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CAMBRIDGESHIRE AND ISLE OF ELY
COUNTY COUNCIL



ANNUAL REPORTS
of the
County Medical Officer of Health
and
Principal School Medical Officer
for the year
1973

County Medical Officer of Health and
Principal School Medical Officer:
P.A. Tyser, M.D., F.F.C.M., M.R.C.G.P., D.P.H.

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



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HEALTH COMMITTEE

Chairman: Alderman Harry Payne, O.B.E., J.P.

Alderman R.G. Curston, J.P.	Councillor E.M. Aten
Alderman T.H. Ellingham, O.B.E., J.P.	Councillor H. Crabb
Alderman A.J. Goss	Councillor D.Q. Fuller
Alderman E. Hopher	Councillor J.J.B. Foster
Alderman W.J. James	Councillor O.R. Game
Alderman E.W. Parsons	Councillor A.S. Hannington
Alderman M. Payne	Councillor H. Hartley
Alderman C. Webb	Councillor D.H. Hofford
Councillor D.M. Abbott	Councillor H. Palmer
Councillor G.J. Acton	Councillor D.M. Silberston
Councillor A.B. Amey	Councillor H. Tash

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

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

Two persons with special experience in health:

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

Matters concerned with the School Health Service are dealt with by the Special Services Sub-Committee of the Education Committee.

STAFF

County Medical Officer and Principal School Medical Officer
P.A. TYSER, M.D., F.F.C.M., 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.
(Until 26.6.73)

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

Administrative Deputy to County Medical Officer
L. BLY, D.M.A., F.H.A., A.C.I.S.
(Until 30.9.73)

Medical Officers in the Department and School Medical Officers:

The following doctors undertake sessional work for the department:

MARGARET E. ABEL, M.B., B.Chir., M.R.C.S., L.R.C.P., D(Obst.), R.C.O.G.	MARGARET S. EMERSON, M.B., B.S.
ROSALIND B. BANGHAM, M.B., B.S.	PAMELA M. FISHER, M.B., Ch.B.
KATHERINE A. BARCLAY, B.M., B.S.	GWENETH M. GRESHAM, M.B., B.S.
PATRICIA M. BOOTH, M.B., B.S., M.R.C.S., L.R.C.P.	HILDA A. HALL-SMITH, M.B., B.Ch., B.A.O., D(Obst).
AMELIE BOYD, B.Sc., M.B., B.Ch., B.A.O., D.P.H.	M.E. HOCKEN, M.B., Ch.B., D.P.H.
MARGARET A. BUTLER, M.B., Ch.B., D(Obst.), R.C.O.G.	W.R. HOLTON, M.B., B.S., M.R.C.S., L.R.C.P.
W.H. CARLISLE, M.Sc., M.B., Ch.B., F.R.C.S., F.R.C.O.G., D(Obst).	NATHALIE J. NAYLOR, M.D., L.M.S.
RUTH M. CHIPPINDALE, M.B., B.Chir., M.R.C.S., L.R.C.P., D.C.H.	ROSE A. NEWSOM, M.B., B.Ch., B.A.O., D(Obst.), R.C.O.G.
DOROTHY M. COCKIN, M.B., B.S., M.R.C.S., L.R.C.P.	MARY W. PARRY, M.R.C.S., L.R.C.P., D(Obst.), R.C.O.G.
DOROTHY M. DAVY, M.B., Ch.B.	ELIZABETH R. PHIPPS, M.B., B.S., M.R.C.S., D(Obst.), R.C.O.G.
ELIZABETH J. DOSSETOR, M.B., B.S., M.R.C.S., L.R.C.P.	G.R. SMERDON, M.B., B.S.
	SYBILLE E. STOVIN, M.B., B.S., M.R.C.S., L.R.C.P.
	MARJORIE THOMAS, B.Sc., M.B., Ch.B., D.P.H.

Honorary Consultant Psychiatrists

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.
G.M. PETRIE, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., D(Obst)., R.C.O.G.
G.E. ROBERTS, M.B., B.Ch., D.P.M.

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. J.E. STARK, M.D., M.B., B.Ch., M.R.C.P.
Chief Dental Officer:	J.C. McINTYRE, L.D.S.
Area Dental Officers:	D.H. LYLE, B.D.S. MARGARET C. McINTYRE, B.D.S. D.J.S. WATERHOUSE, L.D.S.
Senior Dental Officers:	LORNA J.M. KNOX, L.D.S. O.E. LAW, L.D.S. SHIRLEY F. TRIBE, B.D.S.
Dental Officers:	*OLIVE FOULDS, L.D.S. *R.A. GREATOREX, B.D.S. *WINIFRED J. HORNETT, B.D.S. *GLENYS MOSS, B.D.S. *JESSIE M. POUNTAIN, L.D.S. *GILLIAN H. REDDICK, L.D.S. *ELISE SAMPSON, L.D.S.
Consultant Anaesthetists:	*F. ALBERTS, M.B., B.S., M.R.C.S., L.R.C.P., F.F.A.R.C.S., D.A. *Consultant Staff, Anaesthetic Department, Addenbrooke's Hospital
Dental Auxiliaries:	JANE M. BRIGHT SANDRA I. NUNN ANN RANDALL *GERALDINE L. TIBBS
Director of Nursing Services:	SARAH MEE, S.R.N., S.C.M., H.V., Q.N., P.H. Admin. Cert.
Area Nursing Officers:	MARY F. ANTCLIFF, S.R.N., S.C.M., Q.N., H.V., P.H. Admin. Cert. PAMELA J. TAYLOR, S.R.N., S.C.M., Q.N., H.V.
Senior Health Education Officer:	JANE RANDELL, S.R.N., S.C.M., H.V., Q.N., Dip. H.E.
Health Education Officers:	W.G. BUCHANAN, R.G.N., Q.N., Dip. H.E. *GERALDINE L. TIBBS
Senior Teacher of Children with Impaired Hearing:	J.L. HOLMES, B.A., C.T.D.
Teacher of Children with Impaired Hearing:	J.E. WILLIAMS, M.A., C.T.D.
Senior Administrative Assistants:	I. HUTCHINSON, D.M.A. (Deputy to Administrative Deputy)(General Health Services) J. GIPSON (March Office) H.J. SADLER (School Health Service) R.F. SUMMERFIELD (Management and Finance)
Chief Ambulance Officer:	A.D. PRIOR

Senior Speech Therapist: HEATHER G. HRAMTSOV, L.C.S.T.

Speech Therapists: *M.M. BANYARD, L.C.S.T.
 *D.E. GOODMAN, L.C.S.T.
 E. GREEN, L.C.S.T.
 J. PARKIN, L.C.S.T.
 *R. SCOTT, L.C.S.T.
 M. THOMPSON, L.C.S.T.
 E. WILKINSON, L.C.S.T.

Advisor in Special Education and Senior Educational Psychologist: R.A. PIPER, B.A., A.B.P.S.

Educational Psychologists: M.W. BRENNER, M.A., Ph.D.
 *A.C. DUNNE, B.A., Dip.Ed.Psych.
 T.McN. MILLAR, B.A.
 G.McG. SCHIACH, M.A., M.Ed.(Aberdeen)

*Part-time staff

CHILD PSYCHIATRIC SERVICE

United Cambridge Hospitals and East Anglian Regional Hospital Board

CAMBRIDGE

Consultant Child Psychiatrists: A. GAGE, M.B., Ch.B., D.P.M.
 V. PILLAI, M.B., B.S., D.C.H., D.P.M.,
 M.R.C.Psych.
 M.I. PLATT, M.B., Ch.B., D.P.M. (Part-time)

Consultant Psychiatrist Specialising in Adolescence: T.K. MACLACHLAN, M.R.C.Psych., M.R.C.P.Ed., D.P.M.

Senior Psychiatric Registrar: S. THAVASOTHY, M.B., B.S., D.P.M., M.R.C.Psych.

Psychiatric Registrar: J.D. COUPER-SMARTT, M.B., Ch.B., D.P.M., M.R.C.Psych.

Senior Clinical Psychologist: L. SPENCER

Psychologists: MRS. M.F. FARRELL, M.A. (Part-time)
 MISS G. GUMLEY, B.A.
 MRS. J. MUERS, M.A.
 MRS. J.M. CARROLL (Part-time)

Principal Social Worker: MRS. G.R. ADAMS

Senior Social Worker: MRS. S. ROSE (Part-time)

Social Workers: MISS F. ROMER
 MR. J. LEWIS

Social Work Assistant: MRS. J.E. TURNER

Senior Occupational Therapist: MISS R. HENLEY, M.A.O.T.

PETERBOROUGH

Consultant Child Psychiatrists: B.F. WHITEHEAD, M.A., M.B., D.P.M.
 E.B. PETERSON, M.B., Ch.B., D.P.M.,
 M.R.C.Psych.

Clinical Psychologist: MRS. P. SPINKS, M.A.Hons.

Principal Social Worker: MRS. D.M. JOHNSON, A.A.P.S.W.

Senior Psychiatric Social Worker: MRS. M. KIDD, M.A., Dip. in Applied Social Studies

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 services in their area. The staff providing the services are under the direction of the City Medical Officer of Health, J.T. Roberts, M.B., B.S., 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,
Great 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, Alexandra Road,
Wisbech.

Medical Officer of Health

J.T. Roberts, M.B., B.S., 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.

M.E. Hocken, 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.

M.E. Hocken, 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)	315,380
Census Population 1971	303,044
Census Population 1966 (based on 10% sample census)	287,840

GENERAL INFORMATION

The area of the administrative county remained unchanged at the end of 1972 at 531,578 acres. The estimated mid-year population was divided as to 103,710 persons resident in the City of Cambridge, of whom over 10,000 are studying at the University, and 211,670 in the remainder of the county. The tables which appear on page 47 show that the estimated population of the City of Cambridge has increased by 3,460 and the remainder of the county by 3,640.

To the Chairman and Members of the County Council

Ladies and Gentlemen,

The usual circular from the Department of Health and Social Security requesting local authorities to ask their medical officers of health to submit the statutory annual report has not been received this year - only a letter asking that a report be made. This departure from customary practice heralds the changes to take place on March 31st/April 1st 1974 when the office of medical officer of health ceases to exist and all health matters stand referred to the new health service authorities in which, so far, no community physician has been charged with the duty of preparing a similar profile document. I shall make further reference to this matter in a subsequent paragraph. The appointment of medical officer of health dates from that of Dr. Duncan to Liverpool in 1847 and many authorities hold a fascinating series of reports which not only portray the changing pattern of community health but also contribute vividly to the social history of the areas they cover.

Medical Officers of Health annual reports have suffered at times much criticism since at worst they provide a dull record of statistics but at best they offer a medical audit of the past year. Medical audit is something that we in this country will watch with interest developing in the United States of America since it is just recently that, in certain state medical services, an attempt is to be made to assess the value of the medical services provided.* If the main principle of the reorganised health service is as stated, to provide maximum delegation downwards with accountability upwards, then the basis for 'auditing' should obtain.

In some ways the annual reports have been an attempt to assess achievements of health programmes and to estimate the community needs of services. The perusal of a series of annual reports (where good use has been made of this unfettered opportunity to comment on the health of the area covered) does, I believe, give the reader a fair idea of how services have developed to meet need.

This report is the Cambridgeshire & Isle of Ely County Council's last. Some people have a penchant to make use of these occasions to create a funeral atmosphere and to hold a wake; I do not believe this serves any useful purpose. The mind should be turned to the future and the challenge it provides. A challenge in the sense that the local authorities now giving up their health functions have every justification in saying to their successors, here is what we have done with the resources available to us, this is the standard we have set: whilst we wish you well in the future we exhort you to even better achievements for the community you now serve. The pain and anguish of the current turmoil will have been for nought if greater deeds are not done in the future.

Robert Lacey, your County Surveyor, reminded us of the following quotation quite early on in the discussion concerning local government reorganisation and it may be familiar to some readers.

"We trained hard but it seemed that every time we were beginning to form up into teams we would be reorganised. I was to learn later in life that we tend to meet any new situation by reorganising and a wonderful method it can be for creating the illusion of progress, while producing confusion, inefficiency and demoralization" - Gaius Petronius, Arbiter, about AD 65, a Roman Governor at the time of Nero.

I have quoted this apposite commentary on "the powers that be" written all those centuries ago, because it may be some consolation to the many thousands in the local government and health services, who have had their lives disrupted, that it was ever thus!

This report would be incomplete as a final document if opportunity were not taken to make some broad comment on the present scene. That for the individual in the community to have his health and welfare needs split between the reorganised national health service and the reorganised local government services is a matter for concern and can only lead to further consideration in the immediate future of the problem thus created. That so important and individual a service as health should have been removed from our carefully built up and regrettably infrequently praised or cherished local democracy must alert us all to the possible further inroads that could be made on the province of local government.

The nearest approach to democratic monitoring by the community of the services provided for them lies with the Community Health Councils (the only organisation in the new

*"Towards Medical Audit" (B.M.J., 16.2.74, p.255)

health service charged with making an annual report but whose sole professional staff is a lay administrator) which are as yet untried and comment on their possible role ranges from the thought of their being "nuisance" bodies to that of toothless committees consultation with which will only delay the already very complicated decision making process. In my opinion these councils have a vital role to play and if, as I am sure they will, they go about their business with tact, thoroughness, determination and responsibility then they will make a valuable contribution to the improvement of the health services.

The new management structure together with its complex advisory machinery and its joint consultative councils with the local authorities seems to provide a jungle of consultative machinery out of which a decision could be greatly delayed, so much so that when a policy is finally agreed the situation giving rise to the activation of the process may have been overtaken by events. Though it is said the extrapolation of democracy is stalemate it is possible that the new management structure of the health service may demonstrate over decision taking just such a consequence.

One of the useful features of the about to be abandoned tri-partite administrative system of health services was that medical officers of health (who Aneurin Bevin always saw in the role of co-ordinators) were able to oil the health service machinery with the financial help of their councils. This dual financing of the health service has, I believe, been invaluable and is a feature of most health services West of the Iron Curtain countries - we are now entering an era where this facility is withdrawn.

A problem for the future in the development of the care giving agencies is the effect of the different financing of the agencies when their efforts are directed to producing a total service. Take for example geriatric services where the health contribution is financed entirely from central government, the social services component by local government (partly via the rates, partly from central government) and the important provision of housing rests with the new district councils who again derive their money from rates and central government. It will indeed take some detailed and carefully planned collaboration to dovetail these three separate organisations' resource planning to achieve a unified result. Have we not swapped one tripartite system for another?

In this last report we have made no attempt to produce an elaborate document, we have tried to provide for the new authorities a base line showing the extent, and we hope the quality, of the services presently provided. I have emphasised in previous reports the important fields of maternal and child care, the care of the old, the care of the mentally ill, and the care of the physically and mentally handicapped - these four fields of care provide a great challenge for our services; together they represent by far and away the largest use of resources. There have been many changes in the pattern of administration of some of these services in my life-time which have yet to prove their worth. It is all very well playing administrative games in the name of improving and simplifying services for the individual and then becoming so absorbed in the game itself that the whole subject of the exercise, namely the patients or clients, is forgotten.

The achievement of creating in the county eight operational health centres since 1965 is unsurpassed in East Anglia. It was a great shock when in June 1973 central government decided to bring the ongoing programmes of health centre development in the country to an abrupt halt. Despite the fact that local authorities have had for many years to provide central government with a rolling three year estimate of their capital needs it seemed to those at the periphery that overnight the impact of these needs had been appreciated. Health centre building requires team work in many disciplines, not least programming in the architect's department. To halt at the drop of a hat a rolling programme is most disconcerting to all concerned. It takes time to develop a momentum in such programmes and when, in the reorganised services, opportunity again arises for starting such a programme it will be all the more difficult to regenerate the enthusiasm, interest and confidence that existed. Of all capital works programmes to stop, the health centres one was perhaps the most unfortunate in the interests of ensuring the building of primary care teams as the spearhead of our health services.

The integrated family planning service operating in hospitals, clinics and the peoples homes is most satisfactory but nearly every clinic has a waiting list and this should not be so if the aim, "every child a wanted child" is to be achieved.

In the school health service which is part of our complex child health service we continue to work toward an ideal started many years ago and achieved in some areas of Cambridgeshire. We believe in the value of the continuity of a service provided by the same doctor who attends the child health clinics, attending also the schools to which the children ultimately go. In this way a real health profile can be built up which is of the utmost value to all concerned with child health. Doctors working in this field are indisputably specialists at their job particularly in the area of developmental paediatrics and the behavioural and educational development of children.

Apart from the routine visits we endeavour to have every school visited at least once a term and more often in the larger schools. Only in this way can a properly consultative service be provided for the heads of schools and their staffs. It is important to emphasise that our visits are concerned not only with the physical state of the children but also with their mental development and educational progress. We are concerned with the family as a whole and the interactions within it and with the child's social development in school and at home.

Much of the year's work has been devoted to preparations for reorganisation and the Council's health department has been heavily committed with the work of the Area Joint Liaison Committee (which was referred to in last year's report in the part dealing with reorganisation) the instrument devised to do all the preliminary work required for the information and guidance of the Area Health Authority. Most members of the staff have been involved in this work, some much more than others, but at the same time having to keep the existing services going. Despite little incentive, because of the lack of firm information about the future, to take on this extra burden it must be placed on record that the staff rose to the occasion magnificently and they deserve unqualified praise for their efforts.

None of the achievements in the provision of health services in the area of the Cambridgeshire & Isle of Ely County Council would have been possible without the truly wonderful support that the Health Committee and the Council have given me, first and foremost in providing me with a keen, loyal and enthusiastic staff to whom the credit must really go for all that has been done. Words are inadequate to praise their cheerfulness, willingness and hard work.

If I started to try to thank all those in the very many walks of life who have contributed to the success and enjoyment of my office I would be bound to make some inadvertent omissions. I have been privileged to be so involved in the activities, statutory and voluntary, of the care giving agencies that I would ask that each and every one accept my most sincere thanks for the exciting and fruitful times we have had together. I wish all of them good luck in the future and ask that they continue to strive hard for the patients and clients: it is after all their taxes that give you your living, see they get a square deal and are not lost sight of in the gamesmanship of administration.

I have had a most enjoyable career in local government. I am very appreciative of the great value and contribution made by the elected representatives to the community they serve. I now retire because I set out after World War II to serve local government, no more no less. I believe I have done this to the best of my ability and I take with me pleasant memories, some sense of achievement and an unwavering belief in the necessity for and future of local democracy.

I am,

Your obedient servant.

P.A. TYSER
County Medical Officer of Health.

March, 1974

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.

WATER SUPPLIES

March Urban District Council

The Wisbech and District Water Board have maintained their adequate supervision of the water supply for the district during 1973. Results of frequent sampling and tests have been satisfactory. The fluoride content of a sample of water (mixture of water from sources at Marham and Beechamwell) taken on the 21st November, 1973, at the Water Board Offices at Wisbech was Nil. The following figures show the extensions of mains carried out in the district during the year:-

96 metres 4" at Cavalry Barn, March
150 " 3" " " " " "

New connections to individual houses numbered 113.

Whittlesey Urban District Council

(a) Quantity of Water Supplied

- (i) Total during the year - 201,331,000 gallons
This was an increase of
18,463,000 gallons (10.1%)
over 1972.
- (ii) Average Daily Consumption - 552,000 gallons
- (iii) Per capita consumption - 52.2 gallons/head/day

(b) Mains Laid

Details of mains laid in the Urban District during the year are shown in the following table:-

LOCATION	Length Laid (Yards)				
	2"	3"	4"	6"	Total
Bassenhally Estate		982	830	1,043	2,855
Belmans Road Site			477		477
Northgate Site	64				64
Glassmoor Bank relay			1,570		1,570
Totals	64	982	2,877	1,043	4,966

(c) Water Quality

All the water supplied to the Urban District originated from the source works at Wilsthorpe, Tallington and Etton.

Regular weekly samples of raw and treated water from each source of supply and from points within the distribution system were taken throughout the year and submitted for bacteriological examination at the Public Health Laboratory at Peterborough. Apart from occasional problems with bacteriological pollution of the raw water at the Wilsthorpe source, the results of all these examinations were satisfactory. All samples of chlorinated water put into supply were of a satisfactory quality.

Borough of Wisbech

1,451 metres of new main were provided in order to permit new housing development or to meet the needs of sites due for redevelopment.

SEWERAGE SCHEMES

Chesterton Rural District Council

Schemes Completed during 1973:

Histon - additional pumping capacity and installation of flow recording apparatus.

Schemes in Progress during 1973:

Western Area Phase 1 Bourn)
 Caxton) Completion by
 Caldecote) March, 1974.
 Hardwick)

Six Mile Bottom (Little Wilbraham)

Western Area Phase II Croxton)
 Elsworth)
 Eltisley) Completion by
 Graveley) January, 1976.
 Papworth St. Agnes (added))
 Papworth Everard (works))

Great Shelford - Hinton Way (sewer extensions)

Cottenham - Sewage Disposal Works Extensions

Schemes in Preparation during 1973:

Madingley - sewer extensions - abandonment of small works

Lolworth - Uttons Drove Sewage Works - provision of additional sludge
 filters, press, etc.

Girton - Sewer diversions for proposed Northern Bypass

Over - Mill Road pumping station (tenders received)

From the above, it will be seen that with the exception of very small isolated groups of properties (e.g. Childerley) sewers have been provided or are in course of construction in all the parishes of the present Chesterton Rural District Council.

Ely Rural District Council

The majority of sewerage schemes had been completed by 1973. Preparatory work is in hand for the Sutton, Witcham and Wentworth extension.

It is of interest that a new warden attended old person housing development was opened in Witchford and plans are in hand for similar units at Wilburton and Stretham.

Ely Urban District Council

The provision of a main drainage system was completed at Stuntney. This facility was also extended to properties in Witchford Road.

Central government policy has delayed the Council's intention to review the performance of the main treatment works with a view to their extension and improvement.

March Urban District Council

During 1973 the following foul sewers were laid:-

50 metres of 6" to serve new development of old peoples bungalows at the White Swan Site and development at Cavalry Barn.

In addition 250 metres of 9" for further development at Cavalry Barn.

Despite our optimistic hopes with regard to the completion of the Sewerage Scheme no further progress has been possible. This is due to the financial considerations involved with re-appraisal of the original estimates and consequent alteration of detailed plans. However, negotiations are still progressing with the Department of the Environment.

Newmarket Rural District Council

Ashley, Cheveley and Woodditton

Construction of this scheme is proceeding well ahead of schedule and it is anticipated that it will be substantially completed by June 1974 ready for commissioning of the new Treatment Works of Newmarket Urban District Council.

Brinkley, Burrough Green and Westley Waterless

The design of the scheme has been virtually completed but it may be a casualty of the cuts in public spending.

Burwell Sewage Treatment Works Extensions

Tenders for this work will be received early in February.

Major housing developments at Burwell are being deferred awaiting the extensions to the Works which will increase the capacity to deal with the flow from a population of 8,000.

Central Sludge Dewatering Plant, Burwell

Commissioning is scheduled for April for this plant which will treat septic tank wastes and other sludges without problems from weather conditions.

Kennett and Kentford

This scheme is ready to go out to tender but will be postponed due to cuts in capital expenditure.

Six Mile Bottom

In association with Cambridge Water Company it is proposed to provide a main drainage system for approximately twenty-two properties in the area. This will protect a water source from pollution. The scheme will go out to tender shortly.

Soham

The Hasse Road extension of the main drainage system to serve a further twelve properties has recently been completed.

Design has commenced on a scheme for further extensions to the Treatment Works to provide for flows from a 20,000 population.

Wicken and Upware

Construction of the sewerage scheme will be completed in March 1974. The sewage will be pumped to Soham for treatment.

Woodditton Road and Crockfords Road

It is anticipated that construction will commence in March 1974 on providing main drainage for approximately forty-two properties in this outlying part of the town.

South Cambridgeshire Rural District Council

The Parish Sewerage Schemes and Treatment Works have been completed during the year for West Wickham, Horseheath, Little Eversden, Great Eversden and New Wimpole. Sewage from Wimpole is in turn pumped for treatment to the Foxton treatment works.

Parishes currently being sewered and in various stages of completion are Kingston, which is nearing completion and will discharge into the sewage works at Bourn, Thriplow, Fowlmere, Shudy Camps, Castle Camps, Whaddon and Little Gransden which has an anticipated completion date late in 1974 with a connection to the treatment works at Great Gransden within the St. Neot's rural district.

Sawston Sewage Works which at present treats sewage from Parishes having an approximate combined population of 9,000 is at present being extended, incorporated into which is a sewage sludge press which will do much to obviate the present problem of relying on open sludge drying lagoons. Completion date for this project is expected to be about 18 months hence.

Agreement has been reached to extend Litlington sewage works and tenders will shortly be invited. Extension being in the main to permit an increased effluent flow from a nearby slaughterhouse which is currently being extended.

The installation of sand filters to "polish" the final effluent discharged from the Gamlingay sewage works has now been completed and extension to the sewers in this Parish has been given outline approval.

Further schemes include an extension to the treatment works at Bassingbourn which are at design stage and into which it is proposed to discharge drainage from Abington Pigotts Parish when approvals have been obtained.

The North Eastern Scheme involving the Parishes of West Wrattling and Weston Colville is still in design stage.

Borough of Wisbech

Consulting Engineers have been busily engaged in preparing drawings and documents associated with a regional sewerage scheme to serve parts of Wisbech Rural District, parts of Marshland Rural District and parts of the Borough of Wisbech, the latter scheme to incorporate a new sewage treatment works - but the whole is an integral plan. A tender has been accepted and work will commence January, 1974, within the parishes of Wisbech Rural District Council. Tenders have been received in respect of works within the Borough of Wisbech together with disposal works about mid February 1975 and again it is anticipated that national financial constraints will debar progress. When will 'the time be opportune to deal with this ancient problem'.

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

SECTION 21 - HEALTH CENTRES

The new Health Centres at Fulbourn and Bar Hill were opened during the year and in all, the five consulting suites thus provided are being used by thirteen General Practitioners. At both Centres, Child Health clinics are operating and Chiropody is established. A range of Health Education activities is planned and the Health Visitors and their colleagues are planning the organisation of evening sessions for overweight patients. These sessions enjoy a variety of labels: that at Fulbourn is known as the "Maids to Measure".

At a number of the Centres, the General Practitioners voiced concern to the Management Committees about the rise in the services and other charges and it was agreed that a more detailed statement should be provided to each Practice quarterly and it was hoped that this would afford the Practices an opportunity of monitoring the various charges every quarter. These Management Committees are representative of the General Practitioners, the National Health Service Executive Council and the Local Authority's Health Department and it is hoped they will continue after the reorganisation of the Health Service next year, since they do give all concerned an opportunity of raising formally any problems arising.

The threat, now unhappily a fact, of a considerable cutback in the funds to be available for Health Centre building came as a great disappointment, since the proposed Centres at Linton and Great Shelford on which considerable amounts of time both administratively and professionally had been spent, were threatened with delay. At the end of the year, the Department asked for Authorities to list their projects in priority order and the outcome of this exercise will be awaited with hope.

The schedule of Health Centres given below is an updated reprint of that given in the Area Profile, prepared for the information of the Area Joint Liaison Committee concerned with the problems of the reorganisation of the N.H.S. in Area 30.

Centre	Opened	Population Served	No. of G.P. Suites	No. of G.P.'s	Dental Surgeries	Services Provided (See overleaf)
MARCH	April, 1969	14,000	5	6	2	2, 3, 4, 6A, 6B, 7A, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18
SAWSTON	May, 1969	8,000	4	5	2	1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18
LITTLEPORT	November, 1969	8,000	2	4	1	1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18
WHITTLESEY	December, 1969	11,000	4	6	2	1, 2, 3, 4, 7, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18
ELY	April, 1971	10,000	5	6	2	1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18
SOHAM	June, 1971	9,500	3	4	1	1, 3, 4, 5, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18
FULBOURN	June, 1973	5,500	2	6	-	2, 4, 5, 8*, 9, 10, 11, 12, 13, 15, 16, 17, 18
BAR HILL	September, 1973	4,500	1	4	-	4, 5, 8*, 10, 11, 12, 13, 15, 16, 17, 18

*Services available for mobile Dental Surgery

Services Provided

1. Ante-Natal Clinic
2. Audiometry
3. Cervical Cytology
4. Child Health Clinic
5. Chiropody
6. Consultant Psychiatric Sessions
 - (a) Mental Illness
 - (b) Sub-normality
7. Consultant Ophthalmology
- 7(a) Consultant E.N.T. (Deafness Ascertainment)
8. Dental Service for School and Pre-School Children, Expectant and Nursing Mothers
9. Distribution:-
 - Early Discharge Packs
 - Incontinence Pads
 - Maternity Packs
 - Medical Loans
 - Welfare Foods
10. Family Doctor Service (including Treatment facilities)
11. Family Planning
12. Health Education
13. Immunisation and Vaccination
14. I.U.D. Clinics
15. Parentcraft
16. Relaxation and Mothercraft Classes
17. Speech Therapy
18. Social Services Department Officers - Consulting Sessions

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

Developmental Paediatrics

For the fifth year in succession a day release course in developmental paediatrics has been organised by the Post Graduate Medical School, Cambridge, in conjunction with the County Health Department. Dr. Eileen Brereton was again course tutor, and was responsible for much of the work relating to the organisation of the course. The course was held on nine Thursdays between 26th April and 21st June, 1973, and was attended by twenty-eight doctors.

Combined Ante-Natal and Post-Natal clinics

- Ely Clinic held twice monthly by two practices of general practitioners, and once weekly by a third practice. Hospital Service midwives hold weekly midwives' clinics.
- 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.
- Littleport Weekly general practitioner clinic attended by hospital service midwives.

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.

The total number of births notified, 4195, was 269 less than in 1972. There were 1,048 notifications relating to the City of Cambridge (1,035 live births and 13 stillbirths), and 3,147 for the County area (3,124 live births and 23 stillbirths).

The proportion of confinements taking place in hospital has continued to increase. 95% of confinements of county area residents were in hospital, as against 93% in 1972 and 91% in 1971. In the southern part of the county (old Cambridgeshire area) the proportion of hospital confinements was 91.5%, while in the north it was 99.4%.

Mothercraft and relaxation classes in the county area were attended by 829 women, about the same as in 1972. Of these 710 were booked for institutional delivery and 119 for home confinements. They made a total of 3,859 attendances.

At the end of 1972 there were 51 child health clinics, one more than in the previous year. The clinics at Fulbourn and Bar Hill were transferred from rented premises to the new Health Centres. At the same time the small health visitor's clinic at St. Wilbraham was closed, and transport provided to the Fulbourn Clinic. New clinics were opened, in rented premises, at Elsworth and Meldreth during 1973. Eight clinics are now held in health centres, one in other purpose-built premises, one in adapted premises, and the remainder in premises occupied on a sessional basis. Of these latter, ten were held on school premises, and I am grateful for the co-operation of the Chief Education Officer and the Heads of Schools concerned. I would also like to express my appreciation of the help given by the many voluntary workers.

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	172
	(b)	Domiciliary booked	47
	(c)	Total	219
2. Total number of attendances during the year			731

City of Cambridge child health clinics

Clinic		Day and Time held	
Auckland Road	C.H.C.	Tuesday	p.m.
Auckland Road	Toddler	Wednesday (once monthly) (by appointment)	a.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) (by appointment)	a.m.
Chesterton	C.H.C.	Tuesday	a.m.
Chesterton	C.H.C.	Tuesday	p.m.
East Barnwell	Toddler	(once monthly) (by appointment)	
East Barnwell	C.H.C.	Thursday	p.m.
Kingsway	Toddler	Wednesday (once monthly) (by appointment)	a.m.
Kingsway	C.H.C.	Monday	p.m.
Kingsway	C.H.C.	Tuesday	a.m.
Newnham	C.H.C.	Wednesday (once monthly)	p.m.
Coronation Street	C.H.C.	Wednesday	a.m.
Romsey	Toddler	Monday (once monthly) (by appointment)	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 1973	Born in 1972	Born in 1968 to 1971	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)
874	851	821	2546	427	275	-	-	702

County area ante-natal mothercraft and relaxation classes

1. Number of women who attended during the year	(a) Institutional booked	710
	(b) Domiciliary booked	119
	(c) Total	829
2. Total number of attendances during the year		3859

County area child health clinics

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

*Alternate Wednesdays

County area child health clinic attendances

Centres	Number of Children who attended			Total number of attendances	Number of sessions held during year
	Born in 1973	Born in 1972	Born in 1968-71		
Balsham	40	32	65	510	12
Bar Hill	52	29	47	980	25
Barrington	21	23	35	341	12
Bassingbourn	34	54	36	764	22
Bottisham	59	46	42	793	23
Bourn	18	26	21	228	12
Burwell	56	74	47	1,299	23
Chatteris	76	70	138	1,299	49
Cheveley	25	18	26	247	12
Christchurch	7	5	5	157	12
Coates	7	12	14	150	12
Comberton	54	76	73	1,331	24
Cottenham	38	46	22	567	21
Doddington	23	6	8	301	12
Dullingham	20	35	35	268	12
Duxford	35	55	68	927	25
Elm	18	10	6	167	11
Elsworth	27	24	38	247	12
Ely	109	121	64	2,657	52
Fordham	24	27	28	342	11
Fowlmere	24	22	10	212	12
Fulbourn	41	74	66	850	36
Gamlingay	47	38	51	762	24
Girton	51	61	55	964	26
Gt. Abington	5	6	22	101	11
Gt. Shelford	50	75	105	1,595	48
Gt. Wilbraham	2	5	11	47	6
Haddenham	33	43	12	722	23
Harston	21	17	26	282	12
Haslingfield	20	15	30	247	12
Histon	68	49	49	939	23
Isleham	15	17	19	301	12
Leverington	23	20	6	199	12
Linton	25	55	31	522	12
Littleport	106	61	8	1,624	51
Manea	12	14	11	151	12
March	207	239	117	5,110	150
Melbourn	42	71	68	927	18
Meldreth	10	4	7	123	6
Milton	32	25	23	613	24
Newton, Nr. Wisbech	14	8	15	197	12
Over	39	22	55	428	12
Parson Drove	19	14	6	205	12
Sawston	126	17	72	5,953	100
Soham	100	78	148	2,637	52
Steeple Morden	19	23	32	363	24
Sutton	52	28	41	439	11
Swavesey	29	22	39	371	12
Waterbeach	48	29	20	521	12
Whittlesey	146	273	182	3,102	51
Willingham	36	21	75	643	24
Wisbech	337	259	157	4,980	102

Premature Infants

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

The total number of premature live births, 204, represents a rate of 48.6 per 1,000 live births as against a rate of 46.7 per 1,000 for 1972.

Premature Infants - City of Cambridge

Weight at Birth	Premature live births												Premature Stillbirths	
	Born in Hospital						Born at home or in a Nursing Home							
	Born in Hospital			Nursed entirely at home or in a Nursing Home			Transferred to Hospital on or before 28th day			Died				
	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		
1. 2 lb 3 oz or less	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
2. Over 2 lb 3 oz up to and including 3 lb 4oz	3		1										1	
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	9		1		1								4	
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	21			1									3	
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	25				1								1	
6. Total	58		2	1	2								9	

Premature Infants - County Area

Weight at Birth	Premature live births												Premature Stillbirths			
	Born in Hospital						Born at Home or in a Nursing Home						Born			
	Died						Died						Hospital		At home or in a Nursing Home	
	Total (1)	Within 24 hours of birth (2)	In 1 and under 7 days (3)	In 7 and under 28 days (4)	Total (5)	Within 24 hours of birth (6)	In 1 and under 7 days (7)	In 7 and under 28 days (8)	Total (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	3	1									3				
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	4	1	1	1												
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	27	2	2									1				
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	29	1		1								2				
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	82				1							3	2			
6. Total	143	7	4	2	1							9	2			

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 in the Administrative County are given below.

Part A. Attendances and Treatment

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Visits for Treatment during year:		
First Visit	550	238
Subsequent Visits	410	546
Total Visits	960	784
Number of additional Courses of Treatment other than the First Course commenced during year	43	27
Treatment provided during the year		
Number of Fillings	472	667
Teeth Filled	434	629
Teeth Extracted	404	223
General Anaesthetics Given	153	80
Emergency Visits by Patients	84	68
Patients X-rayed	14	60
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	218	240
Teeth Otherwise Conserved	58	-
Teeth Root Filled	-	1
Inlays	-	1
Crowns	-	4
Number of Courses of Treatment Completed during the Year	410	278

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	4
Patients Supplied with Other Dentures	20
Number of Dentures Supplied	25

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	10
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Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given first Inspection During Year	A. 733	D. 247
Number of Patients in A and D above who required Treatment	B. 357	E. 229
Number of Patients in B and E above who were offered Treatment	C. 353	F. 227
Number of Patients re-inspected during year	J. 35	K. 13

Part E. Sessions

Number of Dental Officer Sessions (i.e. equivalent complete half days) Devoted to Maternity and Child Welfare Patients 320

Distribution of Welfare Foods

The arrangements for the distribution of Welfare foods remained unchanged. They continued to be available from child health clinics, health centres, and from other distribution points such as shops and private houses. The valuable work of the considerable number of volunteers who assist with this service is greatly appreciated.

The foods available through this service are National Dried Milk, children's Vitamin A, D and C drops, and Vitamin A, D and C tablets for expectant and nursing mothers.

The following table shows the foods issued in 1973.

Welfare Foods

	Total Issued	
	1973	1972
National Dried Milk (Cartons)	7,392	10,031
Vitamin A, D & C Tablets (Packets)	2,120	1,415
Vitamin A, D & C Drops (Bottles)	14,670	12,939

Congenital Abnormalities

There was no change during 1973 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 49 notified cases was submitted to the General Register Office. The malformations can be summarised as follows:

Central nervous system	15
Eye and ear	2
Alimentary system	12
Heart and circulatory system	1
Respiratory system	1
Urino-genital system	4
Limbs	18
Other parts of musculo-skeletal system	3
Other systems	8
Other malformations	1

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 1973. The aim of the register is to simplify the supervision of pre-school children who need to be kept under observation on account of an actual or potential handicapping condition.

In appropriate cases, close contact is maintained with general practitioners and hospital consultants, including those consultants dealing in mental handicaps.

Services for Children with Impaired Hearing

Mr. J.L. Holmes, Senior Teacher of Children with Impaired Hearing, has submitted the following report:

1. Referrals

The details of referrals received from January to December 1973 are as follows:

(figures for 1972-73 in parenthesis)

	Pre-School	School age	Total
Total referred	153 (116)	123 (160)	276
Not deaf	102 (87)	47 (102)	149
Follow-up cases	34 (29)	53 (58)	87
To E.N.T. Departments	4 (8)	27 (18)	31
To Assessment Clinics	11 (9)	1 (5)	12
Issued with Hearing Aids	2 (4)	1 (6)	3
Moved from area	7	-	7
Yet to be seen	10	23	33

2. Home Visits

Frequent or occasional visits were made to homes throughout the county in order for the teachers to provide 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 Teacher. The teachers liaised with the Ear Nose and Throat Consultants, the Hospital Hearing Aid Clinic 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 held twice a month supervised by Mr. G.E. Mann, F.R.C.S., and staffed by the Teachers, where medical and educational treatment is co-ordinated, new cases assessed where necessary, and regular reports established on all hearing impaired children in county and city. Nine clinics were held, one of them at the Health Centre in March.

6. March Partially Hearing Unit

This primary Partially Hearing Unit now provides a weekly afternoon session for pre-school children who are hearing-impaired or who have other linguistic handicaps.

7. March Comprehensive Partially Hearing Unit

This Unit opened at the Hereward School in September on a part-time basis with two children successfully integrating into the main school. A similar number may be expected to enter the Unit each year.

8. Littleton House E.S.N. Partially Hearing Unit

This Unit opened at Easter with four children and has now developed to include six children from the East Anglian Region.

9. The Wisbech Audiology Clinic

This second Hearing Assessment Clinic has been established at the North Cambs. Hospital and is supervised by Mr. Michael Morris, F.R.C.S. Five clinics were held during the year.

10. 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

The regional scheme for the collection of blood samples for examination by the Guthrie test continued during the year. Blood samples are collected either at the maternity hospitals or by the domiciliary midwives and health visitors, and are submitted for test at the laboratory provided at the Ida Darwin Hospital. Steps were taken during the year to ensure that all children, when they are aged three months, have either had the Guthrie test carried out or, if we have no positive information about this, the test is offered. In this way we are hoping to achieve 100% coverage for this important test. No positive results have so far been notified for this authority.

Child Psychiatric Service

The arrangements for the referral of cases to the Child Psychiatric Service remained unchanged. Only one staff change took place during the year when Dr. J.D. Couper-Smartt joined the team at Cambridge in June. Clinics were held at 2 Brookside and 2 Benet Place (Addenbrooke's Hospital) by Dr. A. Gage, Dr. T.K. Maclachlan, Dr. V. Pillai, Dr. M.J. Platt, Dr. S. Thavasothy and Dr. J.D. Couper-Smartt. In the Peterborough area Dr. B.F. Whitehead and Dr. E.B. Peterson were based at Peterborough Memorial Hospital. They see children referred to them from the northern part of the county, and arrangements were made for Dr. Peterson to hold clinics at North Cambs. Hospital, Wisbech and at the March Health Centre.

Weekly liaison meetings in the Cambridge area continued to be held on a Friday morning and were attended by medical officers from both County and City Health Departments, as well as an educational psychologist. 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 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 remained unchanged in 1973.

In the County area the Director of Nursing Services, Mrs. S. Mee, was supported by two Area Nursing Officers; one based at Cambridge and one at March. Two Nursing Officers were appointed during the year, one to work from Cambridge and one from March.

The following is Mrs. Mee's report for 1973:

" 1973 may well be regarded by many as a year to forget. From beginning to end it has been a time of doubt and uncertainty, which because so little that was concrete in the way of dependable and definite information could be offered, ended either in apathy or frank disbelief. Even at this time of writing, early January 1974, there is amazement at the slowness with which future patterns of management at lower levels, and conditions of service, are being formulated and published; anger and frustration at the seeming unconcern of those in high places who have nothing to lose, for the plight of those more lowly beings who have.

Unfortunately the cynicism currently prevailing in many quarters is hardly calculated to promote those ideals of service in its members to which nursing has hitherto always subscribed. Some 5-10 years must inevitably elapse before a true assessment of the new look health service can be made, whether the advantages claimed for it are valid, and whether some of the suspected disadvantages prove to be real.

Change is necessary and change there has to be. What is open to question is whether the change in this instance could not have been handled in a better way.

Home Nursing, Midwifery, Health Visiting

The efforts that have gone into these services during 1973 have been directed toward maintaining quality, assessing levels of responsibility with consequent restructuring of staff grades where appropriate as opportunity offered and, wherever possible, bringing case loads a step nearer to the suggested levels put forward by the Department in Circular 13/72.

The overall pattern of home nursing continues to reflect closer working with general practitioners and in this field recruitment is good.

As foreshadowed in the 1972 report two further health centres, one each at Bar Hill and Fulbourn, were opened during the year. Because of the rural nature of so much of Cambridgeshire these centres fill a very real need as providing a focal point on which to base not only staff teams but a wide variety of services not least of which is a degree of guidance and advice to the public on matters of health generally or in emergency, for most of the day.

Trial and error had clearly demonstrated the desirability and advantages overall of appointing to each centre as sister in charge, an experienced SRN who has worked as a district nurse. Such a woman combines the expertise of both hospital and community in relation to her work, to general practitioners, in meeting patients' needs and in co-operating with other community staff.

The success of these centres underlines very clearly the ongoing need to spread as quickly as possible this type of provision to a number of other areas where facilities are almost entirely non-existent despite a growth in population, among them Cottenham, Shelford, Willingham, Linton and Melbourn.

Two lower middle managers (nursing) one North and one South took up appointments during the year. Similar appointments in relation to health visiting are envisaged, but to date recruitment and finance both prove restrictive. As seems common everywhere, one real problem is to align service needs with staff establishment. Whatever increases are made in staff numbers, demand invariably seems to outrun supply. This would provide, if time allowed, an excellent debating point, a number of factors rise immediately to mind but this report is not perhaps the place in which to advance them.

As in other years training and in-service programmes have continued to be mounted.

Perhaps the most original of these was the arrangement whereby a given number of community nurses were seconded to Addenbrooke's Hospital for a two-weeks "teach in". A formal syllabus of both theoretical and practical instruction was arranged in conjunction with the Chief Nursing Officer and the tutorial staff, coupled with observation visits to those departments most nearly aligned to community care, e.g. Out Patients, Eye, Ulcer and Diabetic clinics, Casualty Department, Skin Diseases and so on. Not only did this give rise to much enthusiasm among staff attending, it led also to a much greater awareness on the part of hospital sisters and staff nurses, where contact was established, of the extent and variety of the role of a district nurse, a number of sisters requesting in consequence to be given the opportunity of accompanying a district nurse on her rounds for one or more days.

On a narrower front, the appointment of the Hospital/District Nursing Liaison Sister to Addenbrookes in 1972 has proved so successful that this year owing to an ever increasing case load, a second part-time appointment has had to be made. This is a growing facet of the service offered to the public, and one which is extremely valuable in helping to prevent the breakdown in communications and the misunderstandings that so often beset all those from patient and relatives to G.P. and consultant who together are caught up in the N.H.S.

Lastly on nursing, in view of the possible changes that will occur over the next year or two in relation to nurse training in general and the involvement of students in community nursing, together with increased demand for community experience from other disciplines, e.g. social services and special hospitals, the Health Committee agreed to finance the training of a suitable candidate as a district tutor (nursing). All efforts to attract a suitably qualified candidate were unfortunately unavailing. It is hoped that a similar scheme will be forthcoming next year.

Midwifery

Again this year the pattern is one of steady decline in numbers of women being delivered at home.

Having passed through a somewhat abrasive period the bulk of domiciliary midwives seem now to have adjusted more or less to the new pattern that has, or is emerging, and to be actively concerned in promoting other avenues for their skills rather than to bemoaning a past glory.

Not all midwives view the change kindly, but one significant factor has been observed during the year and this is the number of students undergoing Part II training in Cambridge who request local full time domiciliary appointment on completion of training. In some cases, though not all, this is due to imminent marriage or a boyfriend at University, but the inference to be gained is that domiciliary midwifery can still provide a satisfactory way of life.

Not all areas, however, have a university adjacent, and staffing these outlying districts is still a problem, especially so where dual working as a district nurse/midwife obtains. Much thought has been given during the year and in some instances action taken with regard to separating these two disciplines. In some areas this is practical, in others it is not owing to distance, paucity of population and tradition.

With the integration of hospital and community services, however, one feels that with good planning based on maternity units, most of the difficulties which formerly bedevilled the situation could now disappear.

Health Visiting

It would be nice to be able to report a similarly satisfying picture here, but, as in other years, staff shortages have again led to a lurching stagger rather than a smooth progression.

With case loads in some instances of around 12,000 plus, it is difficult to see how a health visitor can begin to programme her work. Admittedly this weight of work is to some extent offset by SRN assistants but let us not pretend that those assistants constitute an entirely satisfactory solution. Not only is their field of operations limited but those same operations require careful supervision and assessment by the health visitor for whom they work. Her gain is, therefore, still further limited. Perhaps not the least worrying aspect of this, both to

the health visitor herself and to the administrator, is the constant fear of some dire happening with all its resultant bad publicity.

There is some evidence of increasing interest on the part of young nurses completing their training as to the future that health visiting offers, but here again isolated areas and small market towns do not attract and again one has to fall back on the older woman whose family is now growing up to fill these particular posts. On this understanding exploration is going on in conjunction with Stevenage College of Further Education as to the possibility of promoting either a full time or extended part time satellite course based at Cambridge at which women with family commitments could be trained. Many such women find the course itself very demanding on top of their home ties, additional time spent travelling to and from a distant centre inevitably precludes their participation.

Another possibility is an increase generally in the extended part time provision of training designed to attract this same group of women and where again Stevenage has blazed the trail by promoting one such course, currently running.

Some increase in expenditure in relation to travelling and the length of the course has to be accepted and at the moment no guidance appears to be forthcoming concerning this.

One question that has to be answered relates to health visiting as to many other spheres. Are we trying to do too much with too little and what constitutes necessity as opposed to desirability? A good case could be made for extending present services in a number of other directions. Are these necessary? People manage, but should they manage; if one takes as a criteria the quality of life then the field for expansion is limitless.

Education

Mention has already been made of some aspects of education. In general established patterns of midwifery and district training refresher courses and specialised in-service training courses have continued as in previous years.

Mention has already been made of the need for a community tutor to organise and be responsible for training programmes generally, but I make no apology for again stressing that need in this section of my report.

Staff

Staff in post at 30th September 1973

	Whole-time		Part-time		Total whole-time equivalent in each category
	Number of persons in each category	Whole-time equivalent in each category	Number of persons in each category	Whole-time equivalent in each category	
Administrative and Supervisory	5	5.0	-	-	5.0
Health Visitors	30	20.7	3	1.2	21.9
Home Nurses	57	48.0	5	2.5	50.5
Midwives	27	18.0	-	-	18.0
School Nursing	30	10.3	-	-	10.3
Other S.R.N.	3	3.0	11	4.0	7.0
Other S.E.N.	1	1.0	2	1.0	2.0
Total	-	106.0	-	8.7	114.7

Statistics

Midwifery

Under the rules of the Central Midwives Board, 175 midwives notified their intention to practice.

City of Cambridge County Area

Domiciliary	11	30
Institutional	85	49

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

<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
140	140	280

Number of Hospital Confinements conducted by Domiciliary Midwives

<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
76	23	99

Number of 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>
Discharged within:			
2 days	219	431	650
3-7 days	512	1,281	1,793
8 or more days	54	308	362
	<u>785</u>	<u>2,020</u>	<u>2,805</u>

Health Visiting

Cases visited by Health Visitors

	<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
Children born in 1973	1,153	3,133	4,286
Other children aged under 5	2,376	9,478	11,854
Persons aged between 5 and 16 seen as part of health visiting (excluding those seen as part of school health service)	284	203	487
Persons aged between 17 & 64	456	737	1,193
Persons aged 65 and over	1,326	3,650	4,976
Households visited on account of tuberculosis	31	35	66
Households visited on account of other infectious diseases	69	179	248
Households visited for any other reason	<u>340</u>	<u>304</u>	<u>644</u>
Total	6,035	17,719	23,754

Home Nursing

	<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
Place where first treatment during year by the home nurse took place:			
Patient's Home	2,627	5,484	8,111
Health Centres	-	10,519	10,519
G.P.s Premises	-	1,480	1,480
Maternity and Child Health Centres	-	45	45
Hospital	-	-	-
Residential Homes	14	24	38
Elsewhere	<u>6</u>	<u>33</u>	<u>39</u>
Total	2,647	17,585	20,232

The Council's vaccination and immunisation scheme provides protection for children from whooping cough, tetanus, diphtheria, poliomyelitis, measles and german measles. The following schedule shows the ages at which children are given protection.

DISEASE	IMMUNISATION AND VACCINATION	AGE IT COULD BE GIVEN
Diphtheria Tetanus Whooping Cough Polio	<u>First dose</u> at 3-6 months, Better immunity is acquired if it is given at 6 months. <u>Second dose</u> 6-8 weeks later. <u>Third dose</u> 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
Diphtheria Tetanus Polio	A Booster dose At <u>five years</u> of age on school entry.	5 years
B.C.G. Tuberculosis	Between 10 and 13 years.	12 years
Polio Tetanus	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

Owing to pressure of work on certain medical staff in the department during the Autumn term it was agreed with the Head Teachers of secondary schools in the county area to postpone the german measles vaccination sessions until January 1974. The total number of children vaccinated in these sessions will therefore be shown in the statistics for 1974.

In the City of Cambridge 558 girls in their 13th year were 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.

Primary Courses completed during 1973

Born in	1973	1972	1971	1970	1966-1969	Others under age 16	Total	1972 figure
Diphtheria	45 (3)	1570 (378)	670 (235)	62 (14)	86 (10)	11 (1)	2444	2580
Whooping Cough	45 (3)	1570 (377)	668 (234)	58 (14)	66 (5)	5 (1)	2412	2514
Tetanus	45 (3)	1570 (386)	670 (243)	63 (14)	95 (10)	159 (1)	2602	2777
Polio	43 (3)	1578 (453)	665 (233)	61 (20)	91 (11)	26 (1)	2464	2653
Measles	5 (35)	945 (269)	832 (303)	185 (68)	175 (43)	26 (4)	2168	2019

Reinforcing doses during 1973

Born in	1973	1972	1971	1970	1966-1969	Others under age 16	Total	1972 figure
Diphtheria	- (36)	- (5)	9 (50)	19 (16)	2381 (470)	219 (112)	2628	2591
Whooping Cough	- (36)	- (2)	6 (46)	2 (13)	420 (145)	18 (37)	446	525
Tetanus	- (36)	- (6)	11 (51)	26 (16)	2469 (499)	842 (718)	3348	3350
Polio	- (-)	- (5)	6 (18)	17 (15)	2380 (482)	224 (263)	2627	2515

SECTION 27 - AMBULANCE SERVICE

The Ambulance Service is administered from headquarters in Cambridge, with control rooms at Cambridge and March. Ambulances are provided from bases at Cambridge, March, Ely, Wisbech and an agency service at Whittlesey.

New Ambulance Station, Cambridge

This new ambulance station, and headquarters, became operational on 4th March, 1973, on a site adjacent to the new Addenbrooke's Hospital, Hills Road, Cambridge.

Ambulance Station, Wisbech

The acquisition of properties for the site of this ambulance station was continued in 1973.

Training Courses

Six members of the staff have attended the six weeks basic course at the Regional Training Centre. The high standard of results has been maintained. Three passed with much above average marks and three results are awaited.

The Regional Ambulance Training Centre has moved from Danbury Park to Baddow Road, Chelmsford, and will eventually become residential.

Joint Training with Police and Fire Brigade Personnel

Six members of the staff have attended the Major Accident symposiums at the Fire Brigade Headquarters in Cambridge.

At the instigation of the Chief Constable of Mid Anglia Police and the Chief Fire Officer of Huntingdon and Peterborough, a new committee has been formed to investigate the possibility of joint services training for "everyday emergencies" (Road Traffic accidents and accidents in the home).

The Training Officer represents the service on this Committee which has met on several occasions. Recommendations of a training syllabus and its implementation will be forwarded to Chief Officers of the three services for comments in due course.

In Service Training

Refresher sessions have been held regularly throughout the year on all subjects appertaining to the service.

Four new entrants to the service have attended a two week induction course under the supervision of the Training Officer.

Control Room and Incident Officer (Major Accidents) training has been given to twelve selected members of the staff; this training will continue until all members of the service have received the necessary training. The object of such training is to give flexibility and ability to cover the major emergencies more efficiently, should the need arise.

Miscellaneous Training

The Training Officer has continued his visits to numerous organisations, giving talks on the Ambulance and Hospital Car Service. Lectures have been given on "First Aid in the Home".

Sessions to Nurses have been continued.

Radio Telephone instruction has been given to members of Mid-Anglia General Practitioner Accident Service and to Midwives.

The Training Officer has attended meetings of the Regional Training Centre's steering committee. He was seconded to the centre at Chelmsford, for a period from 23rd July to 3rd August as a visiting instructor for the two weeks and six weeks courses.

Demonstration Team

The team gave only two demonstrations this year, at the Priory Junior School and at Burwell Youth Centre. There have been several requests for further demonstrations during the coming summer.

Mid Anglia General Practitioner Accident Service

This service continues to grow. There are now ten General Practitioners who have been provided with radio telephones in their cars. Eight of these doctors are in the Cambridge area and two are in the March area. The communication system is provided from both the Cambridge and March Ambulance Control Rooms.

Statistics

The following table gives details of mileage and number of patients conveyed by ambulances and hospital cars.

Ambulance Service

Mileage	512,860	503,726
Patients conveyed	57,391	51,758

Hospital Car Service

Mileage	1,052,775	1,001,040
Patients conveyed	111,094	111,380

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTERCARE

Tuberculosis

The majority of cases of tuberculosis occurring in the Southern part of the County are seen at the Cambridge Chest Clinic on 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 indebted to Dr. J.E. Stark, Consultant Chest Physician, for the following paragraphs relating to the work of the Cambridge Chest Clinic.

" Twenty-nine new cases of tuberculosis were notified in 1973. Twenty-one cases of pulmonary tuberculosis, of which one was a child. Eight cases of non pulmonary tuberculosis, of which one was a child.

11,799 patients were seen at the Clinic. Of these 1,506 attended for the first time and 4,287 attended for x-ray only.

602 patients with tuberculosis are at present under supervision or observation in the Clinic. Of these 580 have pulmonary disease and 22 have non pulmonary disease.

I am not sending you figures on the total number of tuberculosis patients seen at the Clinic, as in previous years, as this seems to me to reflect merely the frequency of follow-up rather than the more important information which is the number of patients still on our register. My comment, if you want one, would be that the number of new cases of tuberculosis still shows no signs of falling. Continued efforts will be required to identify such patients and to reduce the risk of infection to others."

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

" Five new cases of pulmonary tuberculosis were diagnosed in this area during 1973. Of these, only three were infectious, excreting tubercle bacilli fully sensitive to standard antituberculosis drugs. All cases have been successfully treated and rendered non infectious.

There are no known cases of tuberculosis excreting tubercle bacilli resistant to standard drugs in this area.

Since 1957, it has been the practice to examine all children found to be tuberculin positive at age 13 years when routinely skin tested at school prior to B.C.G. vaccination. Those children with strongly positive skin tests have subsequently been followed up for periods ranging from two to four years. So far, no cases of active tuberculosis have been identified resulting from these examinations."

B.C.G. Vaccination

The B.C.G. Vaccination Scheme, whereby pupils aged 12 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 have received the fullest co-operation from the staffs of the Secondary Schools and this is much appreciated.

The following table sets out details of the work carried out in schools in Cambridge City and County areas:

	<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
Number skin tested	1364	2601	3965
Number found positive	97	35	132
Number found negative	1176	2328	3504
Number vaccinated	1176	2328	3504

Contact Scheme

The following figures represent the number of persons seen at the Chest Clinic under the Contact Scheme during 1973:

Number skin tested	552
Number found positive	168
Number found negative	384
Number vaccinated	295

City of Cambridge Tuberculosis Register 1973

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of cases on register at commencement of year	105	47	34	31	139	78
2. Number of cases notified for first time during year under Regulations	6	4	1	4	7	8
3. Cases restored to register	-	-	-	-	-	-
4. Transferred from other districts	2	-	1	-	3	-
5. Number of cases removed from register	1	-	-	-	1	-
6. Number of cases remaining on register at end of year	112	51	36	35	148	86

County Tuberculosis Register 1973 (excluding City of Cambridge)

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of cases on register at commencement of year	92	59	18	23	110	82
2. Number of cases notified for first time during year under Regulations	5	8	-	3	5	11
3. Cases restored to register	-	-	-	-	-	-
4. Transferred from other districts	-	-	-	-	-	-
5. Number of cases removed from register	1	1	-	1	1	2
6. Number of cases remaining on register at end of year	96	66	18	25	114	91

Cervical Cytology

Local authority cytology clinics were operated at Girton, Gt. Shelford, Soham and Swavesey during 1973. Some 470 smears were taken at these clinics. In addition smears were taken, as considered necessary, at family planning clinics.

The national scheme for the recall of women for periodical re-examination for the prevention of cancer of the cervix was continued in 1973. Details of women aged 35 and over are produced by the National Health Service Central Register, and it is for the local health authority to notify the women concerned and to endeavour to persuade them to attend for the examination. The number of notifications received was 2,700. Of these 105 were no longer resident in the area and a further 361 were found to have already had a repeat examination. It was known that by the end of the year a further 359 women had attended for examination as a result of the follow-up action instituted by the Health Department.

Facilities for the examination of cervical smears were provided at the University Department of Pathology, Cambridge, and at the hospitals at Wisbech and Newmarket. The

approximate number of smears examined during the year at these centres, which relate to an area considerably larger than this county, was as follows:

		<u>Positive smears</u>
Cambridge	11,856	29
Newmarket	6,650	13
Wisbech	<u>3,847</u>	<u>31</u>
	22,353	73

Family Planning

The family planning services in Cambridgeshire and Isle of Ely have continued on the pattern established in 1972. The services are directly provided by the local health authority, and under the scheme examination and consultation are free in all cases and contraceptive supplies are free to medical cases. The domiciliary service is also a free service.

Family Planning Clinics were established in 1973 at the new health centres at Bar Hill and Fulbourn. An additional weekly clinic was started at the Kingsway Clinic in Cambridge, and additional monthly clinics at Ely, Littleport and Swavesey.

The number of new patients seen was 620 more than in the previous year - 1973 as compared with 1353. The number of old patients attending was 1,547, giving a total of 3,520 individuals availing themselves of the service. Two hundred and five families were visited by the doctors operating the domiciliary service.

Although discussions were held during 1973 on the question of the provision of a vasectomy service, it had not proved practicable to institute such a service by the end of the year mainly because suitable accommodation could not be found despite extensive enquiries including hospitals and private nursing homes. This failure has been a great disappointment since it had been hoped to hand over to the new authorities a comprehensive family planning service - there is at present an integrated service in hospitals, clinics and peoples homes, and a psychosexual counselling clinic is about to start. Had we been able to offer a vasectomy service, the service would have been complete.

The following gives details of the full range of local authority family planning services available:

Family Planning Clinics

Out-Patients Clinic, Maternity Hospital, Mill Road, Cambridge	Friday 2.00 - 3.30 p.m. Appointments obtained from Health Department, Shire Hall (58811, ext. 469)
Kingsway Clinic, Carlton Way, Cambridge	Thursday 6.30 p.m. to 8.30 p.m. Friday 9.30 a.m. to 11.30 a.m. Appointments obtained from Health Department, Shire Hall (58811, ext. 469)
Romsey Clinic, Coleridge Road, Cambridge	Tuesday 5.30 - 7.00 p.m. Appointments obtained from Health Department, Shire Hall (58811, ext. 469)
Health Centre, Bar Hill	Alternate Tuesdays 6.30 p.m. - 8.00 p.m. Appointments obtained from Health Centre during normal office hours (Crafts Hill 80442)
Health Centre, Chapel Street, Ely	Alternate Mondays 5.30 - 7.30 p.m. 3rd Thursday 5.30 - 7.30 p.m. Appointments obtained from Health Centre during normal office hours (Ely 3434)
Health Centre, Haggis Gap, Fulbourn	Alternate Fridays 5.00 p.m. to 6.30 p.m. Appointments obtained from Health Centre during normal office hours (Cambridge 880160)
Health Centre, Granby Street, Littleport	2nd, 3rd and 4th Thursdays 2.00 - 4.00 p.m. Appointments obtained from Health Centre during normal office hours (Ely 860223)

Health Centre, Marylebone Road, March	Wednesday 6.45 - 9.00 p.m. Appointments obtained from Health Centre during normal office hours (March 2611)
Milton	Appointments obtained from Health Visitor or Health Department, Shire Hall (58811, ext. 469)
Health Centre, Link Road, Sawston	Tuesday 9.30 - 11.00 a.m. Appointments obtained from Health Centre during normal office hours (Sawston 2711)
Abberley House, Granhams Road, Gt. Shelford	Tuesday 2.00 - 3.30 p.m. Appointments obtained by telephoning Health Visitor before 9.30 a.m. weekdays (Shelford 3661, ext. 40)
Health Centre, Weatheralls, Soham	1st & 3rd Thursdays, 9.30 - 11.00 a.m. Appointments obtained from Health Centre during normal office hours (Ely 720595)
Swavesey	1st, 3rd & 5th Mondays at 7.00 p.m. Appointments obtained from Health Department, Shire Hall (58811, ext. 469)
Jenner Health Centre, Turners Lane, Whittlesey	1st & 3rd Thursdays 5.30 - 7.00 p.m. Appointments obtained from Health Centre during normal office hours (Whittlesey 3601)
County Clinic, Horsefair, Wisbech	Tuesday 6.30 - 8.30 p.m. 1st Thursday 10.00 a.m. - 12.00 noon Appointments obtained from County Clinic during normal office hours (Wisbech 2597)

A clinic is also provided at Addenbrooke's Hospital for patients only, and at Fulbourn Hospital for patients and staff, while a ward visiting service is operated at the Cambridge Maternity Hospital.

Clinics for the insertion of the intra-uterine contraceptive device are provided at Cambridge, March and Wisbech.

Domiciliary Family Planning Service

A domiciliary service is available in most parts of the County. The arrangements for the referral of patients to the domiciliary service are as follows:

1. Area to west of Cambridge (roughly a line from Rampton in the north to Bassingbourn in the south), and the City of Cambridge north of the river. Patients referred to Dr. R. Newsom, 11 The Footpath, Coton (Telephone No. Madingley 228)
2. Area to east of Cambridge (with exception of areas mentioned in 3. below), and the City of Cambridge south of the river. Patients referred to Dr. P. Booth, 2 Barrow Road, Cambridge (Telephone No. Cambridge 62869)
3. Sawston and surrounding villages) Patients referred to Dr. S. Stovin,
Soham) 307 Hills Road, Cambridge (Telephone
No. Cambridge 48630)
4. For other parts of the County, details of patients requiring the domiciliary service can be supplied to the nearest family planning clinic (as detailed above) or to the Health Department, Shire Hall, Cambridge.

The tragic death in a road accident of Dr. Jennifer Hallam in November, was a considerable loss to the service. She was greatly missed both by the patients and her colleagues.

The domiciliary services over a large part of the County had been operated by the late Dr. Hallam and Dr. Rose Newsom, and the following reports on this work in 1973 were prepared by Dr. Newsom.

(a) Cambridge City and East County area (the late Dr. J. Hallam)

" One hundred and thirty families were visited in 1973. Most families visited were in the City of Cambridge, but calls were made to a wide country area, i.e. Ely, Cheveley, Linton and many villages. Of the 130 families, eight-nine were new referrals to the service, forty-three of which had had a pregnancy in the previous 12 months. Ten families moved out of the area, and at least 5 were attached to clinics.

New referrals came from:

General Practitioners	6
Health Visitors	54
Other Doctors	8
Friends	5
Warden at Linton Hostel	11
Social Services	2

Methods chosen by new referrals

Oral Contraceptives	36
Intra Uterine Devices	20
Sheath & Chemical	8
Cap	6
Sterilisation (including 1 vasectomy)	8
C Film or Nothing	4

4 pregnancies occurred during the year that were accidental. Three had failed to take acceptable precautions. One used sheaths and pessaries. All will go to term."

(b) County area West of Cambridge (Dr. R. Newsom)

" Seventy-seven families were visited during the year. About 280 visits were made, and fifty-seven doctor sessions were worked. The calls were mainly in the country villages but with a few in the City of Cambridge. Thirty-five families were the subject of new referrals to the service, and forty-two families already enrolled continued to be visited.

The New Referrals came from:

General Practitioners	3
Health Visitors	22
Other doctors	5
Friend or found	5

The methods of contraception selected were:

Oral Contraceptives	14
Intra Uterine Devices	7
Sheath and Chemical	9
Cap	3
Sterilisation	2

Twenty five of these new patients had had babies in the previous 12 months. One moved away, twelve were attached to local clinics, three attached to their general practitioner, 2 separated from their partner and six were sterilised.

There were four unplanned pregnancies during the year:

One was a young nullipara fitted with a lippes loop A. This slipped, she became pregnant. A termination was carried out.

Two was a mother of 3 who had had a lippes loop C inserted over a year previously. It was in place and failed. The pregnancy will continue.

Three. A mother of three, with a previously successful intra uterine device, became pregnant immediately after insertion of the second lippes loop C. It was found to be in the broad ligaments. Termination and sterilisation were carried out.

Four. After several months of amenorrhoea on oral contraceptives and while she was still taking them, this woman became pregnant and requested a sterilisation.

Again I would like to thank all those who referred patients to the service, but above all to thank the Health Visitors for the extra care and interest they take in domiciliary family planning."

The cost of the domiciliary services was just over £2,000, an average of £9.80 for each family visited in 1973. The expected pregnancy rate, as estimated by the Family Planning Association, in one hundred fertile women at risk, is about forty per year. In the 207 families seen there were 8 unplanned pregnancies. If they had not been given contraceptive advice, this figure could have been ten times as high. It is obvious therefore that as well as the social benefits derived from the service, there are great financial benefits.

Voluntary Services

In addition to the services provided by the local health authority, the Cambridge Women's Welfare Association and the Cambridge Advisory Centre for Young People operated clinics in Cambridge. The Cambridge Women's Welfare Association have decided that with the reorganisation of the health services they would cease to operate the clinic at Auckland Road, Cambridge. This clinic has been run by the Association for forty-nine years; it was in fact the second such clinic in the country. In the last year for which figures are available, some 1,800 women attended it. At the end of the year arrangements were in hand for the clinic to be continued as part of the family planning services.

Two family planning appreciation courses were mounted in 1973; in Cambridge on 7th and 8th May, and at Ely on 1st and 2nd October. Both courses were organised by the Family Planning Association under the auspices of the Department of Health and Social Security. In addition the health education section of the County health department organised a one-day seminar on family planning at Westcott House, Cambridge, in December.

Medical Loan

This service is provided on an agency basis by the British Red Cross Society. The equipment is supplied free of charge to the patient to facilitate home care. The authority reimburse the Red Cross Society the cost of the purchase of new equipment and other expenses connected with the service.

The number of patients assisted, and of items issued, again showed a substantial increase; 11,064 items being issued to 6,504 patients. The comparable figures for the previous year were 10,302 and 5,501.

Fluoridation of Water Supplies

There has been no change in the situation with regard to fluoridation. As I reported in my Annual Report for 1972, the Cambridgeshire and Isle of Ely County Council had resolved that no action be taken at the present time, following the rejection by the Huntingdon and Peterborough County Council of both the scheme and the principle of fluoride being introduced into the public piped water supplies.

Chiropody Service

The maintenance of this most important service at an adequate level depends entirely on the availability of trained staff and the departure of one full-time County-employed chiropodist at the end of April, left a considerable gap in the coverage. Repeated advertisements to obtain a successor were fruitless, until housing accommodation became available adjacent to a new health centre and with this inducement, the services of a full-time senior chiropodist were secured and she took up her duties on 1st November 1973. This appointment, together with that of a young practitioner who offered six sessions weekly, has very materially improved the position and the re-opening of a number of the village clinics was in hand at the end of the year.

Mention was made, in the Report for last year, about the staffing position generally and there can be no doubt that the demand for treatment will steadily increase with the projected increase in the number of aged persons within the population. If current footwear fashion trends adopted by young people continue there could be a build up later on of foot problems requiring chiropody.

The figures shown in the following tables indicate that there has been a slight increase in the number of patients treated and of the number of treatments given and this is

gratifying, in view of the staffing problems. Mention should be made of the work of the persons who give their services voluntarily in transporting patients to and from clinics and health centres, in order that the available chiropodists can be spared the time-consuming domiciliary work and concentrate upon the treatments in the clinic settings.

Number of persons treated during the year

	By Local Authority		By Voluntary Organisations		Total	
	City of Cambridge	County	City of Cambridge	County	City of Cambridge	County
1. Persons aged 65 (men) & 60 (women) & over	2267	4928	-	580	2267	5508
2. Physically handicapped or otherwise disabled	71	366	-	2	71	368
3. Expectant mothers	-	4	-	-	-	4
4. Other	-	18	-	-	-	18
Total	2338	5316	-	582	2338	5898

Number of treatments given during year

	By Local Authority		By Voluntary Organisations		Total	
	City of Cambridge	County	City of Cambridge	County	City of Cambridge	County
In Clinics	622	4541	-	63	622	4604
In Patient's Home	3553	5628	-	1335	3553	6963
In Old People's Homes	639	2519	-	-	639	2519
In Chiropodists' Surgeries	10048	8323	-	2485	10048	10808
Total	14862	21011	-	3883	14862	24894

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 West Norfolk and King's Lynn General Hospital.

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

	<u>1973</u>	<u>1972</u>	<u>1971</u>	<u>1970</u>
Syphilis	11	5	8	8
Gonorrhoea	143	136	95	127
Other Genital Infections	928	865	826	
Other conditions	629	463	347	749

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.

" Cases of infectious syphilis more than doubled in 1973; a total of 13 infectious cases being treated. Only 2 of these were acquired in the Cambridge area and the others were imported from other parts of the country.

The number of cases of gonorrhoea remained steady at 189 though of these over 175 were infections acquired in the Cambridgeshire area.

The number of men with non-specific genital infections in the form of non-specific

urethritis was 436 and for the first time cases of non-specific genital infections in the female were recorded and these totalled 239.

A total of 1,228 cases of other genital infections other than syphilis or gonorrhoea were dealt with in the clinic and 853 patients attended for conditions other than genital infections.

The increasing numbers of patients attending the clinic for conditions other than venereal disease is encouraging evidence that people are still coming forward to seek advice following the possibility of developing venereal infection. However, there is an increasing tendency, which is shown in clinics throughout the country, for patients to attend for diagnosis and treatment of a wide variety of genito-urinary problems, many of which are not directly related to sexual activity.

The contact tracing service provided by a specially appointed nurse is widely used and without this help the figures for infectious venereal disease, especially gonorrhoea, would undoubtedly have been very much higher.

The department has been under a considerable degree of pressure for both space and staff and it is hoped that the solution of these problems is in sight. The clinic will open for at least 2 more weekly sessions later this year."

The specially appointed nurse responsible for contact tracing, mentioned in Dr. Oates' report above, is attached to the clinic by the local health authority.

A telephone answering machine installed in the Health Department gave details of the times and location of the clinic in Cambridge.

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

	<u>1973</u>	<u>1972</u>	<u>1971</u>	<u>1970</u>
Syphilis	2	1	1	-
Gonorrhoea	9	4	5	9
Other Genital Infections	19	31	52	
Other conditions	4	11	28	21

Sixty-six residents of the County are known to have attended the West Norfolk and King's Lynn General Hospital (1 syphilis; 18 gonorrhoea; 28 other genital infections; 19 other conditions).

Yellow Fever Vaccination

Twice weekly sessions continue to be held for giving yellow fever vaccinations to persons going abroad. These are held in the Health Department on Monday mornings at 9.30 a.m. and Thursday afternoons at 4.00 p.m. by appointment. In all, 1,232 persons were vaccinated - this compares with a figure of 1265 for 1972 and 1352 for 1971.

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

" What do we understand when the word 'health' is used? The World Health Organisation in 1954 gave us this definition - 'health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' - which rolls off the tongue with ease and is much quoted; but is this the real definition of health when we take it in the context that it is most usually used? Logically the word health should be related to health status; the good health of the individual, community or nation: in reality it is more likely to be related to the medical care or disease status. Health service planning is often related to diagnosis and treatment rather than to the promotion of good health. Resources are channelled into areas of urgency: prevention of disease, and promotion of health is rarely seen in this light. From a state of 'health' to a state of 'disease' can be seen as a continuum; into that continuum can be interjected positive and negative inputs. The promotion of health, the appreciation of good health and the prevention of disease is influenced by these inputs. Immunisation programmes, clean water supplies, developmental paediatric assessments, parentcraft teaching can all be seen as positive inputs inserted into the continuum on the 'health' side and enabling the individual to maintain good health. Overeating, excessive smoking, poverty, stress are negative inputs which will move the individual away from health and towards disease, whether it be physical, mental or social. The role of the health service, while not minimising the essential nature of medical care, is most properly directed towards identifying positive inputs and facilitating them thereby preventing a possible swing to the negative inputs. Perhaps fluoridation of water supplies where the positive and negative inputs can be clearly seen is a good example: similarly the education of the population into accepting responsibility for their own good health by also recognising positive and negative input is another, if more generalised, example. This is a part of the role of health education and as such takes an important place in the achievements of the past year. It is an amalgam of information given, services available, discussion, attitudes shifted or changed and the acquisition of insight into self. It is undertaken by a wide variety of people from many disciplines and it is convenient to group various aspects together.

Mothers and Young Children

Parentcraft classes are now available in 19 centres in the administrative county and additionally there are mothercraft classes in the Cambridge Maternity hospital. Ensuring that expectant mothers know about the classes early enough in pregnancy is essential, and, in cooperation with the maternity hospitals, the information is incorporated in the Department of Health & Social Security leaflet given to them at booking.

Much of the health education for this group is undertaken by the health visitor in the one-to-one situation; however this is reinforced if good posters and leaflets are readily available. The Health Education Council are producing new material which is attractive and easily understood: new posters are circulated to health centres and doctors surgeries at approximately 6 week intervals and appropriate leaflets made available.

The School Child

The majority of health education in the schools is done either by the teachers during formal lessons or by more informal discussion by the medical officer and school nurse during their routine visits. Advice, assistance, encouragement and help is available for all schools from the health educators, and increasing use has been made of it by a greater number of schools.

Primary schools continue to include health topics in many aspects of their work: some borrow materials and equipment and in some the Health Education Officers are involved in ongoing programmes on general aspects of health. Many use one or other of the televised sex education programmes which have been available for a number of years and are highly acceptable. Recent research (Health Education Journal Vol.32 No.3 1973) on the effects of televised sex education at the primary school level by R.S. Rogers, shows a very favourable response both in learning and attitude change to the BBC Merry-go-Round programme and makes the point that "the screening of these programmes must stand as a major factor in the sexual understanding of a very large number of primary school children".

Integrated health education programmes ongoing through secondary schools are increasing, and in these and also those restricted to a single year group there has been active cooperation between the schools and the health department. The days of the 'one off' lecture on sex are now past and the majority of young people should leave school with at least a basic knowledge of the functioning of their own bodies. There is a growing awareness of the need to incorporate this knowledge of physical health into the wider body of knowledge which includes mental and social health, and a number of interesting Mode III Certificates of Secondary Education in Social Science are now in the curriculum. In some schools this is an option and in some compulsory for all pupils in the 4th and 5th years. If this becomes common practice, knowledge of positive and negative inputs into the continuum of health should be far greater.

A health education exhibition for both teachers and pupils was mounted in the spring at March, Wisbech and Homerton Teachers Centres. School parties attended by arrangement and after looking at the exhibition took part in a short teaching session on a relevant theme. This attracted a number of schools who have since started more ambitious health projects of their own; the exhibition also enabled the teachers to bring themselves up-to-date on new books, audio visual aids, etc.

In the autumn term the successful 1972 Cambridgeshire College of Arts and Technology health exhibition was repeated and had a high attendance rate. It was mounted in subsequent weeks at the Isle of Ely College, Wisbech and the sixth form centre City of Ely College. On each occasion it was seen by a good number of students and was used as teaching material.

The Adult Population

Health orientated lectures continue to be popular with many women's organisations, and a few firms are now including health education material such as family planning and cervical cytology in their staff training programmes. Personal and general hygiene is of paramount importance for food handlers and lectures/discussions were given to the staff of an hotel, sections of the school meals service, and to the catering section of a number of industrial firms.

The number of small health education exhibitions circulating in health centres increased to six and covered a wide variety of topics.

In May a 'Medicines with Care' campaign was organised involving the active help of many statutory and voluntary organisations. Four thousand posters and eighty thousand leaflets were distributed, and the press gave good coverage. The public were encouraged to hand in their old and unused medicines to chemists and police stations, or to flush them away down the toilet and an impressive collection of medicines was incinerated in a hospital incinerator; the theme was introduced at every occasion in which a health educator met the public and the response showed that publicity had been effective. Exhibitions were mounted in a number of schools and in health centres and child health clinics.

In-service Training

Two further two-day family planning appreciation courses have been held, each run by the Family Planning Association, under the direction of the Department of Health and Social Security. They were attended by nurses (hospital and domiciliary), midwives, health visitors, social workers, youth leaders, volunteers and clergy; all found the lectures and discussions of value and many felt that the mixing of disciplines helped in their total appreciation of the scope of the problem. Out of a recommendation from a participant, discussion took place with Westcott House (theological college) and a similar one-day seminar on family planning was arranged for them; this, while providing background information, also provoked a very lively and involved discussion and was greatly appreciated.

The annual staff study days for health visitors, midwives and nurses were held in May: the theme was 'Status, Role and Communication' and this was undertaken by the Assistant Director, Education and Training Division, of the Health Education Council. Much of each day was spent in an in-depth guided discussion which proved interesting and fruitful; the final session was devoted to the needs of children separated from their parents. Out of these study days came a request for a course on public speaking for the nurses, etc. and this is currently being met.

The need for the professional in the health services to be aware of the importance of the positive input to the health parameter is undisputed: that it should be an

essential part of all medical and nursing education should be without question and all student nurses and student district nurses had the opportunity to participate in a lecture discussion.

Information Bulletin was produced three times during the year in cooperation with the Social Services department: as in previous years there has been a wide variety of contributions with, latterly, a marked increase of local material. We are very grateful to the many people who voluntarily give their time to write these papers which, from comment received, are much appreciated.

The health education staff have continued their pattern of regular internal meetings to decide programmes, plan displays and discuss and implement health education practice. This year has seen the inception of a regional meeting for health education officers which it is hoped will increase cooperation and make for better communication and mutual help.

Health education is developing in many ways, the greatly increased value of audio visual aids borrowed by an everwidening number of people is one indicator: the number of teachers, health visitors and others who come for advice and guidance is another; but perhaps the most heartening indicator is the greater awareness within the population as a whole, that health is important and that it is mainly their responsibility to maintain it. It would be foolish to pretend that this awareness is universal; it is growing slowly and as 'health' becomes accepted as the norm, so will the promotion of health as a positive input on the continuum, increase."

REGISTERED NURSING HOMES

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes on the register at end of year	2	-	73	73

One small nursing home (2 beds), which had not admitted patients for a number of years, ceased to be registered.

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 number 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 1973 were as follows:

Medical examinations carried out on candidates:

- (a) for admission to Teacher Training Colleges 176 (195)
- (b) for entry to the teaching profession 81 (53)
- Number of questionnaires received from other staff 1287 (880)
- Number of clinical examinations arising from completed questionnaires 26 (6)

(The 1972 figures are in parentheses)

FOOD AND DRUGS ACT 1955

The County Council is responsible for the administration of the Food and Drugs Act 1955. Thirteen samples of raw milk were taken in the County (apart from Chesterton Rural District Council area) during the year by the Weights and Measures Department. All were satisfactory.

The public health inspectors are responsible for the taking of milk samples in the area of Chesterton Rural District Council.

VITAL STATISTICS

With the exception of the Registrar General's estimates of population at mid-1973, the vital statistics for 1973 had not been received at the time this Report was prepared.

The mid-1973 estimate of population showed an increase of 7,100 on the figure for 1972. The figure for the City of Cambridge rose by 3,460, while that for the rest of the County rose by 3,640.

In the absence of the vital statistics for 1973 the tables, other than for population, are repeated from the 1972 Annual Report and cover the years 1968 to 1972.

POPULATION

	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
Administrative County	287,870	291,030	294,010	296,930	301,470	302,560	304,680	304,570	308,280	315,380

URBAN DISTRICTS

Area	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
Cambridge M.B.	98,390	99,270	99,830	100,340	100,470	100,200	100,010	99,600	100,250	103,710
Chatteris	5,470	5,490	5,520	5,520	5,520	5,510	5,520	5,560	5,620	5,610
Ely	10,010	10,040	10,030	10,030	10,060	10,020	10,030	10,270	10,460	10,630
March	13,240	13,180	13,200	13,410	13,800	14,080	14,060	14,230	14,360	14,560
Whittlesey	9,630	9,710	9,820	9,900	11,000	11,060	11,200	10,390	10,560	10,890
Wisbech M.B.	17,520	17,500	17,410	17,410	17,550	17,510	17,480	16,950	16,960	16,990
Total	154,260	155,190	155,810	156,610	158,400	158,380	158,300	157,000	158,210	162,390

RURAL DISTRICTS

Area	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
Chesterton	49,000	49,430	50,080	50,500	51,580	52,040	52,300	53,930	55,090	56,520
Ely	14,540	14,560	14,630	14,760	14,920	15,050	15,100	15,370	15,530	15,960
Newmarket	21,360	21,720	22,040	22,310	22,500	22,630	22,620	23,890	24,120	24,440
North Witchford	4,620	4,580	4,570	4,560	4,550	4,550	4,520	4,270	4,240	4,230
South Cambs	31,260	32,650	33,810	35,020	36,280	36,620	38,600	37,050	37,980	38,760
Wisbech	12,830	12,900	13,070	13,170	13,240	13,290	13,240	13,060	13,110	13,080
Total	133,610	135,840	138,200	140,320	143,070	144,180	146,380	147,570	150,070	152,990

LIVE BIRTH RATES PER THOUSAND POPULATION

England and Males 1972 - 14.8

AREA	1968			1969			1970			1971			1972		
	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	4506	14.9	0.99	4392	14.5	0.99	4434	14.6	0.99	4482	14.7	0.99	4417	14.3	0.95
<u>URBAN DISTRICTS</u>															
Cambridge M.B.	1318	13.5	0.97	1167	11.6	0.97	1223	12.2	0.97	1215	12.2	0.97	1190	11.9	0.87
Chatteris	73	13.2	1.06	74	13.4	1.06	62	11.2	1.06	74	13.3	1.06	71	12.6	1.10
Ely	120	11.9	0.97	120	12.0	0.97	120	12.0	0.97	122	11.9	0.97	121	11.6	1.07
March	230	16.7	1.05	228	16.2	1.05	213	15.1	1.05	233	16.4	1.05	203	14.1	1.07
Whittlesey	160	14.5	1.00	149	13.5	1.00	166	14.8	1.00	160	15.4	1.00	192	18.2	0.98
Wisbech M.B.	240	13.7	1.03	280	16.0	1.03	270	15.4	1.03	301	17.8	1.03	283	16.7	1.05
AGGREGATE	2141	13.5	0.99	2018	12.7	0.99	2054	13.0	0.99	2105	13.4	0.99	2060	13.0	0.92
<u>RURAL DISTRICTS</u>															
Chesterton	904	17.5	0.94	865	16.6	0.94	893	17.1	0.94	847	15.7	0.94	813	14.8	0.95
Ely	231	15.5	1.07	250	16.6	1.07	250	16.6	1.07	241	15.7	1.07	271	17.5	1.01
Newmarket	362	16.1	1.02	365	16.1	1.02	342	15.1	1.02	368	15.4	1.02	327	13.6	1.02
North Witchford	49	10.8	1.02	55	12.1	1.02	42	9.3	1.02	61	14.3	1.02	63	14.9	1.19
South Cambs.	594	16.4	1.00	646	17.6	1.00	664	17.2	1.00	655	17.7	1.00	701	18.5	0.94
Wisbech	225	17.0	1.01	193	14.5	1.01	189	14.3	1.01	205	15.7	1.01	182	13.9	1.07
AGGREGATE	2365	16.5	0.99	2374	16.5	0.99	2380	16.3	0.99	2377	16.1	0.99	2357	15.7	0.98

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	305	6.8	189	8.8	116	4.9
1969	231	5.3	137	6.8	94	4.0
1970	240	5.4	151	7.4	89	3.7
1971	242	5.4	139	6.6	103	4.3
1972	254	5.8	164	8.0	90	3.8

STILL BIRTHS (Rate per thousand total births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	58	13.0	34	16.0	24	10.0
1969	39	8.8	15	7.4	24	10.0
1970	50	11.2	23	11.1	27	11.2
1971	46	10.1	21	9.9	25	10.4
1972	54	12.1	22	10.6	32	13.4

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TOTAL LIVE AND STILL BIRTHS

Area	1968	1969	1970	1971	1972
Administrative County	4,564	4,431	4,484	4,528	4,471
<u>URBAN DISTRICTS</u>					
Cambridge M.B.	1,332	1,177	1,233	1,225	1,202
Chatteris	74	74	63	77	73
Ely	123	120	121	123	123
March	235	230	217	236	207
Whittlesey	163	149	169	161	194
Wisbech	248	283	274	304	283
Aggregate	2,175	2,033	2,077	2,126	2,082
<u>RURAL DISTRICTS</u>					
Chesterton	913	873	900	855	820
Ely	233	254	253	247	277
Newmarket	364	369	347	370	328
North Witchford	51	56	44	61	65
South Cambs.	601	652	673	663	711
Wisbech	227	194	190	206	188
Aggregate	2,389	2,398	2,407	2,402	2,389

INFANT MORTALITY (Deaths under one year per thousand live births)
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	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	61	14.0	28	13.0	33	14.0
1969	71	16.1	25	12.4	46	19.4
1970	72	16.2	32	15.6	40	16.8
1971	51	11.4	25	11.9	26	10.9
1972	59	13.3	20	9.7	39	16.5

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	58	13.8	25	12.8	33	14.7
1969	65	15.7	23	12.2	42	18.4
1970	65	15.5	28	14.7	37	16.1
1971	48	11.3	25	12.7	23	10.1
1972	56	13.4	19	10.0	37	16.3

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	3	9.8	3	15.9	-	-
1969	6	26.0	2	14.6	4	42.6
1970	7	29.2	4	26.5	3	33.7
1971	3	12.4	-	-	3	29.1
1972	3	11.8	1	6.1	2	22.2

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
1968	37	8.2	19	8.9	18	7.6
1969	48	10.9	18	8.9	30	12.6
1970	42	9.5	19	9.2	23	9.7
1971	31	6.9	12	5.7	19	8.0
1972	35	7.9	11	5.3	24	10.2

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
1968	29	6.4	14	6.5	15	6.3
1969	38	8.6	17	8.4	21	8.8
1970	36	8.1	16	7.8	20	8.4
1971	22	4.9	9	4.2	13	5.5
1972	28	6.3	10	4.8	18	7.6

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
1968	87	19.0	48	22.0	39	16.0
1969	77	17.4	32	15.7	45	18.8
1970	86	19.2	39	18.8	47	19.5
1971	68	15.0	30	14.1	38	15.8
1972	82	18.3	32	15.4	50	20.9

MATERNAL DEATHS (Rate per thousand total births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	1	0.22	1	0.46	-	-
1969	1	0.22	-	-	1	0.42
1970	1	0.22	1	0.48	-	-
1971	-	-	-	-	-	-
1972	2	0.45	2	0.96	-	-

DEATH RATES PER THOUSAND POPULATION

England and Wales 1972 - 12.1

	County			Urban Area Aggregate			Rural Area Aggregate		
	No.	Rate	Compara- bility factor	No.	Rate	Compara- bility factor	No.	Rate	Compara- bility factor
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
1971	3248	10.7	0.96	1697	10.8	0.96	1551	10.5	0.95
1972	3455	11.2	0.94	1844	11.7	0.92	1611	10.7	0.97

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

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
	1968	6	0.02	3	0.02	3
1969	9	0.03	4	0.03	5	0.03
1970	8	0.03	3	0.02	5	0.03
1971	10	0.03	5	0.03	5	0.03
1972	4	0.01	1	0.01	3	0.02

CANCER DEATHS

	County						Urban Area Aggregate						Rural Area Aggregate					
	Male			Female			Male			Female			Male			Female		
	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus		
1968	364	143	287	29	198	78	168	15	166	65	119	14	166	65	119	14		
1969	362	132	308	24	196	74	176	13	166	58	132	11	166	58	132	11		
1970	369	136	289	35	190	74	167	20	179	62	122	15	179	62	122	15		
1971	341	123	295	14	178	61	148	6	163	62	147	8	163	62	147	8		
1972	342	135	323	30	177	70	170	15	165	65	153	15	165	65	153	15		

NOTIFICATION OF INFECTIOUS DISEASE IN CAMBRIDGE CITY IN AGE GROUPS, 1973

Age in Years	Measles	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute Poliomyelitis		Age in Years	Tetanus	Infective Jaundice
						Paralytic	Non Paralytic			
Under 1 year	10	-	-	-	-	-	-	Under 1 year	-	-
1-	38	1	-	-	-	-	-	1-	-	-
2-4	50	1	1	-	-	-	-	2-4	-	-
3-	60	-	3	-	-	-	-	5-9	-	-
4-	79	-	2	-	-	-	-	10-14	-	1
5-9	268	-	10	-	-	-	-	15-19	-	3
10-14	14	-	1	-	-	-	-	20-24	-	-
15-24	10	4	-	-	-	-	-	25-34	-	1
25 and over	3	4	-	-	1	-	-	35-44	-	1
Age unknown	20	-	1	-	-	-	-	45-54	-	-
								55-64	-	-
								65-74	-	-
								75 and over	-	-
Totals	552	10	18	-	1	-	-	Age unknown	-	6
1972 Totals	45	19	20	-	1	-	-		-	17

Age in Years	Acute Encephalitis		Leptospirosis	Paratyphoid fever	Typhoid fever	Food Poisoning	Whooping Cough		
	Infective	Post-Infectious					Age	Number	
Under 5 years	-	-	-	-	-	-	-	20-24 yrs.	-
5-14	-	-	-	-	-	-	-	25-34 "	-
15-44	-	-	-	1	2	-	-	35-44 "	1
45-64	-	-	-	-	-	-	-	45-54 "	-
65 and over	-	-	-	-	1	-	-	55-64 "	-
Age unknown	-	-	-	-	-	-	-	65-74 "	-
								75 & over	-
								Age unknown	-
Totals	-	-	-	1	3	-	-		4
1972 Totals	-	-	-	1	-	16	-		3

Other notifications:
Malaria 1

NOTIFICATIONS OF INFECTIOUS DISEASE IN THE COUNTY (EXCLUDING CITY OF CAMBRIDGE) IN AGE GROUPS, 1973

Age in Years	Measles	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute poliomyelitis		Age in Years	Tetanus	Infective Jaundice
						Paralytic	Non paralytic			
Under 1 year	37	-	-	-	-	-	-	Under 1 year	-	-
1-	88	-	-	-	-	-	-	1-	-	-
2-	84	4	5	-	-	-	-	2-4	-	1
3-	88	5	9	-	-	-	-	5-9	-	5
4-	134	2	6	-	-	-	-	10-14	-	-
5-9	574	19	37	-	-	-	-	15-19	-	1
10-14	62	4	4	-	-	-	-	20-24	-	3
15-24	7	3	3	-	-	-	-	25-34	-	4
25 and over	6	10	-	-	-	-	-	35-44	-	2
Age unknown	-	-	-	-	-	-	-	45-54	-	2
								55-64	-	1
								65-74	-	-
								75 and over	-	1
								Age unknown	-	1
Totals	1080	47	64	-	-	-	-		-	21
1972 Totals	209	7	122	-	2	-	-		-	108

Age in years	Acute Encephalitis		Leptospirosis	Paratyphoid fever	Typhoid fever	Food Poisoning	Whooping Cough	
	Infective	Post-Infectious					Age	Number
Under 5 years	-	-	-	-	-	-	Under 3 mths.	20-24 yrs.
5-14	-	1	-	-	-	-	3 months	25-34 "
15-44	-	1	-	-	-	2	6 "	35-44 "
45-64	-	-	1	1	-	8	9 "	45-54 "
65 and over	-	-	-	-	-	2	1 year	55-64 "
Age unknown	-	-	-	-	-	1	2-4 years	65-74 "
						-	5-9 "	75 & over
						-	10-14 "	Age unknown
						-	15-19 "	
Totals	-	2	1	1	-	13		
1972 Totals	1	1	-	-	-	18		
								7
								16

**CAMBRIDGESHIRE AND ISLE OF ELY
EDUCATION COMMITTEE**

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**ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
for the
Year ending 31st December 1973**

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 Secondary and Comprehensive Schools	34,783
Nursery Schools	62
Special Schools	<u>423</u>
	<u>35,268</u>

ARRANGEMENTS FOR SCHOOL MEDICAL INSPECTION

Dr. S. Oram and Dr. M. Mellor resigned during the course of the year and we were fortunate to be able to secure replacements with little delay, Dr. A. Butler and Dr. N. Naylor joining the staff on a sessional basis.

There was no change in the arrangements for routine medical inspection, the system of frequent visits to schools being continued. The table that follows shows that the number of children examined is substantially the same as for the previous year.

MEDICAL INSPECTION AND TREATMENT

<u>Numbers inspected</u>	Periodic Inspections	11,066	(10,364)
	Special Inspections	74	(101)
	Re-Inspections	2,415	(3,162)

(The figures in parentheses relate to 1972)

Recuperative Holidays

In 1973, six children from the County have enjoyed recuperative holidays at Heathercombe Brake Children's Home in Devon. In all cases, the cost was met by the authority.

SCHOOL DENTAL SERVICE

I am grateful to Mr. J.C. McIntyre, Chief Dental Officer for the following report on the service:-

" During 1973 the programme of re-equipping the existing dental surgeries in Cambridge City was completed. One of the most interesting projects of the year was the finalising of plans for the first health centre in Cambridge City. The health centre will be built on the Brookfields Hospital site and will contain a four surgery dental suite, two surgeries to be used by the local authority dental service and two surgeries by the general dental service. The two new health centres opened in the County during 1973 at Fulbourn and Bar Hill unfortunately do not contain dental accommodation. This is due to the Department ruling relating to the population served by a health centre. We have managed to overcome this problem by providing facilities during construction of both health centres for the easy operation of mobile dental clinics. The mobile dental clinic will periodically visit both health centres and during its stay will provide a dental service for patients in the area.

I am pleased to report that there has again been an all round increase in the amount of treatment delivered by the Local Authority Dental Service. It is interesting to note the increase in the number of children inspected and offered treatment during the past three years. In 1971 the number inspected was 18,859, in 1972 the number increased to 26,401, and this year the number has again increased to a total of 35,186. These figures relate to the whole of the administrative county which includes Cambridge City and I consider that they provide a good indicator to the improvements which have occurred in the dental service following the expansion programme of 1970-71. The detailed statistics relating to the dental service for 1973 appear on page 68.

In 1973 all the clinics devoted much more time to prevention and dental health education. I am still of the opinion that a change of attitude towards prevention is needed by the general public and also by the dental profession itself. The importance of prevention and dental health education in general must be accepted as both worthwhile and as our only hope for improving dental health in the near future. One has to accept the basic fact that we have a bacterial attack on the tooth surface producing dental disease. We cannot prevent this bacterial attack, therefore, we must try to make the attack less effective, e.g. strengthen the tooth structure. This can best be done by fluoridation of the water supply. We should also try and reduce to a minimum the "fuel supply" for the bacterial attack, e.g. dietary control and oral hygiene. The present level of treatment and advanced techniques which we find in dentistry today are required to cope with the present enormous volume of dental disease, but a turning point must come when we take the whole aspect of prevention more seriously, and I consider that the forthcoming re-organisation of the National Health Service is as good a time as any to try and initiate that change. When we eventually find a cure for caries, as I am sure we will, prevention will still be of vital importance.

"Prevention is better than cure"

We are thus left with fluoridation and dental health education as our only weapons with which to prevent dental disease. It should therefore be our prime objective for the future to make the best use of both.

The County Council can be very proud of the dental service which they have built up over the years into one of the best in the country. On the 1st April, 1974, this service is to be transferred to the new National Health Service. The unification which this change brings about will, I hope, enable us to work even more closely with the other branches of the health service while still maintaining a very close and important link with the Cambridgeshire County Council."

SCHOOL OPHTHALMIC SERVICE

Weekly clinics continued to be held at the Auckland Road Clinic, Cambridge, by Dr. S. Yealland and at the Health Centre, Chapel Street, Ely, by Dr. K. Petrie.

The table which follows shows the number of children examined during the year under arrangements made by the local education authority, but any assessment of the extent of visual defects in school children would have to take into account the number of instances where the parents have preferred to make their own arrangements or where reference had been made other than via the school health service.

	Number of examinations	Number of new patients	Number of prescriptions
County Hospital Doddington	457	67	99
Ely Health Centre	251	77	103
Whittlesey Health Centre	105	36	49
Auckland Road, Cambridge	259	139	119

It is regretted that we are unable to supply figures for those children seen at the North Cambs. Hospital, Wisbech, as we have done in previous years. The hospital no longer holds a special clinic for school children and they are now seen at the general ophthalmic clinics, which makes it impossible to differentiate between the children and the adult patients seen.

Some children are examined at ordinary hospital out-patient clinics as a result of reference by the school medical staff and in particular, mention should be made of the part played by Mr. J. Monckton, consultant ophthalmic surgeon at Newmarket General Hospital who readily sees children in whose case a journey to Newmarket is easier than to any of the other clinics. He is, moreover, kind enough to submit full reports on all the children he sees in this way and to him I should like to express my gratitude.

CHILDREN WITH IMPAIRED HEARING

Routine sweep testing of all children in their second term at school continued throughout the year and 5,241 children in this group were tested of whom 743 required re-test. School children of any age are tested where there appears to be a need for it and 401 of these special tests were undertaken resulting in 69 children requiring retest. By the end of the year 588 retests had been undertaken and the results in 420 cases were such as to need further investigation.

Children in Special Classes

Twenty-six children from the county 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 on page 23 in the part of this report relating to the work of the County Medical Officer of Health.

SPECIAL EDUCATIONAL TREATMENT

The following table gives details of the handicapped children in special schools as at 17th January, 1974, and also shows the number newly placed in special schools during 1973.

It will be noted that by far the largest category requiring placement is the educationally subnormal, followed by the physically handicapped, and we are fortunate in being able to place the majority in special schools in the area, including day special schools in the City of Cambridge.

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 1973	
	Day			Boarding			Day		Boarding		M	F	M	F	M	F	M	F	M	F
	M	F	M	F	M	F	M	F	M	F										
1. Blind	-	-	-	-	-	-	3	3	-	-	-	-	-	-	-	-	-	3	-	-
2. Partially Sighted	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	5	1
3. Deaf	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-
4. Partially Hearing	-	-	-	-	-	-	-	-	-	-	-	-	-	10	16	-	-	10	16	-
5. Physically Handicapped	25	11	5	1	-	-	-	-	4	-	6	-	-	-	-	-	36	16	5	-
6. Delicate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Maladjusted	-	-	1	-	-	-	1	-	-	11	5	-	-	-	-	-	13	5	7	1
8. Educationally Sub-normal (mild)	54	24	57	40	-	-	-	-	-	-	-	-	-	-	-	-	111	64	14	4
9. Educationally Sub-normal (severe)	118	75	6	6	-	-	-	-	-	2	1	-	-	-	-	-	126	82	6	5
10. Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. Speech Defective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	197	110	75	52	-	-	4	7	7	20	6	-	-	10	16	306	191	32	12	

CHILD PSYCHIATRIC SERVICE

There were no changes in the operation of this service during 1973 and I am obliged to Dr. V. Pillai and Dr. B.F. Whitehead for the reports which follow. Dr. Pillai and his colleagues are responsible for that area of the county south of March and work from Brookside, Cambridge, whilst Dr. Whitehead and Dr. Peterson deal with children living in the northern part of the county and are based at Peterborough Memorial Hospital. The consultants are employed by the Regional Hospital Board which provides the child psychiatric service in the area.

Close liaison continues to exist between the medical staff of the local authority and the child psychiatrists, with medical officers attending weekly clinics, and every care is taken to ensure that general practitioners are kept fully informed of the situation with regard to their patients.

It is regretted that the usual full report upon the child psychiatric service operating from Cambridge cannot be given this year owing to administrative difficulties presently obtaining at the headquarters at No.2 Brookside, Cambridge, but I am grateful to Dr. Pillai for the following brief comments:

" During 1973 there was an increase in the number of referrals but because of our increased staff we were able to reduce the waiting period. Also we were able to expand our treatment and teaching programmes.

Treatment Programme

In addition to our out-patient treatment facilities, we now offer group therapy sessions during the week. These sessions consist of a perceptual training programme and socialisation therapy mainly aimed at the lower age group children and discussion groups for the older age children.

In spite of the above provisions there is an urgent need for a day therapy unit and a day school for maladjusted children; the lack of the above two treatment provisions has resulted in our inability to provide adequate help to many children who are in need of such help.

Residential treatment facilities are provided as before at the Hawthorn's Hostel. We are hoping that an 8-bed unit will shortly be opened at the Douglas House annexe for children under the age of 12. It is reassuring to know that the Hawthorn's Hostel will be able to continue a therapeutic community type of service for children of our clinic even after the re-organisation of the service.

Teaching Programme

We have expanded our in-service training programme for psychiatrists in training probationary psychologists and for social work students. Our Department has been recognised as a training centre by the Royal College of Psychiatrists. Our social work Department is recognised also as a training centre by the various colleges in the area.

During 1974 we hope to consolidate the rapid expansion of our Department and plan to provide an intensive and varied treatment and training facilities in our area."

I am grateful to Drs. Whitehead and Peterson for the following report on the service based at Peterborough.

" During 1973 Dr. Peterson has taken over the clinics at Wisbech and he has held a weekly clinic on Fridays at North Cambs. Hospital. He has also held a clinic on Wednesdays in the Health Centre at March. At the time of writing, however, the clinics have been altered so that the Wisbech clinic is held in the morning and the March clinic in the afternoon on a Friday.

The post of Senior Clinical Psychologist has remained vacant, but we have been able to employ a Probationer Clinical Psychologist, Mrs. Spinks. Mrs. Spinks has been supervised by the Senior Clinical Psychologist at the Cambridge Child and Family Psychiatric Clinic. She was also supported by the Educational Psychologists and in particular, Mr. Moore, the Educational Psychologist based in Peterborough. Unfortunately, at the time of writing, Mrs. Spinks has moved with her husband to his new appointment.

So too has Mrs. Kidd, the Senior Psychiatric Social Worker who was appointed to work with Dr. Peterson. At the present time there is again a vacancy.

Mrs. Johnson, the Senior Psychiatric Social Worker who has worked for several years in the clinic, has been appointed Principal Social Worker in the Peterborough District Hospital Group and now works in the clinic part-time. It is hoped that she will be responsible for the in-patient unit which is about to be opened, and the third Psychiatric Social Worker post (her previous post) we hope to fill when the clinic moves into the new department. We are conscious of the lack of Social Workers and we are liaising with the Social Services Department, which will be responsible for all Social Workers from April 1st, 1974.

We are also concerned at the apparent increase in children suffering from so-called school phobia and the number of children apparently requiring special education especially in senior schools, particularly in the Peterborough area. With the loss of the smaller secondary modern schools and the large size of the comprehensives, there are a substantial number of anxious children, identified in the junior schools, who predictably will break down in the senior schools. We hope that the new authority for Cambridgeshire will be able to provide some residential and more day placements for disturbed children and those requiring remedial teaching in the area. We continue to rely on Rauceby Adolescent Unit for catering for some disturbed adolescent boys, but we regret the paucity of any residential treatment locally for adolescents of both sexes."

Number of new cases seen 64

Referred by:

General Practitioners	38
School Medical Officers	5
Social Services Department	9
Consultants	6
Magistrates	5
Others	1

Dealt with as follows:

Treatment	52
Consultation	10
Observation	2

Cases under treatment brought forward from 1972 27

Number of cases closed 37

School Medical Officer notified 55

SPEECH THERAPY

I am indebted to Mrs. H.G. Hramtsov for the following report on the speech therapy service during the year under review:-

" There have been several changes in the staff of the speech therapy service during 1973. Mrs. P. Collins left in January; Mr. D. Darby joined us in January and left at the end of December, and Mrs. P. McLoughlin worked part-time from May to November, temporarily filling the place of Miss R. Scott; Mrs. R. Lloyd left at the beginning of July, Mrs. M. Thompson at the end of the school term and Mrs. Saltmarsh in August. Miss E. Wilkinson was appointed and took up duties on November 5th. Therefore, although we were almost fully staffed for the first part of 1973, we were seriously understaffed for the last five months and began 1974 with a staff equivalent of 4.5 full time speech therapists out of a complement of eight.

During the year speech clinics have been held regularly in the Health Centres at Ely, Fulbourn, Littleport, March, Sawston, Soham and Whittlesey, in the Horsefair Clinic in Wisbech, and in four clinics in Cambridge. Schools in both rural areas and towns have been visited in order to treat those children unable to reach a Health Centre or Clinic, and some children have been treated in their homes. Parents and teachers have been advised regarding the best ways of helping children with speech disorders. Two speech therapy students from Dublin came to us for four weeks block training in June and July. Unfortunately, it was not possible to

provide speech therapy in a large area of the western part of the county towards the end of the year owing to the shortage of staff.

<u>Referrals</u>	<u>County</u>	<u>City</u>	<u>Total</u>
Number awaiting examination at end of 1972	28	4	32
Number of new referrals during 1973	391	99	490
Number examined and found to require treatment	357	82	439
Number not requiring treatment, treatment refused, left area before examination, etc.	21	1	22
Number not yet examined	41	20	61

<u>Treatment</u>			
Regular treatment during some period of the year	491	149	640
Occasional attendance for treatment or advice	430	133	563
	TOTAL:	921	282 1,203

<u>Discharged</u>			
Number discharged from treatment list during year:			
Speech normal	100	18	118
Speech satisfactory	137	40	177
Left area, etc.	43	13	56
	TOTAL:	280	71 351

Number of home visits	233	32	265
Number of school visits (apart from regular visits for treatment)	158	49	207

<u>Number of children on the books at the end of 1973</u>			
Number on treatment list at end of year	693	228	921
Number on waiting list at end of year	239	55	294
Number referred but not yet examined	41	20	61
	TOTAL:	973	303 1,276

Of the above figures, the number of children in need of speech therapy in areas in which no speech therapist was available during the last part of the Autumn Term is as follows:

On treatment list	227	36	263
On waiting list	79	4	83
Referred but not yet examined	22	5	27
	TOTAL:	328	45 373

These figures do not include children attending the Junior Training Schools, for whom a separate report is given.

The Junior Training Schools

The following reports are submitted by the speech therapists who visit these schools:

1. The Rees Thomas School, Cambridge (The speech therapist spends 2 sessions a week at the school)

During 1973 13 children have received regular treatment. A further 21 children have been seen occasionally and their parents and/or teachers have been advised on how to help them with their speech. A number of parents have come into the school for discussion with the therapist on how best to approach the problem of their child's language retardation. All new entrants to the school have been given a full speech assessment.

2. Highfields School, Ely

During 1973 the speech therapist has visited Highfields monthly for regular consultation

and observation. There have been 10 such sessions plus a few brief visits for various reasons. The sessions have been mostly with the nursery class and juniors with advice as required in the seniors. The nursery has been seen as a setting for discussions of the communication problems of the children particularly in the developmental sense because most of these children have little or no developed speech. There is an excellent environment created throughout the school to encourage this development and discussion has largely been centred around making the best use of this environment and materials. Some large manipulative materials could be put to good use here, such as are used in the normal nursery class, large blocks, moving toys, and large pictures to name a few.

In the junior class I have been able to monitor the "Peabody Language Development" session with particular reference to those children who need help for articulation and language development. This has been most profitable and positive results are seen with the children from the excellent stimulation given by the class teacher. It is hoped that the school will be able to obtain the second level of the Peabody material and put this to good use with the more advanced juniors, and with the senior class.

During the year four home visits have been made, with useful contacts established, discussing the communication problems of the children as they affect the home.

3. The Ida Darwin Hospital School, Fulbourn

It has, unfortunately, been impossible to find a replacement for Mrs. Collins, who left early in January, and this school has had no speech therapy throughout this year.

4. Orchard Court School, Wisbech

Visits were made to the school at approximately monthly intervals, although unfortunately there was some curtailment of the service this year due to illness.

Eleven children were seen individually, four mothers attended and were shown how to help the children at home, and discussions were held with the teachers. The staff at the school do most valuable work in giving general stimulation for language development and in carrying out suggestions for special help for children whose difficulties with speech are particularly noticeable.

HEALTH EDUCATION IN SCHOOLS

An increasing awareness of the importance of positive health and appreciation of the place that it can take in both primary and secondary education has resulted in greater use being made of the advisory and teaching capacities of the health education section and of its growing store of audio-visual aids.

The exhibition at teachers' centres reported on page 43 coupled with the discussions that also took place both at that time and on many other occasions, have helped to keep schools up-to-date with new developments and have given teaching staff an opportunity to explore new ways of including health in various parts of the curriculum.

Health orientated programmes are in progress in a number of primary schools and the majority of secondary schools, and are aimed not only at giving the child a better knowledge of how his body functions but also at giving opportunity for discussion on personal relationships, social problems and other related topics. Gradually health education is becoming accepted as necessary to all students, including those taking examination courses, and curricula are being constructed in which it plays an integral part. If education is deemed to be 'for life' then surely this most vital subject, the health of each individual; should be essential to every pupil.

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 1973.

	<u>Primary Course</u>	<u>Booster</u>
Diphtheria	97	2,600
Whooping Cough	71	438
Tetanus	254	3,311
Poliomyelitis	117	2,604

GERMAN MEASLES

Owing to pressure of work on certain medical staff in the department during the Autumn

term it was agreed with the Head Teachers of secondary schools in the area to postpone the German Measles vaccination sessions until January 1974. The total number of children vaccinated in these sessions will therefore be shown in the statistics for 1974.

B.C.G. VACCINATION

During the year the practice was continued of offering BCG vaccination to school children aged 12 and above. The following figures relate to BCG vaccination in the area during 1973:-

Number skin tested	2,601
Number found positive	35
Number found negative	2,328
Number vaccinated	2,328

X-ray of children found positive was undertaken in the usual manner at Addenbrooke's Hospital, Cambridge, at the North Cambridgeshire Hospital, Wisbech and at the County Hospital, Doddington.

INFECTIOUS DISEASES

The following table sets out the numbers of notifications received from general practitioners of notifiable infectious diseases occurring in children aged from five to fourteen years inclusive.

Measles (excluding rubella)	636
Dysentery	23
Scarlet Fever	41
Infective Jaundice	5
Acute Encephalitis	1
Food Poisoning	10
Whooping Cough	5

PROVISION OF MILK AND MEALS IN SCHOOLS

The arrangements for the supply of milk have continued as before. In October, 1973, 350 pupils in special schools (88.22%); 7,977 pupils under eight years of age (93.88%) and 31 pupils over eight years of age (0.25%) received free milk.

Cooked midday meals were available at all schools and a total of 22,461 children received them (67.37%). At the nursery school 30.36% took meals; at primary schools 71.23%; at secondary schools 60.73% and at special schools 63.10%.

MEDICAL INSPECTION AND TREATMENT

Statistics for the Year ended 31st December, 1973

Numbers of children on registers of maintained primary, secondary, special and nursery schools in January 1974:-

(i) Form 7 Schools	34,783
(ii) Form 7M Schools	423
(iii) Form 11 Schools	62
TOTAL:	<u>35,268</u>

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

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	Physical condition of pupils inspected		No. of Pupils found not to warrant a medical examination
		Satisfactory	Unsatisfactory	
		No.	No.	
(1)	(2)	(3)	(4)	(5)
1969 & later	43	43	-	
1968	2,240	2,238	2	
1967	1,340	1,340	-	
1966	158	158	-	
1965	2,063	2,062	1	
1964	1,304	1,304	-	
1963	786	786	-	
1962	146	146	-	
1961	124	124	-	
1960	1,631	1,631	-	
1959	941	941	-	
1958 & earlier	290	290	-	
TOTAL	11,066	11,063	3	

Column (3) total as a percentage of Column (2) total..... 99.98%
 Column (4) total as a percentage of Column (2) total..... 0.02% to two place of decimals

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	74
Number of Re-inspections	2,341
Total	<u>2,415</u>

TABLE C - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	60,380
(b) Total number of individual pupils found to be infested	256
(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 - 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	3
Errors of refraction (including squint)	<u>1,124</u>
Total	<u>1,127</u>
Number of pupils for whom spectacles were prescribed	498

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	62
(b) for adenoids and chronic tonsillitis	49
(c) for other nose and throat conditions	12
Received other forms of treatment	<u>6</u>
	Total <u>119</u>
Total number of pupils still on the register of schools at 31st December 1973 known to have been provided with hearing aids:-	
(a) during the calendar year 1973	5
(b) in previous years	99

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	28
(b) Pupils treated at school for postural defects	<u>-</u>
	Total <u>28</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	3
(b) Body	-
Scabies	7
Impetigo	28
Other skin diseases	<u>12</u>
	Total <u>50</u>

TABLE E - CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	305

TABLE F - SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	921

TABLE G - OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	28
(b) Pupils who received convalescent treatment under School Health Service arrangements	6
(c) Pupils who received B.C.G. vaccination	2,328
(d) Other than (a), (b) and (c) above. Please specify	
Orchidopexy	16
Appendix	18
Circumcision	12
Hernia	6
Abdominal Pain	16
Other	<u>29</u>
	Total (a)-(d) <u>2,459</u>

DENTAL INSPECTION AND TREATMENT

(These statistics relate to the whole of the Administrative County)

Dental Officers

1. Inspections

	Number of Pupils		
	Inspected	Requiring treatment	Offered treatment
(a) First inspection - school	24,683	18,429	17,241
(b) First inspection - clinic	8,851		
(c) Re-inspection - school or clinic	1,652	1,288	1,288
Totals	35,186	19,717	18,529

2. Visits (for treatment only)

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
First visit in the calendar year	5,526	4,763	1,020	11,309
Subsequent visits	7,202	9,397	2,156	18,755
Total visits	12,728	14,160	3,176	30,064

3. Courses of Treatment

Additional courses commenced	627	472	115	1,214
Total courses commenced	6,153	5,235	1,135	12,523
Courses completed				9,195

4. Treatment

Fillings in permanent teeth	3,236	8,983	3,228	15,447
Fillings in deciduous teeth	6,074	580		6,654
Permanent teeth filled	2,499	7,416	2,812	12,727
Deciduous teeth filled	4,329	473		4,802
Permanent teeth extracted	366	1,922	430	2,718
Deciduous teeth extracted	4,775	1,811		6,586
Number of general anaesthetics	1,364	814	112	2,290
Number of emergencies	853	512	121	1,486
Number of pupils X-rayed	1,143			
Prophylaxis	5,459			
Teeth otherwise conserved	381			
Teeth root filled	68			
Inlays	3			
Crowns	50			

5. Orthodontics

New cases commenced during the year	198
Cases completed during the year	106
Cases discontinued during the year	10
Number of removable appliances fitted	348
Number of fixed appliances fitted	
Number of pupils referred to Hospital Consultants	86

6. Dentures

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
Number of pupils fitted with dentures for the first time:-				
(a) with full denture	-	-	1	1
(b) with other dentures	1	19	16	36
Total	1	19	17	37
Number of dentures supplied (first or subsequent time)	1	22	18	41

7. Anaesthetics

Number of general anaesthetics administered by Dental Officers 539

Dental Auxiliaries

Details of work carried out by Dental Auxiliaries and included in previous table

1. Visits (for treatment only)

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
First visit in the calendar year	1,205	852	197	2,254
Subsequent visit	1,812	1,756	521	4,089
Total visits	3,017	2,608	718	6,343

2. Courses of Treatment

Additional courses commenced	89	82	21	192
Total courses commenced	1,294	934	218	2,446
Courses completed				1,636

3. Treatment

Fillings in permanent teeth	1,517	2,565	925	5,007
Fillings in deciduous teeth	2,292	233		2,525
Permanent teeth filled	1,080	2,116	728	3,924
Deciduous teeth filled	1,747	167		1,914
Deciduous teeth extracted	362	134		496
Prophylaxis				1,627

SCREENING TESTS OF VISION AND HEARING

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 Medical Officers/ School Nurses
By whom is colour vision testing carried out?	School Medical Officers/ School Nurses
Is routine audiometric testing of entrants carried out within their first year at school?	YES
By whom is audiometric testing carried out?	Audiometrician



