been agreed to sewer an area of the parish of Wimpole together with an outlying area of Orwell parish which is outside the current scheme for Orwell, but work is not likely to be started before 1972.

Sewerage proposals in respect of the parishes of Castle Camps and Shudy Camps have been submitted for Ministry approval.

The combined scheme for sewerage West Wickham and Horseheath parishes are in advanced planning stage and tenders will be invited in early summer.

Proposals are currently being considered to extend Sawston Sewage Works to facilitate the treatment of liquor from the proposed sludge press and also to cater for village expansion.

Whittlesey Urban District Council

Proposals were prepared by the Council's Consulting Engineers and were submitted to the Ministry for an extension to the sewage works to provide for a population of 16,000 together with the extension of gravity and rising sewage mains, the enlargement of three existing pumping stations and the construction of one new pumping station.

This work is necessary to cater for the increased growth of population in the district and to relieve the overloaded sewerage system. No actual work has been carried out with regard to water supply or new sewerage schemes.

Wisbech Municipal Borough

No change: no progress.

Ministerial Inquiry held October, 1969, to determine the Council's application for a sewerage and sewage treatment scheme including sewage treatment works and pumping station to serve the Borough of Wisbech and parts of the Rural Districts of Marshlands and Wisbech.

The findings were announced on 25th June, 1970.

Approval in principle of the Council's general sewerage proposals and acceptance of the need for a new sewage treatment works, but refusal of planning permission for proposed sewage treatment works at River Road, West Walton.

The Minister sees no reason to believe that an alternative site for new works could not be found which would give rise to less and perhaps to no objection on agricultural grounds but equally would not place any over-riding obstacles in the way of the growth of the population at Wisbech, if this were to take place.

A sad day for the 10,000 people or more (the majority residing in the rural parishes) who must continue to suffer the inconvenience of limiting the use of water and the nausea which accompanies the regular emptying and discharging of cesspool contents.

Concentrated sewage will, therefore, continue to be poured into the River Nene.

A severe blow to the many officers of affected district councils and Norfolk County Council who, by their considered discussions and actions, tried to measure every interest before making a final proposal as to the location of the proposed treatment works.

Wisbech Rural District Council

I regret to say that there is no progress to report.

During 1970 the Ministry accepted Phase I of the Rural District Council's Scheme, but this in fact is valueless as permission was not granted to go ahead with the sewage works. Wisbech Borough in conjunction with the two Rural District Councils, in the tripartite scheme, have appealed against the decision, but needless to say nothing had been decided at the end of 1970.

NATIONAL HEALTH SERVICE ACT, 1946

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

SECTION 21 HEALTH CENTRES

In my report for 1969 a full description of the four health centres opened during that year was given and a brochure was enclosed which in addition to giving general information about the areas served and the services provided contained line drawings and photographs of the health centres at March, Sawston, Littleport and Whittlesey.

At the end of 1970 all four centres had been operating for over a year, during which period some assessment had been able to be made of their design and organisation: because all four health centres were designed almost simultaneously some of the errors in the design and concept and their organisation may well be seen in all four centres! Generally speaking, however, it is true to say that without hind-sight these were inevitable: it is, however, particularly gratifying that no serious defect in design has been revealed. All the staff working in the health centres appear to be reasonably satisfied, and the majority delighted, with the high standard of accommodation and facilities provided.

Additional services have been started at all four health centres since they opened, including family planning clinics and eye clinics for the school health service: this latter has solved a real transport problem for those parents of children, who, hitherto, were obliged to spend long hours travelling to the early morning sessions at Peterborough.

The importance of establishing such clinics at health centres for the convenience of children cannot be over-emphasised, since the running down and virtual withdrawal of the rural bus services has undoubtedly caused mothers considerable inconvenience and difficulty in getting children to the hospital clinics. The value of health centres will increase the more they provide services at local level always bearing in mind that this must be without wasting limited resources.

The Social Services Department and voluntary organisations connected with community health and social services have been provided with facilities thus enabling better integration and co-operation between the statutory and voluntary services to the ultimate benefit of the consumer.

At the time of writing two further health centres have been opened at Ely and Soham and the County Architect is at the sketch plan stage for health centres at the new village of Bar Hill and the old established village of Fulbourn.

The provision of health centres in this County has attracted much attention from medical and allied staffs in addition to the interest shown by the general public; such interest has resulted in a large number of visitors seeking to find out how a health centre functions. It is not without interest that the establishment of the first health centres and their apparent success has led to requests from the Executive Council to provide several more health centres in various parts of the County and these projects are now included in the County Council's capital building programme.

At the March Health Centre, in December 1970, as part of the Cambridge University's Post Graduate Medical School's programme for general practitioners, a symposium on Psychiatry in General Practice was held and attended by a large number of general practitioners from a wide area round March. Such an occasion brings into the modern setting of general practice the expertise of the hospital based consultant and I would suggest that general practitioners may welcome being able to enjoy such occasions on their own ground rather than having to undertake the more customary pilgrimage to the hospital for this purpose. Likewise it enables consultants to appreciate the setting and facilities health centres provide for general practice.

In March 1971 a similar but smaller symposium was organised by the Health Department in conjunction with the doctors working at Sawston Health Centre for a discussion on Working Together in Health Centres. Again a good turnout was achieved and an interesting morning enjoyed at Sawston.

It is hoped that these two occasions are but precursors of regular teaching and discussion opportunities not only for general practitioners but for all members of the Community Care team.

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

Developmental Paediatrics

Following the success of the first day release course in developmental paediatrics, a second course was organised during 1970 by the Post Graduate Medical School, Cambridge, in conjunction with the County Health Department. Dr. Eileen Brereton, lately Senior Medical Officer with the Authority, was again course tutor and was responsible for a great deal of the work involved in organising the course. The course was held on nine Thursdays between April 30th and June 25th, and was attended by some twenty doctors, both general practitioners and public health medical officers. A further course is to be held in 1971.

The following ante-natal and post-natal clinics were held in 1970:

Combined ante-natal and post-natal clinics

- Ely Clinic held twice monthly by one practice of general practitioners and attended by midwives.
- March Clinics held by general practitioners at the March Maternity Home. Weekly consultant's clinic held for both domiciliary and Maternity Home cases. No domiciliary midwife available to attend at the end of 1970.
- 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.
- Wisbech Weekly clinic attended by midwives only.

In addition midwives also attended ante-natal clinics held by general practitioners in their surgeries.

There was again an increase in the proportion of confinements taking place in hospital. Almost 88% of confinements of county area residents were in hospital, as against 85% in 1969 and 81% in 1968. In the Southern part of the County (the old Cambridgeshire area) the proportion of hospital confinements was 82.8%, while in the Northern area it was 95.3%.

Some 737 women attended mothercraft and relaxation classes in the county area, about 30 less than in 1969. Of these 633 were booked for institutional delivery, and 104 for home confinements. They made a total of 2,738 attendances.

The total number of child health clinics (54) remained unchanged. The clinic at Toft was closed during the year on account of the low level of attendances. A new clinic was established in the developing village of Bar Hill and, with the co-operation of the Chief Education Officer and the Head Teacher, is held on the school premises.

The following tables give the location 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	133
	(b)	Domiciliary booked	62
	(c)	Total	195
2 Total number of attendances during the year			633

City of Cambridge child health clinics

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.
East Barnwell	Toddler	Monday (once monthly)	p.m.
East Barnwell	C.H.C.	Thursday	p.m.
Kingsway	Toddler	Tuesday (once monthly)	p.m.
Kingsway	C.H.C.	Monday	p.m.
Kingsway	C.H.C.	Tuesday	a.m.
Newnham	C.H.C.	Wednesday (once 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 clinic attendances

Number of children who attended during the year				Number of sessions held by				Total number of sessions in columns (5)-(8)
Born in 1970	Born in 1969	Born in 1965 to 1968	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)
1033	904	1068	3005	418	298	-	-	716

County area ante-natal mothercraft and relaxation classes

1 Number of women who attended during the year	(a)	Institutional booked	633
	(b)	Domiciliary booked	104
	(c)	Total	737
2 Total number of attendances during the year			2738

County area child health clinics

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

+ Alternate Wednesdays with effect from 6th January, 1971.

County area child health clinic attendances

Centres	Number of children who attended			Total number of attendances	Number of sessions held during year
	Born in 1970	Born in 1969	Born in 1965-68		
Balsham	38	61	57	565	12
Bar Hill	14	18	45	369	10
Barrington	19	22	51	486	12
Bassingbourn	44	35	46	698	21
Black Horse Drove	7	4	4	59	10
Bottisham	37	31	29	604	23
Bourn	21	30	27	258	12
Burwell	36	69	34	781	23
Chatteris	137	91	131	2622	50
Cheveley	15	17	35	204	10
Christchurch	20	8	7	335	12
Coates	36	5	22	246	11
Comberton	69	67	138	1730	23
Cottenham	42	35	38	582	17
Doddington	24	6	6	197	12
Dullingham	17	34	39	430	12
Duxford	49	37	75	889	23
Elm	32	21	29	268	11
Ely	141	23	21	1860	52
Fordham	28	32	23	467	12
Fowlmere	13	25	14	247	12
Fulbourn	63	59	69	975	35
Gamlingay	37	60	37	515	12
Girton	46	45	95	1259	26
Gt. Abington	7	10	23	185	12
Gt. Shelford	56	97	74	1402	48
Gt. Wilbraham	9	4	12	146	12
Haddenham	52	11	10	800	24
Harston	16	19	55	371	12
Haslingfield	37	45	60	525	15
Histon	55	43	87	1381	24
Isleham	13	18	26	273	12
Leverington	28	11	15	355	12
Linton	63	60	36	591	12
Lt. Downham	15	8	9	118	12
Littleport	111	27	34	1087	50
Manea	30	4	5	444	24
March	315	68	24	4597	103
Melbourn	59	61	69	1259	23
Milton	29	29	30	756	23
Newton, Nr. Wisbech	19	10	15	155	11
Over	15	25	41	407	12
Parson Drove	23	4	4	152	12
Prickwillow	13	8	6	129	11
Sawston	147	119	87	5818	106
Soham	48	39	55	999	24
Steeple Morden	32	28	49	511	25
Sutton	35	10	22	369	12
Swavesey	33	40	99	659	23
Waterbeach	41	27	9	446	11
Whittlesey	216	100	132	2951	52
Willingham	36	28	44	549	12
Wisbech	449	110	205	5362	104
Wisbech St. Mary	20	8	7	178	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, 260, represents a rate of 58.5 per 1,000 live births as against a rate of 55.7 per 1,000 for 1969.

Premature Infants - City of Cambridge

Weight at Birth	Premature live births														Premature Stillbirths
	Born in Hospital	Born at home or in a Nursing Home													
		Nursed entirely at home or in a Nursing Home				Transferred to Hospital on or before 28th day									
		Died				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 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	7	2		2					1				1		
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	18	2						2					1		
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	13	1											2		
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	35								1				1		
6. Total	73	5		2					4				6		

Premature Infants - County Area

Weight at Birth	Premature live births												Premature Stillbirths	
	Born in Hospital				Born at Home or in a Nursing Home									
					Nursed entirely 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 (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	4	3		1									1	
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	14	5		1									8	
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	38	2							1				5	
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	36	3	1						1				4	
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	85	2	3	1	3				1				2	
6. Total	177	15	4	3	3				3				20	

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.

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

COUNTY AREAPart A. Attendances and Treatment

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Visits for Treatment during year:		
First Visit	301	131
Subsequent Visits	369	324
Total Visits	670	455
Number of additional Courses of Treatment other than the First Course commenced during year	16	7
Treatment provided during the year		
Number of Fillings	348	271
Teeth Filled	337	263
Teeth Extracted	253	112
General Anaesthetics Given	109	23
Emergency Visits by Patients	73	29
Patients X-rayed	8	13
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	101	117
Teeth Otherwise Conserved	48	-
Teeth Root Filled	-	1
Inlays	-	1
Crowns	-	1
Number of Courses of Treatment Completed during the Year	212	95

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	5
Patients Supplied with Other Dentures	23
Number of Dentures Supplied	30

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers -

Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given first Inspection During Year	A. 449	D. 146
Number of Patients in A and D above who required Treatment	B. 271	E. 135
Number of Patients in B and E above who were offered Treatment	C. 251	F. 132

Part E. Sessions

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

257

CITY OF CAMBRIDGE

Part A. Attendances and Treatment

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Visits for Treatment during year:		
First Visit	139	18
Subsequent Visits	303	38
Total Visits	442	56
Number of Additional Courses of Treatment other than the First Course commenced during year	1	1
Treatment provided during the year		
Number of Fillings	286	34
Teeth Filled	247	33
Teeth Extracted	86	9
General Anaesthetics given	32	2
Emergency Visits by Patients	47	2
Patients X-rayed	1	2
Patients Treated by Scaling and/or Removal of Stains from Teeth (Prophylaxis)	32	8
Teeth Otherwise Conserved	25	-
Teeth Root Filled	-	-
Inlays	-	-
Crowns	-	-
Number of Courses of Treatment Completed during the Year	59	8

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	2
Patients Supplied with Other Dentures	-
Number of Dentures Supplied	3

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	-
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Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspection During Year	A. 166	D. 18
Number of Patients in A and D above who required Treatment	B. 124	E. 18
Number of Patients in B and E above who were offered Treatment	C. 124	F. 18

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

95

Distribution of Welfare Foods

There was no change, in 1970, in the arrangements for the distribution of welfare foods. The foods were made available at distribution points throughout the county, such as health centres, child health clinics, shops and private houses. A large part of the work was carried out by volunteers whose valuable aid is very much appreciated.

Demand for National Dried Milk continued to decline, while the demand for orange juice and A and D tablets showed a substantial increase.

Welfare Foods

	Total Issued	
	1970	1969
National Dried Milk (Tins)	11,896	12,831
Cod Liver Oil (Bottles)	2,801	2,762
A & D Tablets (Packets)	4,573	4,065
Orange Juice (Bottles)	86,663	78,974

Day Nurseries

The local health authority provides a day nursery in the City of Cambridge, and the following table gives details of attendance.

Number of Places at end of Year	Average Daily Attendance during Year	Number of Children on Register at end of Year	Number of Priority children on waiting list at end of Year
40 full time 3 part time	36 full time 2 part time	46 full time 3 part time	17

Nurseries and Child Minders Regulation Act, 1948, as amended by Section 60 of the Health Services and Public Health Act, 1968.

The numbers of both premises and persons registered in accordance with this Act have continued to rise, the greater part of the increase in 1970 being in the County area. The following table sets out the position at the end of 1970, with figures for previous years for comparison.

Day Nurseries (Premises)

	<u>No. of Premises</u>	<u>Children</u>
31.12.68	41	828
31.12.69	49	997
31.12.70	61	1,298

Child Minders (Persons)

31.12.68	42	368
31.12.69	114	522
31.12.70	149	561

Congenital Abnormalities

There was no change during 1970 in the scheme for the notification of congenital abnormalities observable at birth, malformations being reported to the health department on the notification of birth form.

Information on 98 notified cases was submitted to the General Register Office. The malformations can be summarised as follows:

Central nervous system	23
Eye and ear	4
Alimentary system	12
Heart and circulatory system	4
Respiratory system	1
Urino-genital system	12
Limbs	39
Other parts of musculo-skeletal system	3
Other systems	11
Other malformations	10

In some cases more than one malformation was observed.

Observation Register

The Combined birth register and observation register, which was started in 1969, was continued in 1970. The aim of the register was to simplify the supervision of pre-school children known to have handicapping conditions and the observation of children "at risk". At the end of the year there were some 1,100 children considered to be "at risk".

It was felt that the register was working very well, in that the great majority of young children with potentially handicapping conditions were being found and their progress observed. In order to test whether this impression was correct Dr. B.W.M. Macartney, Senior Medical Officer, was in the early part of 1971 arranging a survey of a 10% sample of young children born in a period of twelve months.

Services for Children with Impaired Hearing

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

1. Referrals

The details of referrals received from January - December 1970 are as follows:

<u>Jan-Dec 1970</u>	<u>Pre-school</u>	<u>School Age</u>	<u>Total</u>
Total referred	68	108	176
Not Deaf	37	64	101
Follow-up cases	31	44	75
To Audiology Clinic	15	1	16
To E.N.T. Departments	5	21	26
Issued with Hearing aids	3	9	12

2. Home Visits

Frequent or occasional visits were made to homes throughout the county in order for the teachers to give parent guidance in auditory training, the development of speech and language and general management of the deaf child. Auditory equipment included up to 20 Speech Training Units and there was a wide range of educational material available to parents on loan.

3. School Visits

Regular visits were made to children in both ordinary and special schools for auditory training, and development of good speech and language and some remedial work in basic subjects where progress was significantly retarded by deafness. There was also discussion with Heads and teachers to enable a close check to be kept on progress.

4. Supervision of Hearing Aid Equipment

Hearing Aids, Speech Training Units and Radio Microphones were available to children at home and at school as required. The supervision of this equipment was carried out by the Teachers and the Senior Audiology Technician. The Teachers liaised

with the Ear Nose and Throat Consultants, the Hospital Hearing Aid Clinics and Hearing Aid manufacturers in order that the best and most suitable equipment be made available.

5. The Cherry Hinton Audiology Clinic

This is a hearing and educational assessment clinic supervised by Mr. G.E. Mann F.R.C.S. and staffed by the Teachers, where medical and educational treatment is coordinated, new cases assessed where necessary, and regular reports established on all hearing impaired children in county and city. Twenty-two clinics were held.

6. Further Education of Hearing Impaired School Leavers

During the year, several deaf school leavers went on to further education for the first time in this area. The establishments concerned are the Wisbech College of Further Education and the Cambridgeshire College of Arts and Technology. In critical cases these young adults received specialised tuition from the service and in all cases liaison was established with the College Staff. In September an evening class was established at the Coleridge Evening Centre for young deaf adults and this continued under the supervision of Teachers of Children with Impaired Hearing.

7. Liaison

Besides the aspects of liaison already mentioned, the Teachers co-operated closely with Careers Advisory Officers, the Heads of Residential Schools, Employers, the City's Partially Hearing Units, and the parents of children attending residential schools.

Service for the detection of children suffering from Phenylketonuria

This Authority's scheme for the collection of blood samples for examination by the Guthrie test was brought into operation in 1969, and the full regional scheme early in 1970. Blood samples are collected either at the maternity hospitals or by the domiciliary midwives and health visitors, and are submitted for testing at the laboratory provided at the Ida Darwin Hospital. No positive results have so far been notified for this authority.

Care of the Unmarried Mother

The arrangements for the care of the unmarried mother continued to be undertaken on an agency basis by the Ely Diocesan Association for Social and Moral Welfare, the Cambridge Association for Social Welfare and the Wisbech and District Society for Social Service.

Grants towards the cost of maintenance in mother and baby homes were made in 14 cases.

A falling off in the number of applications for financial assistance has been noticed in recent years. Towards the end of 1970 the only mother and baby home in the County - the Ely Diocesan Home, Bateman Street, Cambridge - closed down because of a lack of bookings on the one hand, and staff difficulties on the other.

Child Psychiatric Service

The arrangements for the referral of cases to the Child Psychiatric Service remained unchanged. Reference is made in my introduction to this Report to the tragic loss to the service by the death of Dr. R. Glennie. Dr. A. Gage and Dr. M.I. Platt held clinics at the Child Psychiatric Clinic, Brookside, Cambridge, and at Addenbrooke's Hospital. 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.

Weekly liaison meetings in the Cambridge area were continued and were attended by medical officers from both County and City Health Departments. Dr. Macartney, Senior Medical Officer in the County Health Department also held regular consultations with Dr. Whitehead at Peterborough. 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 of all matters relating to their patients.

The reports of the consultant child psychiatrists, together with detailed statistics, appear in the report of the Principal School Medical Officer.

MIDWIVES SERVICE, HEALTH VISITING AND HOME NURSING

The administration of the midwifery, health visiting and home nursing services followed the pattern laid down in 1969 on the termination of the agency arrangements operated by the Isle of Ely Nursing Association. The Chief Nursing Officer, Mrs. S. Mee, works from Cambridge and is supported by Area Nursing Officers based at Cambridge and March.

The following is Mrs. Mee's report on the services in 1970:

" Last year's report made mention of difficulties that were likely to, and did in the fullness of time, materialise. Practically all were concerned with staff shortages and the differences in training levels between those going and those coming. Whereas in the South of the County recruitment is easier, and for State Registered Nurses relatively simple, the pattern in the North is different in every way and depends almost entirely upon women whose homes are in the area or whose husbands are employed there.

It is interesting to reflect that in the thirties the married woman was often at a disadvantage compared to her single sister where many posts were concerned. Today a quick glance down the staff list shows that of one hundred and seventeen nurses, eightyone are married, while of those still single, at least half are likely to marry, a number being already engaged. Approximately one third of the remainder are approaching retirement so that any hopes of a more static staff are not at present likely to be realised.

While married women can and do bring problems they also bring experience and enrichment to the services as a whole and in many ways are perhaps better equipped to deal with some of today's social problems than are the unmarried. Especially is this so where they have raised a family of their own and become familiar with the problems of marriage and of a growing family at first hand.

During the year the effects of impending change have had an unsettling effect on staff. The implications of the Peel Report on midwifery services, the coming into effect of the Local Authority Social Services Act, the knowledge that Local Government and the National Health Service are to be reorganised in the near future are all factors causing uncertainty.

Home Nursing

In the field of Home Nursing the overall pattern of care shows little difference, but new approaches have been made in one or two directions, notably the appointment of State Enrolled Nurses and Auxiliary staff in one area served by a Health Centre and the consequent introduction of team working headed by four General Practitioners, and including Health Visitor, State Registered Nurse, Health Visitor Assistant and Midwives.

Two other slightly different schemes are envisaged for the Spring of 1971 which will entail joint Health Centre/District duties on a shared basis.

During the year four tentative liaison schemes between general practitioners and district nurses in an urbanised area in the North of the County have become firm attachment schemes within the full meaning of the word, and are working successfully.

Advances have also been made in other areas in appointing, where appropriate, State Enrolled Nurses or auxiliary helps.

Midwifery

There was again during the year an increase in the number of women delivered in hospital, higher in the South than in the North.

Figures for the North were	93.8% in 1969
	95.3% in 1970

In the South the corresponding figures were	80.1% in 1969
	82.8% in 1970

In the Southern area early discharges increased by 203, in the North by only 31.

Expressed as a percentage of institutional live births, early discharges in the South were	68.3% - 58.1% in 1969
North	47.5% - 44.3% in 1969

With hospital births now accounting for 87.8% over the County as a whole it is, as will be readily apparent, extremely difficult to balance the demands

of the service on the one hand with a reasonable degree of expertise and job satisfaction for the midwives on the other. Discussion is going on at the moment to find an acceptable method by which some of the full time domiciliary midwives in the South of the County might be integrated with the local maternity hospital services.

By means of reciprocal exchanges of students it has not as yet been necessary to cut the number of domiciliary cases for Part II student midwives, thirtysix of whom have again this year successfully completed training.

Health Visiting

Staffwise 1970 has been an encouraging year and vacancies have been cut from eleven to five. Retirement and marriage will however claim a proportion in the Spring of 1971 so that vacancies will again tend to reach their earlier levels during the Summer.

Selected members of staff have been especially active in the field of family planning and consideration is being given to ways of widening the health visitor sphere of influence in connection with this service.

Staff

Staff in post are as shown in the table below:

	<u>Full Time</u>	<u>Part Time</u>
Health Visitors	29	4
District nurse/Midwife/Health visitor	2	-
District nurse/Midwife	19	2
District nurse	27	5
Midwives	9	1
S.E.N.	2	4
Auxiliaries	3	-
Schools	1	3
Other S.R.N.	-	6
	<u>92</u>	<u>25</u>

Five vacancies exist for Health Visitors.

Two vacancies exist for District Nurse/Midwives.

One vacancy exists for a Midwife.

Other grades are reasonably up to requirement but may be varied in type as need for change becomes apparent.

Attachment

It is the policy to attach staff to general practitioners wherever possible. Any request from a general practitioner is immediately followed up and thoroughly explored from both sides. Staff after briefing are free to come in frequently to begin with to discuss doubts and difficulties, and follow up visits are made to the practice to ensure that things are working smoothly and to iron out any difficulties which may have arisen. It has been found that in the main better results are obtained where the initial interest is shown by the general practitioner.

Approaches to general practitioners have not always been very productive, and it appears that the best "sell" is by way of the satisfied general practitioner already operating an attachment scheme.

A fair proportion of General Practitioners have for long employed practice nurses, and the number has increased considerably over the past 5 - 10 years. Where this arrangement has proved satisfactory there is understandable reluctance to change an old trusted scheme, or an old face for a new one. Indeed in some instances there is a tendency to enlarge the field of employment of the practice nurse to conform to the pattern of attachment proper. It appears likely that in such cases a change to local authority staff will be made only on the retirement or departure for other reasons of the practice nurse. Despite these difficulties attachment is growing both numerically and in stature. Where there is no attachment in its fullest sense liaison is usually close.

Actual Schemes

10 Practices covering 33 General Practitioners now operate attachment schemes.

5 Practices covering 18 General Practitioners are pending.

6 Practices covering 13 General Practitioners work on a basis of co-operation.

6 Practices covering 14 General Practitioners have no recognised scheme; the remaining three areas are served by General Practitioners either from a neighbouring City or County.

Statistics

Midwifery

Under the rules of the Central Midwives Board, 165 midwives notified their intention to practice.

	<u>City of Cambridge</u>	<u>County Area</u>
Domiciliary	11	41
Institutional	52	61

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	-	-	80	219	299
County Area	-	9	124	258	391
Total	-	9	204	477	690

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

<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
529	1,677	2,206

Health Visiting

Cases visited by Health Visitors

	<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
(i) Total number of cases	4,977	16,770	21,747
(ii) Children born in 1970	1,371	3,249	4,620
(iii) Children born in 1969	909	3,472	4,381
(iv) Children born in 1965-68	1,182	7,759	8,941
(v) Total number of children in lines (ii) to (iv)	3,462	14,480	17,942
(vi) Persons aged 65 or over	957	1,484	2,441
(vii) Number included in line (vi) who were visited at the special request of a G.P. or hospital	766	557	1,323
(viii) Mentally disordered persons	53	42	95
(ix) Number included in line (viii) who were visited at the special request of a G.P. or hospital	53	18	71
(x) Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	58	31	89
(xi) Number included in line (x) who were visited at the special request of a G.P. or hospital	42	9	51
(xii) Number of tuberculous households visited	18	18	36
(xiii) Number of households visited on account of other infectious diseases	21	28	49
(xiv) Other cases	408	268	676

Home Nursing Service

(i) Total number of persons nursed	1,807	4,606	6,413
(ii) Number of persons who were aged under 5 at the first visit in 1970	49	232	281
(iii) Number of persons who were aged 65 or over at first visit in 1970	1,222	2,698	3,920 "

SECTION 26 VACCINATION AND IMMUNISATION

The Council's vaccination and immunisation scheme provides protection for children from smallpox, whooping cough, tetanus, diphtheria, poliomyelitis, measles and german measles. *The following schedule operative during 1970 has now been amended (as from August 1971) by the deletion of routine smallpox vaccination of infants.

DISEASE	IMMUNISATION AND VACCINATION	AGE IT COULD BE GIVEN
Diphtheria Tetanus Whooping Cough Polio	First dose at 3-6 months. Better immunity is acquired if it is given at 6 months. Second dose 6-8 weeks later. Third dose 6 months later.	6 months 8 months 14 months
Measles	Between age of 1 & 2. 3-4 weeks interval before or after other immunising procedures.	15 months
Smallpox *	Between age of 1 & 2. 3-4 weeks interval before or after other immunising procedures.	16 months
Diphtheria Tetanus Polio Smallpox	A Booster dose At five years of age or school entry.	5 years
B.C.G. Tuberculosis	Between 10 and 13 years.	12 years
Polio Tetanus Smallpox	A Booster dose Between 15-19 years or on leaving school.	15 or 16 years
German Measles	Girls between 11th and 14th birthday.	Initial priority given to girls 13-14 years

German Measles

The main development in the immunisation scheme during the year was the introduction of vaccination against German measles in October 1970 for girls between their 11th and 14th birthdays. Initially, priority had to be given to older girls i.e. those in their 14th year. The first supply of vaccine was received in September and it was decided that the most effective way of achieving our objective of 100% coverage of the children at risk would be to offer vaccination in school in the same way as for B.C.G. vaccination. At the end of the year 412 girls from the county area and 326 from the City of Cambridge had been vaccinated against German measles.

The other 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 the primary courses and boosters can be seen from the following tables. Figures for the City of Cambridge are shown in parentheses.

Smallpox Vaccinations 1970

	0-3 mths	3-6 mths	6-9 mths	9-12 mths	1 yr	total under 2 yrs	2-4 yrs	5-15 yrs	Grand Total	1969 figure
Vaccinations	10 (2)	16 (19)	16 (9)	52 (20)	1131 (345)	1225 (395)	523 (415)	157 (89)	2804	2162
Re-vaccinations	- (-)	1 (-)	1 (-)	- (-)	6 (5)	8 (5)	98 (110)	395 (177)	793	529

Primary Courses completed during 1970

Born in	1970	1969	1968	1967	1963- 1966	Others under age 16	Total	1969 figure
Diphtheria	67 (52)	1702 (1842)	569 (584)	44 (67)	96 (101)	50 (21)	5195	2661
Whooping cough	66 (52)	1690 (1809)	559 (558)	41 (64)	68 (76)	31 (-)	5014	2496
Tetanus	71 (52)	1707 (1848)	569 (594)	48 (72)	110 (118)	502 (394)	6085	3294
Polio	67 (51)	1699 (1965)	587 (602)	41 (55)	104 (174)	41 (72)	5458	2292
Measles	14 (6)	762 (219)	831 (596)	386 (115)	611 (207)	134 (70)	3951	2138

The increase in the number of primary courses completed is considered to be due to the introduction of new schedules in 1968 which extended the period of time over which the courses could be completed and resulted in a fall in the numbers in 1969 and a consequent noticeable increase in 1970.

Reinforcing doses during 1970

Born in	1970	1969	1968	1967	1963- 1966	Others under age 16	Total	1969 figure
Diphtheria	4 (2)	53 (80)	349 (171)	122 (47)	2329 (1061)	411 (209)	4838	5838
Whooping cough	2 (1)	43 (70)	313 (148)	91 (36)	704 (354)	69 (45)	1876	3282
Tetanus	4 (2)	57 (80)	357 (172)	132 (49)	2399 (1098)	1068 (921)	6339	6747
Polio	8 (1)	47 (31)	170 (73)	44 (30)	2222 (995)	300 (276)	4197	4353

SECTION 27 - AMBULANCE SERVICE

Apart from the normal minor variations in establishment, the service has operated as in previous years. Replacement of vehicles and equipment has been undertaken in accordance with the Council's policy of maintaining the fleet in the most up to date and efficient condition.

Training

A further 17 members of the staff attended the two week course at the Training School, Danbury, and 3 attended the six week course; with one exception all were successful.

Local training has continued and has included lectures by the Senior Registrar of the Accident Service of the local hospital on head injuries, multiple injuries, resuscitation etc. One of the sisters of the local maternity hospital has given instruction on emergency midwifery and instructional sessions on rescue from crashed aircraft have been held by the Fire Officer of Cambridge Airport and at RAF Station Lakenheath.

As a result of the major accident exercise held in April, to which reference was made in last year's report, considerable discussions have taken place on the lessons learned from the exercise and some amendments to the co-ordinated scheme of the Police, Fire and Ambulance Services for dealing with major disasters have resulted.

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

Ambulance Service

		(1969)
Mileage	496,402	498,652
Journeys	32,598	33,737
Patients conveyed	50,767	49,833

The above figures include the agency service at Whittlesey

Hospital Car Service Vehicles

		(1969)
Mileage	892,113	805,237
Journeys	43,725	40,986
Patients conveyed	102,900	96,252

Tuberculosis

The majority of cases of tuberculosis occurring in the Southern part of the County are seen at the Cambridge Chest Clinic which has been transferred to the new Addenbrooke's Hospital site. Patients living in the Newmarket and South Eastern areas of the County attend the chest clinic at Newmarket General Hospital, while 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.

" On the 1st April, 1970, the Cambridge Chest Clinic moved from Castle Hill, adjacent to the Shire Hall, to new premises at Addenbrooke's Hospital, Hills Road. While there is great advantage in working in an hospital environment with immediate availability of laboratory, physiotherapy, pharmacy and complex radiological services, there are some drawbacks in that there is no longer immediate access to the Medical Officer of Health and his staff. However, in the nine month period at the new clinic covered by this report, the work has carried on without any significant change.

With regard to statistics, there has been a slight and probably insignificant increase in the incidence of tuberculosis. 28 new cases were notified (21 pulmonary and 7 non-pulmonary), an increase of 6 on the previous year's figure. However, the number of tuberculosis cases seen at the clinic decreased from 1139 pulmonary and 24 non-pulmonary, to 1019 pulmonary and 21 non-pulmonary.

These figures do not call for any alteration in preventive measures and B.C.G. vaccination of contacts and people at risk, and follow-up of contact cases will be continued.

The total number of patients seen at the clinic fell from 14,543 to 12,608, but this does not represent a slackening off tendency as the methods of arriving at the figures have altered, such services as physiotherapy patients no longer being included.

Although the clinic is now a hospital out-patient department, there is no likelihood that the special problems of the tuberculous will be neglected in any way. "

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

" Tuberculosis now forms only a small part of the work of this Chest Clinic.

During the year only seven new cases of pulmonary tuberculosis were notified of which three cases were from the immigrant population. Of the seven cases, four only were infectious. In each case, the organisms were fully sensitive to all the standard anti-tuberculous drugs. All cases responded very satisfactorily to treatment. "

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 in the northern area, as was the dermojet gun in the southern area. There is no doubt that these enable the B.C.G. teams to operate in the schools much more quickly.

All children with grade III positives and above have a chest X-ray as a precaution.

The B.C.G. teams again received the fullest co-operation from the staffs of the Secondary Schools and this is much appreciated. Unfortunately owing to the illness of Dr. Thomas, one of the medical officers who perform the vaccinations, it was not possible fully to complete the programme by the end of the year.

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	1330	1816	3146
Number found positive	106	121	227
Number found negative	1173	1602	2775
Number vaccinated	1158	1600	2758

Contact Scheme

The following figures represent the number of persons seen at the Chest Clinic under the Contact Scheme during 1970:-

Number skin tested	434
Number found positive	143
Number found negative	289
Number vaccinated	273

City of Cambridge Tuberculosis Register 1970

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of cases on register at commencement of year	88	35	25	25	113	60
2. Number of cases notified for first time during year under Regulations	8	3	2	3	10	6
3. Cases restored to register	-	-	-	-	-	-
4. Transferred from other districts	4	6	-	-	4	6
5. Number of cases removed from register	16	5	1	-	17	5
6. Number of cases remaining on register at end of year	84	39	26	28	110	67

County Tuberculosis Register 1970

(excluding City of Cambridge)

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of cases on register at commencement of year	87	47	11	23	98	70
2. Number of cases notified for first time during year under Regulations	4	6	3	-	7	6
3. Cases restored to register	-	-	-	-	-	-
4. Transferred from other districts	5	4	-	-	5	4
5. Number of cases removed from register	15	3	1	1	16	4
6. Number of cases remaining on register at end of year	81	54	13	22	94	76

Cervical Cytology

Local authority cytology clinics were operating at Swavesey, Great Shelford, Soham and Girton during 1970. 293 smears were taken at these clinics. In addition a limited number of smears were taken at family planning clinics.

The mobile clinic, provided by means of a grant from TENOVUS (a charitable organisation in Cardiff concerned with cancer education) continued to be used in the rural areas of the County, and 1,123 smears were taken in 1970.

Facilities for the examination of cervical smears were provided 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:

			Positives	
Cambridge	9,625	(9,128)	32	(31)
Wisbech	3,403	(2,830)	22	(23)
Newmarket	4,773	(9,320)	17	(23)
	17,801	(21,278)	71	(77)

The figures for 1969 are shown in parentheses for comparison.

Research Project

The three-year research project into public attitudes towards cancer, financed by TENOVUS of Cardiff, was started in October 1967. The period of the project has been extended by six months, and it will now terminate on March 31st, 1971. The Research Officer, Dr. R.C. Salzberger was, at the end of 1970, preparing her paper on the results of the project, and this should be available during the early part of 1971.

Family Planning

At the beginning of 1970 the Health Committee considered a report on the organisation of the family planning services. At that time the clinics in the Northern part of the County, at Wisbech and March, were provided on an agency basis by the Family Planning Association, while in the South the arrangements varied from clinic to clinic. The Committee agreed that as from the 1st April, 1970, the clinics in the Southern part of the County should be directly administered by the County Health Department, and that the arrangements whereby the Family Planning Association acted as the Authority's agent in the North be continued.

Family Planning clinics were opened at Milton and Fulbourn Hospital during 1970, and early in 1971 two further clinics were brought into operation, at Addenbrooke's Hospital and Swavesey.

Mention was made in my Annual Report for 1969 of an experimental scheme to ascertain the need for a mobile service in rural areas, using the TENOVUS cytology caravan and paid for by a grant from an anonymous donor. There was found to be no demand at all for a service of this type, and with the consent of the donor the money is being used for a second domiciliary service which is proving very successful.

Details of the present provision of family planning services in the Administrative County are as follows:-

Provided by the Local Health Authority

1. Agency scheme of the Family Planning Association

Health Centre, Marylebone Road, March	First and third Wednesdays, 6.45 p.m. By appointment
County Clinic, Horsefair, Wisbech	Second, third and fourth Tuesdays, 6.30 p.m. to 7.30 p.m. First Thursday 10 a.m. By appointment

2. Direct provision

a) By arrangement with hospital authorities

Out-Patient Clinic, Maternity Hospital, Mill Road, Cambridge	Fridays 2.30 p.m. to 4.00 p.m. No appointment required
Addenbrooke's Hospital, Hills Road, Cambridge	Thursday Mornings. For patients of the hospital who have been advised on medical grounds to postpone or avoid pregnancy
Fulbourn Hospital	Fortnightly. For hospital patients and staff
I.U.C.D. Clinic, Maternity Hospital, Mill Road, Cambridge	For medical and socio-medical cases. By appointment

b) Other direct provision

Abberley House, Granhams Road, Gt. Shelford	First, third and fourth Tuesdays. 2.00 p.m. to 3.30 p.m. By appointment
Health Centre, Link Road, Sawston	Tuesdays 9.30 a.m. to 11 a.m. By appointment
Swavesey	Once a month in conjunction with cervical cytology clinic. By appointment

Milton

Fortnightly in conjunction with
child health clinic.
By appointment

Domiciliary Service 1.

Operating in Cambridge and surrounding
rural area.

Domiciliary Service 2.

Financed by grant from anonymous donor.
Operating in area to West of Cambridge.

Provided by voluntary bodies

Cambridge Women's Welfare Association,
Auckland Road, Cambridge

Mondays 5.30 p.m. to 7.00 p.m.
Wednesdays 2.30 p.m. to 4.00 p.m.
No appointment required

Cambridge Advisory Service for
Young People, 33 Clarendon Street,
Cambridge

Monday to Thursday 10.30 a.m. to 1.00 p.m.
and 2.00 p.m. to 4.00 p.m.
Friday and Saturday 10.30 a.m. to 12 noon.
By appointment.

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.

A further five clinics are planned for the spring or summer of 1971:

Littleport and Whittlesey

In both cases the clinics are to be accommodated in existing health centres. They will be administered on an agency basis by the Family Planning Association, and will open in the Autumn.

Ely and Soham

Both Ely and Soham health centres will be completed in the first half of 1971. The family planning clinics will be sited at these centres and will be directly administered by the County Health Department.

Kingsway Clinic,
Cambridge

It is proposed to open in June 1971, a family planning clinic at the Kingsway clinic which is situated in a large housing estate in the City of Cambridge.

Fluoridation of Water Supplies

In 1966 the County Council gave approval in principle to the level of fluoride in public piped water supplies being adjusted to one part per million for a period of five years in the first instance, subject to the submission of a scheme by the Health Committee together with a financial statement.

It had not been possible to produce the necessary information for the Council because the water supplies in their area are drawn from a multiplicity of sources, some of which are very small and for which, until recently, dosing equipment was not available.

However, as a result of meetings between the General Manager of the Cambridge Water Company, the County Medical Officer, and representatives of the Department of Health and Social Security, at which information was available about new apparatus for small sources of supply, it was possible for the Water Company to submit a revised scheme, together with costing.

This scheme, and the various alternatives to fluoridation of water which have been put forward from time to time, were fully considered by both the Health Committee and the County Council during 1970.

At their meeting on January 30th, 1971, the County Council agreed to the expenditure of £2,000 for the preparation of a detailed scheme for the adjustment of fluorine in the public piped water supply in the area of the Cambridge Water Company.

Medical Loan

The British Red Cross Society continued to act as the Council's agent for the supply of medical loan equipment. Equipment is supplied free of charge to the patients to facilitate domiciliary care. A revision of the financial arrangements between the Authority and the

Red Cross Society was agreed for the financial year 1970/71. Previously the Society had purchased equipment, and the Authority had paid a rental on each item loaned. Under the new arrangements the Authority re-imburse to the Society the actual cost of the purchase of new equipment and other expenses connected with the medical loan service.

The Branch Welfare Officer of the Society again reported a substantial increase in the number of patients assisted, 6,939 items being issued to 4,427 patients. In the previous year 5,709 items were issued to 3,791 patients.

In addition certain more expensive items, such as hoists and ripple beds were issued direct by the Health Department.

Chiropody Service

When the report on the chiropody service was prepared for inclusion in last year's report, there was a feeling of some optimism following the appointment of a full time chiropodist which had resulted in at least a little expansion of the service after cover had been afforded in all those areas where the service had had to be withdrawn owing to shortage of chiropodists. This optimism was, alas, short-lived for after only a few months in post, the chiropodist concerned resigned, and although he was prevailed upon to work for the authority on a part-time sessional basis, this fell far short of what was necessary to maintain the service which had been built up, and despite intensive efforts to recruit either a full-time or part-time chiropodist, once again there were areas where no service could be provided. It was not until December that another chiropodist, who had moved into the area, was able to offer a few sessions per month, but by this time she could do no more than relieve two other chiropodists who wished to reduce their commitments.

There is ample evidence that the difficulty of recruiting full-time chiropodists, who could be directed to areas of greatest need, stems from the remuneration which can be offered as compared with the likely income from private practice. Those chiropodists in private practice who are prepared to offer sessions to the authority, obviously prefer to work in their surgeries or nearby villages, and as the vast majority live in the urban areas, the position is felt most acutely in the rural areas. In the City of Cambridge for example, the amount of service available has been virtually unchanged since the inception of the authority's scheme in 1961 whereas the inadequacies of public transport in the rural areas emphasise the need for peripatetic chiropodists in the direct employ of the authority.

Paradoxically, it is in the areas from which the chiropody service has had to be withdrawn or at least reduced that the greatest suffering seems to occur. Seldom are requests received for the provision of a service where none has existed; in one large village where there had been no service, when opportunity arose to establish a chiropody clinic, it was regarded as unnecessary, though now it is in operation there is no lack of patients. It is not easy therefore to assess accurately the chiropody staff required to provide a comprehensive service throughout the whole of the county for the eligible categories of patients.

Despite what has been said above, the tables that follow show that the number of patients treated rose by 262 over the number for 1969 and the number of treatments by 3,103. This in itself is an indication of the growing demand for the service in those areas which can be covered, and this would presumably be reflected as time went on in any other areas where a service could be instituted.

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	377	897	-	81	377	978
Women over 60	1,986	2,957	-	281	1,986	3,238
Expectant Mothers	1	4	-	-	1	4
Children under 5	-	-	-	-	-	-
Others (including Handicapped Persons)	41	289	-	3	41	292
Total	2,405	4,147	-	365	2,405	4,512

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	728	4,003	-	54	728	4,057
In Patients' Homes	2,836	5,534	-	719	2,836	6,253
In Old People's Homes	721	2,211	-	-	721	2,211
In Chiropodists' Surgeries	10,304	8,325	-	1,408	10,304	9,733
Total	14,589	20,073	-	2,181	14,589	22,254

Number of clinics operating at some period during 1970

<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
14	74	88

Health Education

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

" The goal of preventive medicine should be a state of positive good health, both mental and physical, for every man, woman and child; priority areas in research and teaching in the field of preventive medicine as well as public attitude to it show us again and again that the very health we are seeking to promote is bedevilled by ills that are largely self-inflicted, and are caused by the undesirable and potentially harmful behaviour of either the community or the individual; to name them is but to wave the flags of health education topics; lung disease, obesity, heart disease, drug abuse and dependence (and here we must include alcohol and nicotine). The days when curative medicine yielded dramatic results are passing; much disease that is now treated would never have occurred had individuals and communities been aware of and applied known health knowledge to themselves. The yawning chasm that exists between academic and scientific knowledge and self application accounts for much of the disease. We know that hands should be washed after using the lavatory and before food, and yet it is estimated that more man hours a year are lost through gastro-intestinal complaints than through strikes. We know that population control makes sense yet population figures rise yet again. We know that certain constituents of tobacco cause lung and heart disease, yet both consumers and producers ignore or turn a blind eye.

It is over this chasm, the difference between available factual knowledge and its application to personal or community behaviour, that health education must attempt to put a bridge.

It is apparent from recent socio/psychological research material that to present facts and expect an immediate attitude or behavioural change is unrealistic. J.M. Bynner in his social survey 'The Young Smoker' (published by H.M.S.O. 1969) on smoking among schoolboys shows that a high smoking rate relates directly to lack of educational success, and also to concepts of increased toughness and maturity. Any health education with young people on this topic must therefore show that smoking, of itself, will not make for success, or toughness, or maturity. In all spheres in the health education field time must be allowed for the group to absorb the concept presented and make it their own. This must be appreciated as a relatively slow process with little in the way of dramatic results; the foundations that we hope we are laying now should help to build a healthier population for the future.

In the 1969 annual report emphasis was laid on the value of children having an elementary knowledge of human biology, and especially to it being acquired before they reached secondary school level. Slow and steady progress during the year has seen more primary schools undertaking this topic either from their own resources or by utilising those of the health education section. In most instances the approach has varied from school to school and from this experience we have been able to modify and improve the material presented, but we continue to be frustrated by the few published teaching aids available. This has led to a certain amount of creative work, which again is being changed and improved from experience, and which we hope will be of value to schools in the future. The welcome and help that we have received from the Teachers Centres has, and will, do much to help us in this and other health education work connected with schools.

Within the secondary schools, as in the primary schools, much health education work is carried out as part of biology, home economics, religious instruction,

physical education and so on, and any person who through their work exhibits positive attitudes to health and encourages healthy habits is a health educator per se. (Of course the converse is also true and referring yet again to J.M. Bynner's report he found that the school with the lowest level of smoking was that where the head teacher was not only a non-smoker but was prepared to talk seriously and rationally about this to the boys.)

Personal relationships/family life programmes have been conducted in eleven secondary schools and reports about some have appeared in the Health Department's Information Bulletin during the year. In all of these work by the health educators was carried out with the full co-operation and involvement of the teaching staff, who also carried out follow-up work in many instances, and whose help we valued greatly. Other schools carried out projects in this context using, in some instances material borrowed from the section.

Social biology lecture/discussions also took place in many schools covering such topics as smoking, alcoholism, drug abuse, sexually transmitted diseases, contraception, pollution, mental illness and cancer; these topics need to be based on at least an elementary knowledge of human biology (this further reinforces the need for it to be learned at primary school). They are appreciated much more if integrated into 'O' level or C.S.E. human biology, which some schools are doing. At all times the teacher must be careful to present a positive 'good health' approach rather than the more negative one and to allow sufficient time for discussion and personal viewpoint formation.

In the field of adult health education contact is maintained with the leaders of many organisations; a leaflet has been circulated to all groups offering health education talks and the response has been good. The subjects requested reflect the felt needs of the groups and currently the most requested are drug dependence and obesity control. Home accident prevention, first aid and emergency resuscitation continue to attract some interest, but we do not yet seem to have found a way to convince groups of their importance. As was reported in the Information Bulletin, Pre-school Playgroup leaders were offered two separate courses at Brunswick Teachers' Centre, Cambridge, both of which were fully subscribed. This is now the fifth year in which the leaders have been offered an educational course, and further discussion is going on between the health and education departments concerning the format of future courses.

The Information Bulletin has been produced quarterly and has contained a wide variety of material made available to us through the generosity of the authors. Circulation has now almost reached the 1,000 mark (and includes all schools and educational establishments, many medical officers of health, public health inspectors and other interested persons as well as all the staff of the health department itself, including nursing staff). We gladly record our appreciation to all those who play any part in its production for their help and co-operation which is given gratuitously.

The health education section continues to fulfil an advisory capacity to many people on methods, media, literature, audio-visual aids and subject matter. Audio-visual aids and equipment are being used almost to saturation point at times, and we are pleased to co-operate with so many people in doing so.

With the move to Block C, Gloucester Court it was possible to set aside a room for use as a library. All books in the department are now catalogued and cross-referenced, as are pamphlets and extracts from professional journals. The library is used by health department staff, teachers, doctors, social workers and many others seeking particular information.

Health education, as has been said before, is not the prerogative of the health educator and it is appropriate here to thank the many people from all walks of life who give valuable help to the health department. Co-operation within the various professions involved and between the professional and voluntary bodies is good and without this and the work that all do, health education would be much poorer. "

Venereal Disease

The Southern part of the County, including the City of Cambridge, is served by the special clinic at Addenbrooke's Hospital, while facilities for the Northern part of the County are provided at Peterborough District Hospital and the Kings Lynn and West Norfolk Hospital.

The following figures relate to "first-time" attendances by residents of the Administrative County at the special clinic at Addenbrooke's Hospital.

	1970	1969	1968	1967
Syphilis	8	5	16	11
Gonorrhoea	127	97	129	64
Other conditions	749	637	513	403

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

" Once again the total of new cases of syphilis (8) was very low. Only 2 infections were of early and therefore infectious disease, and both of these were acquired in the Cambridge area.

The number of patients suffering from gonorrhoea increased considerably to reach the highest total for a number of years. This was in fact 176. This increase matches what has been found in many areas throughout the country. Furthermore most infections were acquired in the Cambridge area.

The number of patients with non-gonococcal urethritis also increased totalling 280 and the number of patients attending for other conditions reached 1,031 the highest ever recorded. Once again this increase in attendance is welcome, as it shows that many people are coming forward for tests and examination. "

The attachment to the clinic at Addenbrooke's Hospital of a specially appointed nurse to assist with contact tracing was continued, and has proved to be of considerable value.

The following figures relate to the attendance of county residents at the clinic at Peterborough District Hospital.

	1970	1969	1968	1967
Syphilis	-	1	3	-
Gonorrhoea	9	7	10	4
Other conditions	21	27	13	30

The report of the Chief Medical Officer of the Department of Health and Social Security for 1969 noted a steady increase in the number of cases of gonorrhoea, non-specific urethritis and trichomoniasis. Gonorrhoea is now only second to measles as a communicable disease affecting the community.

Legislation enacted in 1970 lifted the prohibition on public display of posters and educative material, and at this time the Health Education Council produced a set of three posters concerning the transmission and course of gonorrhoea. These were offered to all further education establishments, youth clubs and schools. Details of the timing of sessions of the special clinic were also available to these establishments. In addition an advertisement has appeared at fortnightly intervals in the local press. Information from the staff at the special clinic shows that these sources of information have helped some people to use the clinic when they thought they might be at risk.

There is a growing awareness in the education field that information and advice on this subject needs to be given to young people before they leave school, and while in a number of schools it is dealt with as an isolated topic it is more usually integrated into programmes dealing with a whole range of subjects relevant to the school leaver, including discussion on personal relationships and responsibility, from which sexually transmitted disease should not be divorced.

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 4.00 p.m. by appointment. In all, 1171 persons were vaccinated - this compares with a figure of 894 for 1969 and 765 for 1968.

MENTAL HEALTH

Mr. R.E. Parr, senior administrative assistant, mental health section, has submitted the following report on the mental health service. Mr. Parr joined the department in 1963 on the transfer from the Cambridgeshire Mental Welfare Association of the mental health functions they had undertaken on an agency basis. He had served the Association for three years as full time secretary and on the transfer became honorary secretary to the Association, a post he has continued to hold since then but relinquishes on 1st April 1971 when he transfers from the staff of the health department to the staff of the social services department.

During his years of service to both C.M.W.A. and the County Council Mr. Parr devoted his very considerable organising abilities to the task of developing not only the substance but the spirit of the Mental Health Act 1959. In the complex services for the mentally disordered which have evolved over the years firstly in Cambridgeshire and then since 1965 in the combined Counties of Cambridgeshire and the Isle of Ely, Mr. Parr has held a key position. All of us, from the most mentally handicapped to the consultants owe him a debt of gratitude for his untiring efforts to produce and maintain an exceptional service. In his striving he was successful and all of us wish him well in his new appointment as Chief Administrative Officer in the new Social Services Department which started to build up in the early part of 1971.

" Trends: Demands on facilities and staff of the Council's mental health service remained fairly constant during 1970. By illustration of this, the number of persons referred to the department for support and care during the year was 335; in the previous year it was 333. The total number of people receiving some form of support and care was 1258 compared with 1339 the previous year. What is encouraging about the statistics of persons referred is an increase in the number, from 130 in 1969 to 150 in 1970 referred by general practitioners with a more than corresponding reduction in the number referred by the hospitals on discharge from in-patient treatment. Earlier referral enables earlier social work and other help to be given and it is to be hoped that the establishment of the health centres will further encourage this trend.

Buildings: No new buildings have been provided during this year although by the end of the year work was nearing completion on the forming of an additional classroom at the Rees Thomas School, Cambridge, for mentally handicapped children. This will be completed by the beginning of the January 1971 term and brings up to 140 the number of places available at the three schools in the county for mentally handicapped children. Whilst this reduces the waiting list, there is still urgent need for the fourth school and during the year negotiations were nearing completion which will enable approximately an acre of land adjoining the county primary school in Stapleford to be made available for this building. The Chief Education Officer has intimated that he hopes it will be possible for a start to be made on the building in the financial year 1971/72.

The number of mentally handicapped adults attending the adult training centres has increased and the Cambridge Centre has now reached its maximum capacity of 130. It is clear that some further provision will have to be made in the southern part of the county and the Social Services Committee may wish to consider whether this is as a separate unit or as a joint unit for any other needs that may exist.

Detailed design work for the hostel for mentally handicapped adults to be built at Elm Road, March, was nearing completion by the end of the year and it is hoped that tenders for the building will be sought early in 1971.

To meet the demand for places for the treatment of emotionally disturbed children and young people, the Health Committee agreed in principle to an extension of The Hawthorns Hostel to provide a net increase of six places, the work to take place in 1972/73.

General Services: Committee reports during the year list increases in the cost of most services. Transport contractors were awarded an increase of 15% in their charges for conveying mentally handicapped children and adults to and from the training centres. Increases in fees arose at most of the private and charity sponsored establishments providing long or short term care of patients. In spite of this it has been possible to maintain and, in some cases, extend, services. For instance, 32 persons were given financial assistance to enable them to have a period of short term care in private or charity sponsored homes compared with 15 persons in the previous year. There was an increase, also, in the number of mentally handicapped persons provided with periods of care in the Ida Darwin Hospital, from 33 in 1969 to 42 last year. Two highly satisfactory boarding out arrangements for mentally subnormal adults were made with financial assistance by the Council; an extension of this form of community care is needed and can produce real savings in public expenditure.

The number of children passing through The Hawthorns to receive help in overcoming their emotional problems has increased during the year, admissions numbering 15, discharges 12.

Special Services: Speech therapy is provided at the Rees Thomas School and at the Adult Training Centre, Cambridge, by Mrs. M. Banyard who reports as follows on her work at the Adult Centre:

"My case load has increased from 10 to 14. Generally speaking I feel those who have received regular weekly treatment show a greater awareness of speech. They respond to the spoken word more quickly and find it easier to make short simple sentences.

I do not attempt to cure sound defects as such, but tongue, palate and lip work is attempted in every case.

I feel we need to ask more in terms of speaking from these adults. They will respond to speech.

I had always hoped to have speech work reinforced by other forms of educational training, but there is always a shortage of staff and no one to spare for this type of training, which is to be regretted.

All I can attempt to do is ask individual members of staff to persevere

with a particular word or sentence during the following week, which they are all willing to do. "

Arrangements were made during the year for physiotherapists from the Ida Darwin Hospital to give two sessions of physiotherapy each week at the Rees Thomas School.

Staff: Once again I am happy to report that there have been very few staff changes during the year. One member of the staff of the Adult Training Centre, Cambridge, successfully completed training for the diploma for instructors of the mentally handicapped, one member of staff of a junior training school commenced a one year teachers course and one of the welfare assistants commenced training for the Certificate in Social Work.

Voluntary Services: The main feature of the voluntary mental health services has been the opening by the Cambridgeshire Mental Welfare Association of their third home for men and women who have suffered a severe mental illness. This home, in two adjoining houses rented from Cambridge City Council, is run somewhat differently from the previous two homes which provide self-contained bed sitting room accommodation for each resident. The third home, whilst providing well-furnished individual bedrooms, requires the residents to create more home like conditions in which they jointly prepare food, dine together and lead a greater communal existence. The successful functioning of this home after only four months is a credit to the skilled assistance given to the residents by the Council's part-time social worker employed specially to meet the social work needs of the 20 residents of the three homes.

The St. Columba Centre, Cambridge, has developed in an exciting way during the year. The Centre, based at the church halls of St. Columba's Church and Emmanuel Church, seeks to provide support for anyone finding difficulty in making normal social relationships and through the full time warden has drawn together many different needs and several different agencies. A day group is held 5 days a week, assisted by a deputy sister of Fulbourn Hospital, a once weekly group with a creche is held for mothers anxious about family problems or depressed because of the restricted lives they may be leading, and there are several evening groups providing support at several levels. Financed at present by the congregations of the two churches and the Cambridgeshire Mental Welfare Association and with a generous grant for three years from the Sembal Trust, the Centre will in time need to seek financial help from the statutory bodies. The investment provides an invaluable piece of community support and preventive work.

The Future: As the 1st April 1971 sees the transfer of responsibility of the junior training schools to the Local Education Authority and much of the remaining parts of the mental health services to the new Social Services Committee, this report on the mental health service, which we have all striven to make an integrated part of the health service since the National Health Service Act 1946, marks the end of an era. Whilst conscious that the necessary limitations of resources have precluded as full a development of the services as desired and planned, I believe we can be proud of the services we are transferring. For the mentally subnormal a comprehensive health service has been developed. In addition to the care from the family general practitioner, early detection and support is provided by the health visitor, one of the department's senior medical officers, a mental welfare officer and, in some instances, the peripatetic home teacher. Throughout the child's stay at a junior training school (from about 4 years to 16 years) and at an adult training centre, the medical officer and the mental welfare officers continue to advise. Specialist services and consultative advice are readily available from the Ida Darwin Hospital and the out patient clinics at Cambridge and March. The additional junior training school and adult training centre referred to previously and some additional residential accommodation will ensure that a very full service is available to everyone who needs it, a service backed by public interest through the long tradition of community care and involvement. The Chief Education Officer, concerning the junior training schools allows me to quote from his report to the Education Committee:

"The many helpful discussions I have had with my colleague, Dr. Tyser, convince me that in this Authority there has been a progressive and enlightened development of services for the severely mentally handicapped children stemming from the work of the Cambridgeshire Mental Welfare Association who first pioneered a training centre in 1929. Clearly, the services for which we now assume responsibility are not only comprehensive but highly developed and integrated with the hospital and out-patient clinics available in the area, whose advice and assistance are constantly sought. Supporting the Junior Training Schools is the work of the multi-disciplinary domiciliary services of the Health Department with the families concerned, together with a home teaching service. We will

cherish the high standards they have achieved and the ideals which have long motivated the staff and the service."

The integration of the service for the mentally ill with general practitioner and hospital services has been commented on at length in previous reports. The fact that the social work staff at the March and Wisbech hospital out patient clinics are the Authority's mental welfare officers based in those areas is an illustration of the achievement of one service and it is hoped that this all essential tie of the medical and social work services will be maintained in the administrative arrangements of the social services department.

Care and understanding will be needed to ensure that a real multi-disciplinary approach, health, education, social services, meets the needs of the mentally ill and mentally handicapped and their families in the future. The good-will exists and I believe that the 1st April 1971 will mark the beginning of a constructive new era.

Statistics:1. Mentally Subnormal Persons

(a) Admissions to hospital	
(i) for permanent care - Informally	8
Under Order	-
Transfers to Ida Darwin from other hospitals	1
(ii) for temporary care -	42
(b) Awaiting permanent admission to hospital	65
(c) Discharged from hospital	7
(d) Died in hospital	5
(e) Temporary care arranged elsewhere and with financial assistance by the Council	32
(f) Attending the three Junior Training Schools at 31.12.70	133
(g) Weekly boarders at Junior Hostel at 31.12.70	7
(h) Attending the two Adult Training Centres at 31.12.70	181
(i) Resident at Edmund House	14
(j) Under the County Council Guardianship	8
(k) Under Guardianship to some other person	-
(l) Receiving home teaching	38
(m) Total number receiving home visits, including those in the above categories	429
2. Total number of educationally subnormal children and young people receiving informal care and assistance by mental welfare officers	131

3. Mentally Ill Persons

(a) Hospital admissions during 1970 with assistance from mental welfare officers:	
Under Section 25 of the Mental Health Act 1959	23
Under Section 26 of the Mental Health Act 1959	9
Under Section 29 of the Mental Health Act 1959	155
Under Section 60 of the Mental Health Act 1959	1
Informal admissions	206
(b) Receiving visits by mental welfare officers	829
(c) Resident in Cambridgeshire Mental Welfare Association's homes	19
(d) Financial assistance to residents in Winston House and other psychiatric hostels during the year	22
4. Resident at The Hawthorns Hostel for maladjusted children	13

SECTION 29 - HOME HELP SERVICE

The administration of the Home Help Service remained unchanged, there being a Home Help Organiser with two assistants in the City of Cambridge and a Home Help Organiser and three assistants in the County Area.

The County Area was divided into four districts, one served by the Home Help Organiser and the others by the three assistants under the general supervision of the Home Help Organiser. The following report has been submitted by Miss O.B. Greenslade, County Home Help Organiser:

" Home Help Service

The Home Help Service has shown the fastest growth in the northern part of the County, in that more old people have been referred for help. Short term cases continue to come and go, but of the number of cases referred approximately two a week stay on the books for a long period. Home Helps resign at about ten per month, and many hours are spent on recruiting others to replace them, and for increased need.

Home Helps leave for family reasons usually, occasionally because they cannot continue in this work. Most of them are devoted to their old patients, and do a great deal for them out of duty hours.

About seventy people in the County have help for seven days a week.

Neighbourly Help Service

This service continues to be of great value to people in need of several visits a day, and also is used to fill the "weekend gap" in many cases. "

Home Help Service

	City of Cambridge	County Area	Total
<u>Number of helps employed at 30th September, 1970</u>			
(a) Whole-time	30	-	30
(b) Part-time	74	382	456
(c) Whole-time equivalent of (b)	53	132	185
<u>Number of cases where help provided during 1970</u>			
(a) Aged 65 and over on first visit in 1970	735 (705)	1,198 (1,112)	1,933 (1,817)
(b) Aged under 65 on first visit in 1970			
Chronic sick and tuberculous	14 (8)	80 (96)	94 (104)
Mentally disordered	1 (1)	6 (4)	7 (5)
Maternity	83 (79)	100 (124)	183 (203)
Others	122 (116)	104 (119)	226 (235)
Total	955 (909)	1,488 (1,455)	2,443 (2,364)

(1969 figures in parentheses for comparison)

REGISTERED NURSING HOMES

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes on the register at end of year	3	6	69	75
Mental Nursing Homes	1	-	120	120

The Ely Diocesan Mother and Baby Home (17 beds) closed down towards the end of 1970.

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 1970 were as follows:-

Medical examinations carried out on candidates -

(a) for admission to Teacher Training colleges	156	(140)
(b) for entry to the teaching profession	54	(57)
Number of questionnaires received from other staff	915	(878)
Number of clinical examinations arising from completed questionnaires ...	13	(24)

The 1969 figures are in parentheses.

VISITORS TO THE DEPARTMENT

As in previous years the number of visitors to the department contained a proportion following a course of study in one form or another and seeking an insight into the working of the department.

This year two administrative trainees from the East Anglian Regional Hospital Board were attached to the department for a fortnight in April and in addition to seeing a good deal of the work of the department spent a day in the Children Department and a day with the Chief Public Health Inspector of the South Cambridgeshire Rural District Council.

A Principal Assistant Senior Medical Officer and an Assistant Senior Medical Officer of the East Anglian Regional Hospital Board also spent a day in the department as part of their "induction course".

FOOD AND DRUGS ACT, 1955

The County Council is responsible for the administration of the Food and Drugs Act, 1955. Fourteen samples of raw milk were taken during the year in the county (apart from the area of Chesterton Rural District Council) by the Weights and Measures Department and all proved negative.

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 districts 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 47 and 50.

Population

The mid-1970 estimate of the Registrar General showed an increase of 2,120 on the figure for 1969. For the second year in succession the figure for the City of Cambridge has decreased, this time by 190, whereas the figure for the rest of the County rose by 2,310.

Births

The live and still birth figures relate to occurrences in the calendar year rather than registrations. The comparable birth rate of 14.5 is 1.5 lower than the average for England and Wales (16.0) which has shown a decrease of 0.3 on last year's figure.

The number of illegitimate live births rose from 231 to 240 in 1970. Shown as a percentage of live births occurring in the Administrative County this is the same figure as for 1969 (5.0%). The percentage of illegitimate live births in both urban and rural areas also remained the same as in 1969 (7.0% and 4.0% respectively).

Still Births

The number of still births occurring in the Administrative County rose from 39 in 1969 to 50 in 1970, giving the rate per thousand total births as 11.0 compared with 9.0 in 1969. The rates for both the urban and rural areas respectively 11.0. In 1969 the rates were - urban areas 7.0, rural areas 10.0. The rate for England and Wales was 13.0.

Infant Mortality

The infant mortality rate for the Administrative County (deaths of children under one year of age per thousand live births) remained the same at 16.0 but the figure for the urban areas rose from 12.0 to 16.0, whereas the figure for the rural areas fell from 19.0 to 17.0.

The illegitimate infant mortality rate (deaths of illegitimate infants under one year of age per one thousand illegitimate live births) which is usually subject to wide fluctuations in view of the relative smallness of the numbers involved rose in the Administrative County from 26.0 to 29.0 a much less marked variation than for many years, there being in fact one more death in this category.

The neonatal death rate (deaths in the first four weeks of life per one thousand live births) fell from 11.0 to 9.0. The figure for England and Wales was 12.0 and the respective figures for urban and rural areas were 9.0 (9.0 in 1969) and 10.0 (13.0 in 1969).

The early neonatal death rate (deaths in first week of life per one thousand live births) fell from 9.0 to 8.0 in the Administrative County. The rate for the urban areas remained at 8.0, the rate for the rural areas fell from 9.0 to 8.0.

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 (stillbirths and deaths in the first week of life combined per one thousand live and still births). The rates for the Administrative County were 19.0 (17.0 in 1969); urban areas 19.0 (16.0 in 1969); rural areas 20.0 (19.0 in 1969). The rate for England and Wales was 23.0.

Deaths

The comparable death rate for the Administrative County was 10.5 per one thousand population; that for England and Wales was 11.7.

International Classification of Diseases - Mortality

The list of causes of mortality used for the past two years has been used again this year but with additional headings relating to tuberculosis and multiple sclerosis included to improve comparability with the Registrar General's Statistical Review.

As for many years now the greatest causes of mortality were heart disease (1,009), cancer (658) and cerebro vascular disease (450).

The total number of deaths from cancer of all sites fell slightly from 670 to 658 (7 more deaths in males, 19 less in females). The number of deaths from cancer of the lung and bronchus rose, however, by 15, there being 4 more deaths in males and 9 in females.

Deaths of persons over the age of 65 amounted to 72.8% of the total deaths a fall of 1.1% on the percentages for 1969.

POPULATION

Administrative County	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
	277,900	280,640	282,950	287,870	291,030	294,010	296,930	301,470	302,560	304,680

URBAN DISTRICTS

<u>Area</u>	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Cambridge M.B.	94,810	95,380	96,020	98,390	99,270	99,830	100,340	100,470	100,200	100,010
Chatteris	5,520	5,520	5,500	5,470	5,490	5,520	5,520	5,520	5,510	5,520
Ely	9,810	9,800	9,920	10,010	10,040	10,030	10,030	10,060	10,020	10,030
March	13,140	13,240	13,230	13,240	13,180	13,200	13,410	13,800	14,080	14,060
Whittlesey	9,390	9,460	9,540	9,630	9,710	9,820	9,900	11,000	11,060	11,200
Wisbech M.B.	17,460	17,550	17,520	17,520	17,500	17,410	17,410	17,550	17,510	17,480
Total	150,130	150,940	151,740	154,260	155,190	155,810	156,610	158,400	158,380	158,300

RURAL DISTRICTS

<u>Area</u>	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Chesterton	45,380	46,970	47,540	49,000	49,430	50,080	50,500	51,580	52,040	52,300
Ely	14,340	14,370	14,520	14,540	14,560	14,630	14,760	14,920	15,050	15,100
Newmarket	20,930	21,100	21,150	21,360	21,720	22,040	22,310	22,500	22,630	22,620
North Witchford	4,650	4,650	4,620	4,620	4,580	4,570	4,560	4,550	4,550	4,520
South Cambs.	29,880	29,940	30,630	31,260	32,650	33,810	35,020	36,280	36,620	38,600
Wisbech	12,590	12,670	12,750	12,830	12,900	13,070	13,170	13,240	13,290	13,240
Total	127,770	129,700	131,210	133,610	135,840	138,200	140,320	143,070	144,180	146,380

LIVE BIRTH RATES PER THOUSAND POPULATION

England and Wales 1970 - 16.0

AREA	1966			1967			1968			1969			1970		
	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	4638	15.7	0.99	4654	15.7	0.99	4506	14.9	0.99	4392	14.5	0.99	4434	14.6	0.99
URBAN DISTRICTS															
Cambridge M.B.	1421	14.2	0.96	1353	13.5	0.97	1318	13.5	0.97	1167	11.6	0.97	1223	12.2	0.97
Chatteris	61	11.0	1.06	81	14.7	1.06	73	13.2	1.06	74	13.4	1.06	62	11.2	1.06
Ely	146	14.5	0.97	138	13.8	0.97	120	11.9	0.97	120	12.0	0.97	120	12.0	0.97
March	196	14.8	1.05	206	15.4	1.05	230	16.7	1.05	228	16.2	1.05	213	15.1	1.05
Whittlesey	149	15.2	1.01	185	18.7	1.01	160	14.5	1.00	149	13.5	1.00	166	14.8	1.00
Wisbech M.B.	292	16.8	1.03	270	15.5	1.03	240	13.7	1.03	280	16.0	1.03	270	15.4	1.03
AGGREGATE	2265	14.5	0.98	2233	14.3	0.99	2141	13.5	0.99	2018	12.7	0.99	2054	13.0	0.99
RURAL DISTRICTS															
Chesterton	849	16.9	0.94	876	17.3	0.94	904	17.5	0.94	865	16.6	0.94	893	17.1	0.94
Ely	209	14.3	1.07	238	16.1	1.07	231	15.5	1.07	250	16.6	1.07	250	16.6	1.07
Newmarket	384	17.4	1.02	363	16.3	1.02	362	16.1	1.02	365	16.1	1.02	342	15.1	1.02
North Witchford	57	12.5	1.02	67	14.7	1.02	49	10.8	1.02	55	12.1	1.02	42	9.3	1.02
South Cambs.	639	18.9	1.01	649	18.5	1.00	594	16.4	1.00	646	17.6	1.00	664	17.2	1.00
Wisbech	235	18.0	1.01	228	17.3	1.01	225	17.0	1.01	193	14.5	1.01	189	14.3	1.01
AGGREGATE	2373	17.2	0.99	2421	17.3	0.99	2365	16.5	0.99	2374	16.5	0.99	2380	16.3	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
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
1969	231	5.0	137	7.0	94	4.0
1970	240	5.0	151	7.0	89	4.0

STILL BIRTHS (Rate per thousand total births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1969	39	9.0	15	7.0	24	10.0
1970	50	11.0	23	11.0	27	11.0

England and Wales 1970 - 13.0

TOTAL LIVE AND STILL BIRTHS

Area	1966	1967	1968	1969	1970
Administrative County	4,710	4,720	4,564	4,431	4,484
<u>URBAN DISTRICTS</u>					
Cambridge M.B.	1,446	1,369	1,332	1,177	1,233
Chatteris	61	83	74	74	63
Ely	147	139	123	120	121
March	201	208	235	230	217
Whittlesey	151	190	163	149	169
Wisbech	295	270	248	283	274
Aggregate	2,301	2,259	2,175	2,033	2,077
<u>RURAL DISTRICTS</u>					
Chesterton	862	888	913	873	900
Ely	215	245	233	254	253
Newmarket	388	369	364	369	347
North Witchford	59	67	51	56	44
South Cambs.	645	663	601	652	673
Wisbech	240	229	227	194	190
Aggregate	2,409	2,461	2,389	2,398	2,407

INFANT MORTALITY (Deaths under one year per thousand live births)
England and Wales 1970 - 18.0

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1969	71	16.0	25	12.0	46	19.0
1970	72	16.0	32	16.0	40	17.0

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1969	65	16.0	23	12.0	42	18.0
1970	65	15.0	28	15.0	37	16.0

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1966	2	7.2	-	-	2	19.6
1967	8	25.4	7	36.1	1	8.2
1968	3	9.8	3	15.9	-	-
1969	6	26.0	2	15.0	4	43.0
1970	7	29.0	4	26.0	3	34.0

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
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
1969	48	11.0	18	9.0	30	13.0
1970	42	9.0	19	9.0	23	10.0

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
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
1969	38	9.0	17	8.0	21	9.0
1970	36	8.0	16	8.0	20	8.0

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
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
1969	77	17.0	32	16.0	45	19.0
1970	86	19.0	39	19.0	47	20.0

MATERNAL DEATHS (Rate per thousand total births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1966	-	-	-	-	-	-
1967	1	0.21	1	0.44	-	-
1968	1	0.22	1	0.46	-	-
1969	1	0.22	-	-	1	0.42
1970	1	0.22	1	0.48	-	-

DEATH RATES PER THOUSAND POPULATION

England and Wales 1970 - 11.7

	County			Urban Area Aggregate			Rural Area Aggregate		
	No.	Rate	Compara- bility factor	No.	Rate	Compara- bility factor	No.	Rate	Compara- bility factor
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
1969	3328	11.0	0.96	1722	10.9	0.95	1606	11.1	0.95
1970	3322	10.9	0.96	1777	11.2	0.96	1545	10.6	0.95

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
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
1969	9	0.03	4	0.03	5	0.03
1970	8	0.03	3	0.02	5	0.03

CANCER DEATHS

	County			Urban Area Aggregate			Rural Area Aggregate		
	Male		Female	Male		Female	Male		Female
	All Sites	Lung & Bronchus	All Sites	All Sites	Lung & Bronchus	All Sites	All Sites	Lung & Bronchus	All Sites
1966	347	107	267	188	67	138	159	40	129
1967	306	113	287	164	63	174	142	50	113
1968	364	143	287	198	78	168	166	65	119
1969	362	132	308	196	74	176	166	58	132
1970	369	136	289	190	74	167	179	62	122

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	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Tuberculosis of respiratory system	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Late effects of respiratory tuberculosis	M	2	-	-	-	-	-	-	-	-	1	1	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other tuberculosis	M	1	-	-	-	-	-	-	1	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
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	2	-	-	-	-	-	-	-	1	-	1	-		
	F	2	-	1	-	-	-	-	-	-	-	-	1		
Malignant neoplasm of buccal cavity and pharynx	M	1	-	-	-	-	-	1	-	-	-	-	-		
	F	3	-	-	-	-	-	-	-	-	1	1	1		
Malignant neoplasm of oesophagus	M	6	-	-	-	-	-	-	-	-	3	1	2		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
Malignant neoplasm - stomach	M	22	-	-	-	-	-	-	-	2	4	9	7		
	F	15	-	-	-	-	-	-	-	2	2	3	8		
Malignant neoplasm of intestine	M	26	-	-	-	-	-	-	2	1	4	8	11		
	F	28	-	-	-	-	-	-	1	-	4	7	16		
Malignant neoplasm of larynx	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant neoplasm - lung, bronchus	M	74	-	-	-	-	-	-	3	4	21	29	17		
	F	20	-	-	-	-	-	-	-	3	6	6	5		
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	37	-	-	-	-	-	-	4	6	12	8	7		
Malignant neoplasm - uterus	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	12	-	-	-	-	-	1	1	2	5	2	1		
Malignant neoplasm of prostate	M	20	-	-	-	-	-	-	-	-	-	7	13		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Leukemia	M	4	-	-	-	-	-	-	-	-	-	4	-		
	F	3	-	-	-	-	-	-	-	-	1	-	2		
Other malignant neoplasms	M	37	-	-	-	1	-	1	2	1	7	18	7		
	F	48	-	-	-	1	-	1	1	2	3	10	21		
Benign and unspecified neoplasms	M	2	-	-	-	-	-	-	-	-	2	-	-		
	F	2	-	-	-	-	-	-	1	-	-	-	1		
Diabetes mellitus	M	6	-	-	-	-	-	-	-	1	-	3	2		
	F	6	-	-	-	-	-	-	-	-	1	1	4		
Avitaminoses and other nutritional deficiency	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other endocrine, nutritional and metabolic diseases	M	2	-	-	-	-	-	-	-	-	-	-	2		
	F	2	-	-	-	-	-	-	-	-	1	1	-		
Anaemias	M	2	-	-	-	-	-	-	-	-	-	1	1		
	F	2	-	-	-	-	-	-	-	-	-	-	2		
Other diseases of blood and blood-forming organs	M	1	-	-	-	-	-	-	-	-	-	1	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Mental disorders	M	1	-	-	-	-	-	1	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Meningitis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
Carried forward	M	209	-	-	-	1	-	3	8	10	42	83	62		
	F	182	-	1	1	-	1	2	9	16	43	38	71		

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	209	-	-	-	1	-	3	8	10	42	83	62
	F	182	-	1	1	-	1	2	9	16	43	38	71
Multiple sclerosis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	2	-	-	-
Other diseases of nervous system and sense organs	M	12	-	2	-	1	-	-	1	2	-	3	3
	F	8	-	-	1	-	-	1	1	-	-	1	4
Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
Chronic rheumatic heart disease	M	3	-	-	-	1	-	-	-	-	1	-	1
	F	19	-	-	-	-	-	-	1	2	5	8	3
Hypertensive disease	M	8	-	-	-	-	-	-	-	-	1	2	5
	F	15	-	-	-	-	-	-	-	1	-	6	8
Ischaemic heart disease	M	224	-	-	-	-	-	-	2	25	48	66	83
	F	184	-	-	-	-	-	-	1	-	17	42	124
Other forms of heart disease	M	48	-	-	-	-	-	-	1	1	10	13	23
	F	47	-	-	-	-	-	-	-	2	1	5	39
Cerebrovascular disease	M	104	-	-	-	-	-	-	1	3	12	29	59
	F	144	-	-	-	-	-	-	-	5	6	24	109
Other diseases of the circulatory system	M	34	-	-	-	-	1	1	-	4	8	6	14
	F	45	-	-	-	-	-	-	-	1	-	9	35
Influenza	M	8	-	-	-	-	1	-	-	-	1	3	3
	F	15	-	-	-	-	-	-	1	1	-	6	7
Pneumonia	M	56	1	-	1	-	-	-	-	-	5	13	36
	F	75	-	2	-	-	-	-	-	-	2	16	55
Bronchitis, emphysema	M	53	-	-	-	-	-	-	-	1	11	19	22
	F	26	-	-	-	-	-	-	-	3	2	9	12
Asthma	M	3	-	-	-	-	-	-	-	-	1	-	2
	F	2	-	-	-	-	-	-	-	1	1	-	-
Other diseases of the respiratory system	M	13	-	1	-	-	-	-	1	-	2	2	7
	F	5	-	-	-	-	-	-	-	1	3	-	1
Peptic ulcer	M	7	-	-	-	-	-	-	-	-	1	5	1
	F	8	-	-	-	-	-	-	-	1	-	2	5
Appendicitis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	3	-	-	-	-	-	-	-	1	-	-	2
Intestinal obstruction and hernia	M	3	-	-	-	-	-	-	-	-	-	-	3
	F	6	-	-	-	-	-	-	-	-	-	3	3
Cirrhosis of liver	M	4	-	-	-	-	-	-	-	-	3	1	-
	F	3	-	-	-	-	-	-	-	1	1	-	1
Other diseases of the digestive system	M	10	-	-	-	-	1	-	-	1	3	3	2
	F	7	-	-	-	-	-	-	-	-	-	3	4
Nephritis and nephrosis	M	6	-	-	-	-	-	-	-	-	1	1	4
	F	4	-	-	-	-	-	-	-	-	1	1	2
Hyperplasia of prostate	M	9	-	-	-	-	-	-	-	-	-	2	7
	F	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of the genito- urinary system	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	8	-	-	-	-	-	-	-	-	1	3	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	-	-	-	-	-	-	-	-	-	-	2
Diseases of the musculoskeletal system and connective tissue	M	3	-	-	-	-	-	-	-	-	1	2	-
	F	6	-	-	-	-	-	-	-	-	1	1	4
Congenital anomalies	M	9	4	1	-	1	-	-	-	-	1	1	1
	F	3	-	1	-	-	-	1	-	-	-	-	1
Birth injury, difficult labour, and other anoxic and hypoxic conditions	M	6	6	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	M	4	4	-	-	-	-	-	-	-	-	-	-
	F	3	3	-	-	-	-	-	-	-	-	-	-
Symptoms and ill-defined conditions	M	5	-	2	1	-	-	-	-	-	-	-	2
	F	6	-	1	-	-	-	-	-	-	-	-	5
Motor vehicle accidents	M	18	-	-	-	-	6	2	4	2	2	2	-
	F	10	-	-	1	-	1	-	-	2	2	-	4
All other accidents	M	15	-	-	-	-	4	-	-	2	6	1	2
	F	30	-	1	-	-	1	-	1	4	4	7	12
Suicide and self-inflicted injuries	M	11	-	-	-	-	3	1	1	2	3	-	1
	F	5	-	-	-	-	-	-	1	2	1	-	1
All other external causes	M	9	-	-	-	-	1	-	3	2	3	-	-
	F	6	1	1	-	-	1	-	-	1	1	-	1
TOTAL ALL CAUSES	M	896	15	6	2	4	17	7	22	55	166	257	345
	F	881	4	7	3	-	4	4	16	47	93	184	519

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	3	-	1	-	-	-	-	-	-	-	1	1		
	F	1	-	-	-	-	-	-	-	1	-	-	-		
Tuberculosis of respiratory system	M	1	-	-	-	-	-	-	-	1	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Late effects of respiratory tuberculosis	M	3	-	-	-	-	-	-	-	1	1	1	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other tuberculosis	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	1	-	-	1	-	-	-	-	-	-	-	-		
	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	2	-	-	-	-	-	-	-	1	1	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant neoplasm of buccal cavity and pharynx	M	2	-	-	-	-	-	-	-	1	1	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant neoplasm of oesophagus	M	5	-	-	-	-	-	-	-	-	1	3	1		
	F	7	-	-	-	-	-	-	-	-	-	3	4		
Malignant neoplasm of stomach	M	23	-	-	-	-	-	-	-	3	6	5	9		
	F	7	-	-	-	-	-	1	1	-	-	-	5		
Malignant neoplasm of intestine	M	26	-	-	-	-	-	-	1	1	4	10	10		
	F	24	-	-	-	-	-	-	-	1	5	7	11		
Malignant neoplasm of larynx	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
Malignant neoplasm - lung, bronchus	M	62	-	-	-	-	-	-	2	10	22	15	13		
	F	15	-	-	-	-	-	-	-	2	6	5	2		
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	15	-	-	-	-	-	-	3	3	4	1	4		
Malignant neoplasm - uterus	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	2	-	-	-	-	-	-	-	-	-	1	1		
Malignant neoplasm of prostate	M	17	-	-	-	-	-	-	-	1	3	4	9		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Leukemia	M	5	-	-	-	-	-	-	-	1	3	-	1		
	F	2	-	-	-	-	-	-	-	1	-	-	1		
Other malignant neoplasms	M	38	-	-	-	-	2	1	1	5	7	9	13		
	F	49	-	-	-	-	1	1	-	4	14	16	13		
Benign and unspecified neoplasms	M	2	-	-	-	-	-	-	-	-	1	1	-		
	F	2	-	-	-	-	-	-	-	-	-	-	2		
Diabetes mellitus	M	7	-	-	-	-	-	-	-	-	-	2	5		
	F	16	-	-	1	-	-	-	-	1	3	1	10		
Avitaminoses and other nutritional deficiency	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other endocrine, nutritional and metabolic diseases	M	3	-	-	1	-	1	-	-	1	-	-	-		
	F	3	-	-	-	-	-	-	-	-	1	1	1		
Anaemias	M	1	-	-	-	-	-	-	-	-	-	-	1		
	F	3	-	-	-	-	-	-	-	-	1	-	2		
Other diseases of blood and blood-forming organs	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	1	-	-		
Mental disorders	M	1	-	-	-	-	-	-	-	1	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
Meningitis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	1	-	-	-	-	-	-	-	-		
Carried forward	M	203	-	1	2	-	3	1	4	27	51	51	63		
	F	151	-	-	2	-	1	2	4	13	35	35	59		

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-			
<i>Brought forward</i>	M	203	-	1	2	-	3	1	4	27	51	51	63		
	F	151	-	-	2	-	1	2	4	13	35	35	59		
Multiple sclerosis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	3	-	-	-	-	-	-	3	-	-	-	-		
Other diseases of nervous system and sense organs	M	4	-	-	-	1	1	-	-	-	-	-	2		
	F	6	-	-	-	-	-	-	1	-	2	2	1		
Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Chronic rheumatic heart disease	M	2	-	-	-	-	-	-	1	-	-	-	1		
	F	11	-	-	-	-	-	-	-	-	2	4	5		
Hypertensive disease	M	8	-	-	-	-	-	-	-	2	-	3	3		
	F	7	-	-	-	-	-	-	-	-	1	3	3		
Ischaemic heart disease	M	228	-	-	-	-	-	-	4	20	49	77	78		
	F	118	-	-	-	-	-	-	-	2	7	21	88		
Other forms of heart disease	M	45	-	-	-	-	-	-	1	3	5	8	28		
	F	42	-	-	-	-	-	-	1	1	3	5	32		
Cerebrovascular disease	M	76	-	-	-	-	-	-	-	1	8	28	39		
	F	125	-	-	-	-	-	2	2	2	7	26	86		
Other diseases of the circulatory system	M	23	-	-	-	-	-	-	-	3	3	7	10		
	F	27	-	-	-	-	-	-	-	-	3	9	15		
Influenza	M	21	-	-	1	-	-	-	-	1	1	9	9		
	F	13	-	1	-	-	-	-	-	1	2	2	7		
Pneumonia	M	79	-	2	-	-	3	2	-	-	5	15	52		
	F	104	-	1	-	-	1	-	-	3	7	16	76		
Bronchitis, emphysema	M	49	-	-	-	-	1	-	-	-	8	19	21		
	F	14	-	-	-	-	-	-	-	1	2	2	9		
Asthma	M	2	-	-	-	-	-	-	-	-	-	-	2		
	F	1	-	-	-	-	-	-	-	-	1	-	-		
Other diseases of the respiratory system	M	5	-	-	-	-	-	-	1	1	-	1	2		
	F	3	-	-	-	-	-	-	-	-	-	-	3		
Peptic ulcer	M	7	-	-	-	-	-	-	-	-	3	4	-		
	F	1	-	-	-	-	-	-	-	-	1	-	-		
Appendicitis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Intestinal obstruction and hernia	M	5	-	-	-	-	-	-	-	-	1	2	2		
	F	6	-	1	-	-	-	-	-	-	-	4	1		
Cirrhosis of liver	M	2	-	-	-	-	-	-	1	-	-	1	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other diseases of the digestive system	M	6	1	-	-	-	-	-	-	-	2	1	2		
	F	6	-	-	-	-	-	-	2	-	-	1	3		
Nephritis and nephrosis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	4	-	-	-	-	-	-	1	-	1	2	-		
Hyperplasia of prostate	M	3	-	-	-	-	-	-	-	-	-	1	2		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other diseases of the genito- urinary system	M	7	1	-	-	-	1	-	-	-	-	1	4		
	F	5	-	-	-	-	-	-	-	2	1	2	-		
Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other complications of pregnancy, childbirth and puerperium	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Diseases of the skin and sub- cutaneous tissue	M	1	-	-	-	-	-	-	-	-	-	-	1		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Diseases of the musculoskeletal system and connective tissue	M	3	-	-	-	-	-	-	-	1	-	-	2		
	F	7	-	-	-	-	-	-	-	1	-	2	4		
Congenital anomalies	M	10	4	1	1	2	1	-	-	-	-	-	1		
	F	7	6	-	-	-	-	-	-	-	1	-	-		
Birth injury, difficult labour, and other anoxic and hypoxic conditions	M	3	3	-	-	-	-	-	-	-	-	-	-		
	F	5	5	-	-	-	-	-	-	-	-	-	-		
Other causes of perinatal mortality	M	1	1	-	-	-	-	-	-	-	-	-	-		
	F	2	2	-	-	-	-	-	-	-	-	-	-		
Symptoms and ill-defined conditions	M	9	-	4	-	-	-	-	-	-	-	-	5		
	F	6	-	3	-	-	-	-	-	-	-	-	3		
Motor vehicle accidents	M	21	-	-	-	2	14	-	1	2	-	1	1		
	F	5	-	-	1	-	2	1	-	-	-	1	-		
All other accidents	M	14	-	1	-	1	3	1	-	5	-	-	3		
	F	22	-	2	2	1	-	-	-	-	-	4	13		
Suicide and self-inflicted injuries	M	2	-	-	-	-	-	-	-	-	-	1	1		
	F	4	-	-	-	-	-	-	1	-	2	1	-		
All other external causes	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	1	-	-	-	-		
TOTAL ALL CAUSES	M	839	10	9	4	6	27	4	13	66	136	230	334		
	F	706	13	8	5	1	4	5	16	25	78	142	408		

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	3	-	1	-	-	-	-	-	-	-	1	1	
	F	1	-	-	-	-	-	-	-	1	-	-	-	
Tuberculosis of respiratory system	M	1	-	-	-	-	-	-	-	1	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Late effects of respiratory tuberculosis	M	5	-	-	-	-	-	-	-	1	2	2	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other tuberculosis	M	1	-	-	-	-	-	-	1	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Plague	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Whooping cough	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Streptococcal sore throat and scarlet fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Meningococcal infection	M	1	-	-	1	-	-	-	-	-	-	-	-	
	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	4	-	-	-	-	-	-	-	2	1	1	-	
	F	2	-	1	-	-	-	-	-	-	-	-	1	
Malignant neoplasm of buccal cavity and pharynx	M	3	-	-	-	-	-	1	-	1	1	-	-	
	F	3	-	-	-	-	-	-	-	-	1	1	1	
Malignant neoplasm of oesophagus	M	11	-	-	-	-	-	-	-	-	4	4	3	
	F	8	-	-	-	-	-	-	-	-	-	3	5	
Malignant neoplasm - stomach	M	45	-	-	-	-	-	-	-	5	10	14	16	
	F	22	-	-	-	-	-	1	1	2	2	3	13	
Malignant neoplasm of intestine	M	52	-	-	-	-	-	-	3	2	8	18	21	
	F	52	-	-	-	-	-	-	1	1	9	14	27	
Malignant neoplasm of larynx	M	1	-	-	-	-	-	-	-	-	1	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Malignant neoplasm - lung, bronchus	M	136	-	-	-	-	-	-	5	14	43	44	30	
	F	35	-	-	-	-	-	-	-	5	12	11	7	
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	52	-	-	-	-	-	-	7	9	16	9	11	
Malignant neoplasm - uterus	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	14	-	-	-	-	-	1	1	2	5	3	2	
Malignant neoplasm of prostate	M	37	-	-	-	-	-	-	-	1	3	11	22	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Leukemia	M	9	-	-	-	-	-	-	-	1	3	4	1	
	F	5	-	-	-	-	-	-	-	1	1	-	3	
Other malignant neoplasms	M	75	-	-	-	1	2	2	3	6	14	27	20	
	F	97	-	-	1	-	2	2	2	7	24	25	34	
Benign and unspecified neoplasms	M	4	-	-	-	-	-	-	-	-	3	1	-	
	F	4	-	-	-	-	-	-	1	-	-	-	3	
Diabetes mellitus	M	13	-	-	-	-	-	-	-	1	-	5	7	
	F	22	-	-	1	-	-	-	-	1	4	2	14	
Avitaminoses and other nutritional deficiency	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other endocrine, nutritional and metabolic diseases	M	5	-	-	1	-	1	-	-	1	-	-	2	
	F	5	-	-	-	-	-	-	-	-	2	2	1	
Anaemias	M	3	-	-	-	-	-	-	-	-	-	1	2	
	F	5	-	-	-	-	-	-	-	-	1	-	4	
Other diseases of blood and blood-forming organs	M	1	-	-	-	-	-	-	-	-	-	1	-	
	F	1	-	-	-	-	-	-	-	-	1	-	-	
Mental disorders	M	2	-	-	-	-	-	1	-	1	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Meningitis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	2	-	-	1	-	-	-	-	-	-	-	1	
Carried forward	M	412	-	1	2	1	3	4	12	37	93	134	125	
	F	333	-	1	3	-	2	4	13	29	78	73	130	

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-			
<i>Brought forward</i>	M	412	-	1	2	1	3	4	12	37	93	134	125		
	F	333	-	1	3	-	2	4	13	29	78	73	130		
Multiple sclerosis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	5	-	-	-	-	-	-	3	2	-	-	-		
Other diseases of nervous system and sense organs	M	16	-	2	-	2	1	-	1	2	-	3	5		
	F	14	-	-	1	-	-	1	2	-	2	3	5		
Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	1	-	-		
Chronic rheumatic heart disease	M	5	-	-	-	1	-	-	1	-	1	-	2		
	F	30	-	-	-	-	-	-	1	2	7	12	8		
Hypertensive disease	M	16	-	-	-	-	-	-	-	2	1	5	8		
	F	22	-	-	-	-	-	-	-	1	1	9	11		
Ischaemic heart disease	M	452	-	-	-	-	-	-	6	45	97	143	161		
	F	302	-	-	-	-	-	-	1	2	24	63	212		
Other forms of heart disease	M	93	-	-	-	-	-	-	2	4	15	21	51		
	F	89	-	-	-	-	-	-	1	3	4	10	71		
Cerebrovascular disease	M	180	-	-	-	-	-	-	1	4	20	57	98		
	F	269	-	-	-	-	-	2	2	7	13	50	195		
Other diseases of the circulatory system	M	57	-	-	-	-	1	1	-	7	11	13	24		
	F	72	-	-	-	-	-	-	-	1	3	18	50		
Influenza	M	29	-	-	1	-	1	-	-	1	2	12	12		
	F	28	-	1	-	-	-	-	1	2	2	8	14		
Pneumonia	M	135	1	2	1	-	3	2	-	-	10	28	88		
	F	179	-	3	-	-	1	-	-	3	9	32	131		
Bronchitis, emphysema	M	102	-	-	-	-	1	-	-	1	19	38	43		
	F	40	-	-	-	-	-	-	-	4	4	11	21		
Asthma	M	5	-	-	-	-	-	-	-	-	1	-	4		
	F	3	-	-	-	-	-	-	-	1	2	-	-		
Other diseases of the respiratory system	M	18	-	1	-	-	-	-	2	1	2	3	9		
	F	8	-	-	-	-	-	-	-	1	3	-	4		
Peptic ulcer	M	14	-	-	-	-	-	-	-	-	4	9	1		
	F	9	-	-	-	-	-	-	-	1	1	2	5		
Appendicitis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	3	-	-	-	-	-	-	-	1	-	-	2		
Intestinal obstruction and hernia	M	8	-	-	-	-	-	-	-	-	1	2	5		
	F	12	-	1	-	-	-	-	-	-	-	7	4		
Cirrhosis of liver	M	6	-	-	-	-	-	-	1	-	3	2	-		
	F	3	-	-	-	-	-	-	-	1	1	-	1		
Other diseases of the digestive system	M	18	1	-	-	-	1	-	-	1	5	4	4		
	F	13	-	-	-	-	-	-	2	-	-	4	7		
Nephritis and nephrosis	M	6	-	-	-	-	-	-	-	-	1	1	4		
	F	8	-	-	-	-	-	-	1	-	2	3	2		
Hyperplasia of prostate	M	12	-	-	-	-	-	-	-	-	-	3	9		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other diseases of the genito- urinary system	M	8	1	-	-	-	1	-	-	-	-	1	5		
	F	13	-	-	-	-	-	-	-	2	2	5	4		
Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other complications of pregnancy, childbirth and puerperium	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	1	-	-	-	-		
Diseases of the skin and subcutaneous tissue	M	2	-	-	-	-	-	-	-	-	-	-	2		
	F	2	-	-	-	-	-	-	-	-	-	-	2		
Diseases of the musculoskeletal system and connective tissue	M	6	-	-	-	-	-	-	-	1	1	2	2		
	F	13	-	-	-	-	-	-	-	1	1	3	8		
Congenital anomalies	M	19	8	2	1	3	1	-	-	-	1	1	2		
	F	10	6	1	-	-	-	1	-	-	1	-	1		
Birth injury, difficult labour, and other anoxic and hypoxic conditions	M	9	9	-	-	-	-	-	-	-	-	-	-		
	F	5	5	-	-	-	-	-	-	-	-	-	-		
Other causes of perinatal mortality	M	5	5	-	-	-	-	-	-	-	-	-	-		
	F	5	5	-	-	-	-	-	-	-	-	-	-		
Symptoms and ill-defined conditions	M	14	-	6	1	-	-	-	-	-	-	-	7		
	F	12	-	4	-	-	-	-	-	-	-	-	8		
Motor vehicle accidents	M	39	-	-	-	2	20	2	5	4	2	3	1		
	F	15	-	-	2	-	3	1	-	2	2	1	4		
All other accidents	M	29	-	1	-	1	7	1	-	7	6	1	5		
	F	52	-	3	2	1	1	-	1	4	4	11	25		
Suicide and self-inflicted injuries	M	13	-	-	-	-	3	1	1	2	3	1	2		
	F	9	-	-	-	-	-	-	2	2	3	1	1		
All other external causes	M	9	-	-	-	-	1	-	3	2	3	-	-		
	F	7	1	1	-	-	1	-	1	1	1	-	1		
TOTAL ALL CAUSES	M	1735	25	15	6	10	44	11	35	121	302	487	679		
	F	1587	17	15	8	1	8	9	32	73	171	326	927		

NOTIFICATION OF INFECTIOUS DISEASE IN CAMBRIDGE CITY IN AGE GROUPS, 1970

Age in Years	Measles	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute Poliomyelitis		Age in Years	Tetanus	Infective Jaundice
						Paralytic	Non Paralytic			
Under 1 year	4	2	-	-	-	-	-	Under 1 year	-	-
1-4	14	-	-	-	-	-	-	1-4	-	-
5-9	18	2	1	-	-	-	-	5-9	-	-
10-14	9	-	3	-	-	-	-	10-14	-	7
15-19	17	1	3	-	-	-	-	15-19	-	2
20-24	37	4	5	-	-	-	-	20-24	-	4
25-29	-	2	4	-	-	-	-	25-29	-	6
30-34	1	6	3	-	-	-	-	30-34	-	6
35-39	-	7	-	-	-	-	-	35-39	-	1
40-44	4	1	-	-	-	-	-	40-44	-	2
45-49	-	-	-	-	-	-	-	45-49	-	3
50-54	-	-	-	-	-	-	-	50-54	-	4
55-59	-	-	-	-	-	-	-	55-59	-	1
60-64	-	-	-	-	-	-	-	60-64	-	-
65-69	-	-	-	-	-	-	-	65-69	-	-
70-74	-	-	-	-	-	-	-	70-74	-	-
75 and over	-	-	-	-	-	-	-	75 and over	-	-
Age unknown	-	-	-	-	-	-	-	Age unknown	-	-
Totals	104	25	19	-	-	-	-		-	36
1969 Totals	701	288	36	-	1	-	-		-	242

Age in Years	Acute Encephalitis		Leptospirosis	Paratyphoid fever	Typhoid fever	Food Poisoning	Whooping Cough	
	Infected	Post-Infectious					Age	Number
Under 5 years	-	-	-	-	-	-	Under 3 mths.	-
5-14	-	-	-	1	1	-	3 months	-
15-44	-	-	-	1	-	-	6 "	-
45-64	-	-	-	-	-	-	9 "	-
65 and over	-	-	-	-	-	-	1 year	-
Age unknown	-	-	-	-	-	-	2-4 years	-
							5-9 "	-
							10-14 "	-
							15-19 "	-
Totals	-	-	-	2	1	-		-
1969 Totals	1	-	-	1	-	-		-

One case of malaria was notified.

NOTIFICATIONS OF INFECTIOUS DISEASE IN THE COUNTY (EXCLUDING CITY OF CAMBRIDGE) IN AGE GROUPS, 1970

Age in Years	Measles	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute poliomyelitis		Age in Years	Tetanus	Infective Jaundice
						Paralytic	Non paralytic			
Under 1 year	19	-	1	-	1	-	-	Under 1 year	-	-
1-	25	4	1	-	-	-	-	1-	-	-
2-	37	3	3	-	-	-	-	2-4	-	3
3-	37	5	7	-	-	-	-	5-9	-	34
4-	62	-	3	-	-	-	-	10-14	-	29
5-9	179	13	39	-	-	-	-	15-19	-	22
10-14	21	7	16	-	-	-	-	20-24	-	8
15-24	5	6	5	-	1	-	-	25-34	-	18
25 and over	1	12	2	-	-	-	-	35-44	-	6
Age unknown	-	-	-	-	-	-	-	45-54	-	7
								55-64	-	4
								65-74	-	6
								75 and over	-	1
								Age unknown	-	3
Totals	386	50	77	-	2	-	-		-	141
1969 Totals	1224	374	162	-	5	-	-		-	66

Age in years	Acute Encephalitis		Leptospirosis	Paratyphoid fever	Typhoid fever	Food Poisoning	Whooping Cough	
	Infective	Post-Infectious					Age	Number
Under 5 years	-	-	-	-	-	7	Under 3 mths.	-
5-14	-	-	-	-	-	8	3 months	-
15-44	1	-	-	-	-	13	6 "	1
45-64	-	-	-	-	-	4	9 "	1
65 and over	-	-	-	-	-	1	1 year	5
Age unknown	-	-	-	-	-	2	2-4 years	10
							5-9 "	10
							10-14 "	-
							15-19 "	-
Totals	1	-	-	-	-	35		
1969 Totals	-	-	-	-	-	36		
								27
								59

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218	1219	1220	1221	12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CAMBRIDGESHIRE AND ISLE OF ELY

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

for the

Year ending 31st December 1970

FOREWORD

This, the sixth, annual report on the school health service in the County of Cambridgeshire and Isle of Ely shows yet again continued progress in the provision of facilities together with the maintenance of the very satisfactory health standard of our school population, due in no small measure to the work and ever willing co-operation and interest of all concerned, to whom sincere thanks are as always due. The report follows the usual lines, although the absence of the customary comments of the principal dental officer will be noted with particular regret, occasioned as it is by the sudden, quite unexpected, death of Dr. Adams towards the end of the year. This was not only a tragedy for the service but a great shock to all his colleagues, following as it did so soon on the loss, to which reference was made in last year's report, occasioned by the deaths of Dr. Glennie and Miss Perrers Taylor. Dr. Adams was a man who worked quietly and steadily to improve this service, and is sadly missed by all who came in contact with him.

It is not proposed here to make any particular comment on what follows, other than to draw attention to the fact that certain improvements to, and extensions of, the service have been instituted during the year, in particular for example the provision of an audiometry van, which is greatly facilitating the routine sweep testing of hearing, and the opening of an ophthalmic clinic in the Whittlesey health centre, these premises having at long last afforded the opportunity of restarting a service which that town had not had locally for nearly twenty years.

It is to be hoped that all who chance upon this report will read it in detail and, further, that those who do so will feel repaid for the effort.

28 July 1971

M.E. HOCKEN
Principal School Medical Officer

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 and Secondary Schools 31,539

Nursery Schools 60

Special Schools 113

31,712

ARRANGEMENTS FOR SCHOOL MEDICAL INSPECTION

We were sorry to lose the services of Dr. O'Connell in the northern part of the county at the end of March and we had difficulty in finding a successor. Dr. E. Phipps, a general medical practitioner from Ely, worked for a few sessions and, towards the end of the year, Dr. M. Nicol was appointed on a part time basis to work mainly in the northern area.

In the schools the system of routine medical inspection, with visits spread over the term was continued. As will be seen from the table below, the number of children seen at routine inspections was up on the previous year, whilst the number re-inspected has again fallen.

Discussions took place during the year with teachers' representatives on the introduction of new questionnaires completed by parents in respect of children who were due to be seen at school medical inspections. Agreement on the wording of these questionnaires was reached and the new forms were used as from the beginning of the autumn term.

MEDICAL INSPECTION AND TREATMENT

<u>Numbers Inspected</u>	Periodic Inspections	14,536	(10,046)
	Special Inspections	153	(153)
	Re-inspections	5,766	(6,254)
		<u>20,455</u>	<u>(16,453)</u>

(The figures in parentheses relate to the year 1969)

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 7.6% as compared with 5.3% last year and 5.6% in the previous year. Defective vision was found in 550 of the 1110 individual children found to require treatment, a lower proportion than in the previous year. The proportion of children with unsatisfactory physical condition was 0.09% the corresponding figure for 1969 being 0.04%.

Recuperative Holidays

During the year one child spent a fortnight at the British Diabetic Association's holiday camp in Scotland, and three children spent a month's holiday at Heathercombe Brake children's home in Devon.

SCHOOL DENTAL SERVICE

Mr. J.R. Toller retired at the end of April and Dr. F.E. Adams was appointed Chief Dental Officer as from 1st May 1970. I deeply regret having to report that Dr. Adams died suddenly on 3rd September. Mr. J.C. McIntyre was appointed his successor as from 1st January 1971.

As this post was vacant at the end of the year it is not proposed to include in this report any detailed comments on the dental service, except to mention that the dental clinic at Great Shelford was closed down in December and the equipment used to equip a second dental surgery at Sawston health centre. Work was also commenced on the provision of a second dental surgery at the Shire Hall, Cambridge.

SCHOOL OPHTHALMIC SERVICE

Dr. Neil-Dwyer who had been holding a weekly eye session at Auckland Road clinic, Cambridge, resigned at the end of June and was succeeded by Dr. Eisenlohr. From July onwards a twice weekly session was held at this clinic and Dr. Eisenlohr also commenced a weekly clinic at Downham Road, Ely.

We were also fortunate in obtaining the services of Mr. A.J. Lyne at the Whittlesey health centre and he held a monthly eye clinic there beginning in April.

The following table shows the number of children examined during the year:-

	Number of examinations	Number of new patients	Number of prescriptions
Doddington Hospital	402	103	79
Wisbech Clarkson Hospital	347	124	93
Ely Clinic	161	40	69
Whittlesey Clinic	64	27	32
Cambridge Clinic	418	165	172
TOTAL	1,392	459	445

Many children are examined at hospital or else where 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. Eisenlohr, 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 most helpful.

I am indebted to Dr. Eisenlohr for submitting the following report:-

" I took over the eye clinics at Auckland Road and Ely in July, and both are running smoothly. Attendances are fairly good, and there is now no waiting list. We have recently acquired some new equipment for the Ely Clinic, which has greatly facilitated the work there. The attendance at Ely of Miss Taylor, the orthoptist, is a great help in the efficient running of the clinic. "

CHILDREN WITH IMPAIRED HEARING

Sweep testing of all children during their second term at school was continued during the year. Testing is also undertaking in respect of school children of all ages when it appears to be necessary. As a result 4,089 children were routinely tested of whom 401 were found to require retest. In addition 903 children were specially examined or retested and 258 required some further investigation or retest.

At the beginning of the year my attention was drawn to difficulties experienced by the three audiometricians in carrying out their work in schools efficiently. The following points were considered:-

In many schools there is a lack of any suitable facility i.e. a quiet room for testing children at the sound levels which are desirable.

The coming of the audiometrician to some small schools certainly has a disrupting effect on the timetable. This is particularly acute where room has to be made for the audiometrician to carry out her work and where children have to be moved from one classroom to another.

If better facilities could be provided for the audiometrician there would be less need for re-testing.

These facts were reported to the appropriate sub-committee and it was decided to adapt a sitting case vehicle owned by the health department for the purpose of audiometric testing. The vehicle would also be used by all the partially hearing units in the area to enable children to be taken on educational visits, camping weekends etc., as it was considered vitally important to get these children out of school as much as possible to expose them to real situations. This would give the children an increasing awareness of the value of developing speech and language. It is pleasing to report that the use of this vehicle has been an unqualified success.

Children in Special Classes

26 children from the rural area were in attendance at special units for children with impaired hearing attached to ordinary schools.

Peripatetic Teachers of Children with Impaired Hearing

A report 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 24.

SPECIAL EDUCATIONAL TREATMENT

The following table gives details of the handicapped children in special schools as at 21st January 1971, and also shows the numbers of children newly placed in special schools during 1970. 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 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 1970	
	Day			Boarding			Day			Boarding			M	F	M	F	M	F	M	F	M	F
	M	F		M	F		M	F		M	F											
1. Blind	-	-		-	-		-	-		4	2		-	-	-	-	-	-	4	2	-	-
2. Partially Sighted	-	-		7	2		-	-		-	-		-	-	-	-	-	-	7	2	-	-
3. Deaf	-	-		4	1		-	-		1	-		1	-	-	-	-	-	6	1	-	-
4. Partially Hearing	-	-		2	-		-	-		-	-		-	-	10	16	-	-	12	16	-	-
5. Physically Handicapped	20	15		1	-		-	-		-	5		6	-	-	-	-	-	27	20	2	1
6. Delicate	-	-		5	1		-	-		-	-		2	-	-	-	-	-	7	1	2	1
7. Maladjusted	-	-		5	-		-	-		-	-		4	4	1	-	-	-	10	4	1	3
8. Educationally Sub-normal	69	23		45	24		-	-		2	-		1	-	-	-	-	-	117	47	16	7
9. Epileptic	-	-		-	-		-	-		-	-		-	-	-	-	-	-	-	-	-	-
10. Speech Defective	-	-		-	-		-	-		-	-		1	-	-	-	-	-	1	-	1	-
Total	89	38		69	28		-	-		7	7		15	4	1	-	10	16	191	93	22	12

In the area of the county south of March the consultant child psychiatrists responsible for this service are Dr. A. Gage and Dr. M.I. Platt who are assisted by Dr. G. Petrie. They worked during 1970 from Brookside, Cambridge. 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 boards, which 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. Gage for the following notes on the work of the child psychiatric service:-

" During 1970 the staff of the Cambridge child psychiatric service examined and treated a large number of children of all ages suffering from a wide range of emotional and behavioural disorders. In spite of the fact that the service has been understaffed the whole year, twenty-two more new cases were seen in 1970 than in 1969, an increase of fifteen per cent. The waiting list continues to grow, however, as more new cases are being referred each year.

Increasing use has been made of the Hawthorns hostel for emotionally disturbed children. The warden, his wife and staff have created a relaxed and supportive atmosphere in the Hawthorns and many tense, strained, unhappy children have responded in a very gratifying manner to the help they have received there.

Weekly liaison meetings between school medical officers, educational psychologists, hostel staff and child psychiatric clinic workers have been held during the school terms and have proved invaluable to all who have participated in them.

It is with great sadness that the death in July 1970 after a long illness of Dr. R.E. Glennie is recorded. He was the consultant who was largely responsible for the child psychiatric services in this region taking the form they did and he played a large part in promoting the development of the Hawthorns hostel. He will be remembered as a children's doctor who had the gift of inspiring affection in his patients, and trust and confidence in their parents.

We have been very fortunate in acquiring the services of Dr. M.I. Platt a highly experienced child psychiatrist, who has been working part-time at the Brookside clinic. During 1970 permission was granted to go ahead with the appointment of a full time senior registrar in child psychiatry and a part-time consultant to deal with the problems of the younger adolescents. Once all our staff are in post in 1971 we anticipate that the waiting time for first appointments will be dramatically reduced, and that more attention can be paid to the preventive aspects of child psychiatry."

CAMBRIDGE COUNTY CHILDREN

New Patients in 1970 seen at Brookside

Referred by	Number seen	Sex		Pre-School	Aged 5-11	Aged 12-16	Consultation	Observation	Treatment	Notified to SMO
		M	F							
School Medical Officers	70	46	24	1	49	20	7	12	51	70
General Practitioners	30	16	14	5	14	11	3	6	21	12
Consultants	7	6	1	1	4	2	1	3	3	4
Magistrates	4	3	1	-	-	4	1	3	-	2
Others	23	15	7	2	13	8	1	10	12	8
TOTAL	134	86	47	9	80	45	13	34	87	96

New Patients in 1970 seen at Bene't Place

Referred by	Number seen	Sex		Pre-School	Aged 5-11	Aged 12-16	Consultation	Observation	Treatment	Notified to SMO
		M	F							
School Medical Officers	9	7	2	-	5	4	-	2	7	9
General Practitioners	10	8	2	1	7	2	1	3	6	6
Consultants	4	2	2	1	1	2	-	1	3	1
Magistrates	-	-	-	-	-	-	-	-	-	-
Others	6	5	1	-	4	2	-	2	4	3
TOTAL	29	22	7	2	17	10	1	8	20	29

Total new cases seen: 163

Total of new cases taken on for observation or treatment: 149

Brought forward under observation or treatment: Brookside: 106

Bene't Place: 12

CAMBRIDGE CITY CHILDREN

New Patients in 1970 seen at Brookside

Referred by	Number seen	Sex		Pre-School	Aged 5-11	Aged 12-16	Consultation	Observation	Treatment	Notified to SMO
		M	F							
School Medical Officers	35	24	11	1	27	7	2	8	25	35
General Practitioners	42	28	14	5	19	18	4	6	32	19
Consultants	4	1	3	1	2	1	-	1	3	1
Magistrates	4	3	1	-	-	4	2	1	1	1
Others	13	9	4	-	7	6	-	6	7	5
TOTAL	98	65	33	7	55	36	8	22	68	61

New patients in 1970 seen at Bene't Place

Referred by	Number seen	Sex		Pre-School	Aged 5-11	Aged 12-16	Consultation	Observation	Treatment	Notified to SMO
		M	F							
School Medical Officers	6	6	-	-	5	1	-	2	4	6
General Practitioners	7	6	1	1	5	1	1	-	6	5
Consultants	1	-	1	-	1	-	1	-	-	-
Magistrates	3	3	-	-	-	3	1	-	2	2
Others	1	1	-	-	1	-	-	-	1	-
TOTAL	18	16	2	1	12	5	3	2	13	13

Total number of new patients seen: 116

Total number taken on for observation or treatment: 81

Brought forward under observation or treatment: Brookside: 63
Bene't Place: 21

Dr. Whitehead writes:

" The appointment of the senior clinical psychologist has provided a full diagnostic and treatment service. She has been able to provide skilled remedial help for a few selected children suffering from dyslexia, as well as her other duties, and has also been able to give a service to the other hospital consultants, particularly the paediatricians and the adult psychiatrists. She has proved of particular value in helping in the assessment of handicapped children, including the under fives.

The impending implication of the Seeborn Report has caused some anxiety about the future role of the psychiatric social worker and at the present time the senior psychiatric social worker is a hospital appointment by the hospital management committee. Whilst it is clear that the social workers in the local health authority will be under the direction of the director of social services, there have been suggestions that hospital social workers should be seconded to the hospitals by the local social services department.

It is important to realise that a psychiatric social worker has special skills, not only has she to be well trained in intensive case work with parents but this work can only be successful if undertaken in conjunction with the psychiatrist treating the child under his guidance. As the patient or family is referred to the consultant, it is his responsibility to see that all members of his team are acting in the patient's or family's best interests. The maintenance of the doctor/patient relationships and the confidentiality of treatment must at all times be preserved. Such work implies a close understanding between all the team members.

The contribution of the unique position of the psychiatric social worker does in no way prevent close liaison with other social workers. On the contrary during the last year there has been an increasing demand from other workers, especially the children's department, probation service and child welfare service for consultation. Indeed it is foreseen that the clinic will need to provide a much wider and fuller consultative service for these departments.

During the year, a further social work student has been seconded from Stevenage for training and this will be expanded to provide training for two students per year.

Finally, the expansion of Peterborough is directly causing greater demands on the clinic. In particular some of these patients are severely ill. Many of them are older children with long standing illnesses. One is tempted to postulate that among the many factors involved one is that they may come from areas which lack facilities for early detection and treatment. "

Number of new cases seen	45
These were referred by:-	
School Medical Officers	11
General Practitioners	23
Consultants	4
Probation Officers	3
Children's Officer	2
Others	2
These were dealt with as follows:-	
Treatment	37
Consultation	8
Observation	-
Cases under treatment brought forward from 1969	30
Number of cases closed	46
School Medical Officer notified	40

SPEECH THERAPY

I am grateful to Mrs. Hramtsov for the following report on the speech therapy service during 1970:-

" The speech therapy service has again been understaffed throughout the year. Until September, we had only the equivalent of just over 3 full time speech therapists; Miss B. Gilbert and Miss S. Rees (both full time) joined us on September 14th, Miss R. Scott (3 sessions a week) on October 12th, and Miss C.

Smith (one session) on November 6th: Mrs. P. Hinds (one session) left in June, and Miss P. Knight (full time) at the end of October; at the end of the year we had the equivalent of 4.4 full time speech therapists out of an establishment of six.

A number of children who were on the "treatment list" had their treatment suspended during the first part of the year, but with the improved situation after September several centres were re-opened, and speech clinics were inaugurated in the new health centres at Littleport and Whittlesey, where very good facilities are available. We have continued to give priority to as many as possible of the more urgent cases, where communication is seriously impaired, while those children whose disorder does not impede intelligibility (for example, children with lisps and minor articulatory defects) have had to remain on the waiting list until the staffing situation improves. In addition to giving regular treatment in clinics and schools throughout the area, parents and teachers have been advised regarding the best ways of helping children to attain normal speech.

There were more referrals for speech therapy this year than last (477:396), and the total number on the books at the end of 1970 has risen and now stands at 1,219.

Two speech therapists attended the National Conference of the College of Speech Therapists held in Manchester in September.

Statistics

<u>Referrals</u>	<u>County</u>	<u>City of Cambridge</u>	<u>Total</u>
Awaiting examination at end of 1969	55	25	80
New referrals during 1970	379	98	477
Examined and found to require treatment	310	91	401
Not requiring treatment, treatment refused, left area before examination, referred elsewhere, etc.	50	9	59
Not yet examined	74	23	97
<u>Treatment</u>			
Regular treatment during some period of the year	265	123	388
Occasional attendance for treatment or advice	238	101	339
Total number treated during year	503	224	727
Discharged from treatment list during year			
Speech normal	50	13	63
Speech satisfactory	70	33	103
Left area, etc.	54	20	74
Total	174	66	240
On treatment list at end of 1970	521	233	754
<u>Awaiting Treatment</u>			
On treatment list, but not seen throughout 1970 (see above)	84	39	123
On waiting list at end of year	315	53	368
Referred but not yet examined	74	23	97
Total	473	115	588
<u>Summary</u>			
On treatment list at end of 1970	521	233	754
On waiting list	315	53	368
Referred but not yet examined	74	23	97
Total number on books at end of year	910	309	1,219
Home visits	60	32	92
School visits (apart from regular visits for treatment)	122	29	151

HEALTH EDUCATION IN SCHOOLS

The demand for advice on health education content and the provision of health education by the health department staff in schools expands steadily.

Much is carried out by individuals on a one to one basis during routine or special examinations or inspections. More and more is being done in teaching sessions using a framework of human biology, environmental studies, parentcraft, personal relationships, health projects and so on. (These activities are reported more fully on page 37.) In some instances the work goes out beyond the school to involve the parents and the community. If health and health education is to be seen as worthwhile then this line of expansion must continue, so making as many as possible aware of the vital necessity of positive health.

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 1970:-

	<u>Primary Courses</u>	<u>Booster</u>
Diphtheria	146	2,740
Whooping Cough	99	773
Tetanus	612	3,467
Poliomyelitis	145	2,522

BCG VACCINATION

The following figures relate to BCG vaccination in the area during 1970:-

Number skin tested	1,816
Number found positive	121
Number found negative	1,602
Number vaccinated	1,600

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 physician.

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	Food Poisoning	Infective Jaundice
-	55	10	200	20	8	63

SCHOOL SWIMMING POOLS

Discussion took place during the year with chief public health inspectors and the education department regarding the establishing of a uniform standard of practice for the maintenance of school swimming pools throughout the county. Following this discussion, the chief education officer was advised that the following standards be maintained at all times swimming pools are in use:-

Free chlorine level not less than	1.0 - 2.0 p.p.m.
Total chlorine level not greater than	2.0 - 2.5 p.p.m.
pH in the range	7.4 - 7.6

With regard to the use of cyanuric acid/cyanurate, it was suggested that the permitted level of this substance should not exceed 200 p.p.m.

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:-

Elsworth, Stetchworth, Ditton Lodge, Leverington, Turves, Littleport Village College.

PROVISION OF MILK AND MEALS IN SCHOOLS

The arrangements for the supply of milk in schools have continued as before. In October 1970, there were 16,696 children receiving it, 88.77% of the total in attendance at primary and nursery schools. Of those in attendance at the nursery school 96.43%

receive it: and at primary schools 88.74%. Pasteurised milk was supplied at all schools in the area.

Cooked midday meals were available for all schools, and a total of 21,021 children, 72.38% received them. At the nursery school, 32.14% took meals: at primary schools 75.69%: and at secondary schools 66.28%.

MEDICAL INSPECTION AND TREATMENT

Statistics for the year ended 31st December 1970

Numbers of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1971.

(i) Form 7 Schools	31,539
(ii) Form 7M	113
(iii) Form 11 Schools	60
TOTAL	<u>31,712</u>

PART 1. - 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		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseasea and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 & later	106	106	-	-	7	9	15
1965	1978	1974	4	-	33	39	70
1964	2838	2838	-	-	46	109	154
1963	258	258	-	-	33	37	70
1962	1943	1940	3	-	40	43	82
1961	1008	1008	-	-	68	66	134
1960	1385	1385	-	-	92	105	193
1959	865	865	-	-	13	22	35
1958	503	500	3	-	12	16	28
1957	1522	1522	-	-	25	40	65
1956	1461	1459	2	-	100	56	148
1955 & earlier	669	669	-	-	81	35	116
TOTAL	14,536	14,524	12	-	550	577	1,110

Column (3) total as a percentage of Column (2) total.... 99.91%

Column (4) total as a percentage of Column (2) total.... 0.09%

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	153
Number of Re-inspections	5,766
Total	<u>5,919</u>

TABLE C. - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	32,078
(b) Total number of individual pupils found to be infested	107
(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
		Entrants	Leavers	Others	Total	
(1)	(2)					
4	Skin	T 15	32	11	58	15
		O 165	74	112	351	18
5	Eyes - a. Vision	T 42	48	65	155	1
		O 353	265	355	973	4
	b. Squint	T 33	4	45	82	-
		O 102	37	62	201	4
	c. Other	T 1	4	9	14	3
		O 23	21	41	85	-
6	Ears - a. Hearing	T 7	23	6	36	-
		O 166	45	102	313	5
	b. Otitis Media	T 4	2	5	11	-
		O 138	23	68	229	-
	c. Other	T 6	8	6	20	6
		O 93	17	25	135	2
7	Nose and Throat	T 20	7	17	44	-
		O 230	53	138	421	-
8	Speech	T 71	3	35	109	6
		O 168	16	76	260	38
9	Lymphatic Glands	T -	-	1	1	-
		O 65	7	33	105	-
10	Heart	T 2	1	1	4	2
		O 65	17	28	110	-
11	Lungs	T 6	2	7	15	2
		O 164	29	76	269	24
12	Developmental - a. Hernia	T 4	-	-	4	-
		O 22	2	47	71	-
	b. Other	T 9	1	7	17	-
		O 102	10	63	175	-
13	Orthopaedic - a. Posture	T 1	1	22	24	14
		O 17	21	29	67	7
	b. Feet	T 41	6	20	67	-
		O 119	47	62	228	-
	c. Other	T 4	2	1	7	-
		O 63	27	40	130	-
14	Nervous System a. Epilepsy	T -	-	-	-	-
		O 14	6	4	24	-
	b. Other	T 2	-	-	2	-
		O 27	7	19	53	-
15	Psychological - a. Development	T 1	-	3	4	-
		O 165	18	125	308	-
	b. Stability	T 2	-	2	4	-
		O 298	45	173	516	2
16	Abdomen	T 3	2	2	7	-
		O 58	17	98	173	-
17	Other	T 4	6	7	17	-
		O 85	24	63	172	-

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	-
Errors of refraction (including squint)	1,392
Total	<u>1,392</u>
Number of pupils for whom spectacles were prescribed	225

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	59
(b) for adenoids and chronic tonsillitis	51
(c) for other nose and throat conditions	3
Received other forms of treatment	10
Total	<u>123</u>
Total number of pupils still on the register of schools at 31st December 1970 known to have been provided with hearing aids:-	
(a) during 1970	15
(b) in previous years	66

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	-
(b) Pupils treated at school for postural defects	77
Total	<u>77</u>

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

	Number of pupils known to have been treated
Ringworm - (a) Scalp	1
(b) Body	-
Scabies	4
Impetigo	27
Other skin diseases	42
Total	<u>74</u>

TABLE E. - CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	334

TABLE F. - SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	503

TABLE G. - OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	43
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	1,600
(d) Other than (a), (b) and (c) above.	60
Total	<u>1,703</u>

DENTAL INSPECTION AND TREATMENT1. Inspections

(a) First inspection at school.	Number of pupils	14,127
(b) First inspection at clinic.	Number of pupils	6,419
Number of (a) + (b) found to require treatment		11,999
Number of (a) + (b) offered treatment		12,099
(c) Pupils re-inspected at school clinic		2,567
Number of (c) found to require treatment		1,765

2. Sessions

Sessions devoted to treatment	5,139
Sessions devoted to inspection	124
Sessions devoted to dental health education	11

3. Attendances and treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First visit	4,863	3,478	637	8,978
Subsequent visits	9,952	9,215	1,808	20,975
Total visits	14,815	12,693	2,445	29,953
Additional courses of treatment commenced	471	342	56	869
Fillings in permanent teeth	3,852	7,736	2,104	13,692
Fillings in deciduous teeth	6,410	441	-	6,851
Permanent teeth filled	3,067	6,825	1,933	11,825
Deciduous teeth filled	5,811	405	-	6,216
Permanent teeth extracted	270	1,553	327	2,150
Deciduous teeth extracted	6,060	1,582	-	7,642
General anaesthetics	1,664	595	56	2,315
Emergencies	1,121	549	149	1,819

Number of pupils X-rayed	1,038
Prophylaxis	2,834
Teeth otherwise conserved	723
Number of teeth root filled	82
Inlays	6
Crowns	25
Courses of treatment completed	7,552

4. Orthodontics

New cases commenced during year	194
Cases completed during year	159
Cases discontinued during year	16
No. of removable appliances fitted	276
No. of fixed appliances fitted	1
Pupils referred to hospital consultant	11

5. Prosthetics

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	2	2
Pupils supplied with other dentures (first time)	4	20	14	38
Number of dentures supplied	6	31	19	56

6. Anaesthetics

General anaesthetics administered by dental officers	507
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SCREENING 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 M.Os./School Nurse
By whom is colour vision testing carried out?	School M.Os./School Nurse
Is routine audiometric testing of entrants carried out within their first year at school?	YES
If not, at what age is the first routine audiometric test carried out?	-
By whom is audiometric testing carried out?	Audiometrician or health visitor

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