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County Council.**

**Contributors**

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# COMMUNITY HEALTH 1971





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Report of the County Medical Officer and  
Principal School Medical Officer for the year 1971

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## COUNTY OF HUNTINGDON AND PETERBOROUGH

## Health Committee

*Chairman*

County Councillor E.A.M. Sack

*Vice-Chairman*

County Councillor J.W. Taylor

The Chairman of the Council	- County Alderman J.R. Horrell T.D.	)	
		)	
The Vice-Chairman of the Council	- County Alderman J.R.D. Huckle	)	
		)	ex-officio
		)	
The Chairman of the Finance Committee	- County Alderman K.C. Archer	)	
		)	

*County Alderman:*

Mrs. A. Philpot, O.B.E.

*County Councillors*

W.B. Carter	J.J. Pearlson
S.E.K. Falconer	Mrs. B.M.J. Shepherd
Mrs. A.M. Gibbins	A.G. Sturt
Mrs. C.M. Gray	Dr. H.M. Weaver, M.B., Ch.B.
B. Gull	Rev. G.W. Whitlock
S.B. King	A. Wright

*Co-opted Members:*

One Representative of the Health Executive Council: Dr. E.R. Dansie

Two Representatives of the Local Medical Committee  
Dr. I.G. Mowat, Dr. M. Thomas

**Education Committee**

The Chairman of the Council                    )  
 The Vice-Chairman of the Council            ) ex-officio  
 The Chairman of the Finance Committee      )

*Chairman:*

County Alderman The Right Hon. Lord Hemingford

*Vice-Chairman:*

County Councillor Mrs. P. Stedman, O.B.E.

*Aldermen:*

Aplin, R.G.	Earl, G.A.
Blake, A.W.	Hoefkens, R.F.
Burgess, T.H.	Hunt, Dr. J.
	Johnson, G.H.

*Councillors:*

Bigham, W.G.	Gull, R.
Cashmore, W.R.	Harrison, D., V.R.D.
Clements, A.W.	James, E.J.
Collinson, E.	O'Neill, R.J.
Ferguson, Mrs. M.	Palmer, D.F.
Gibbins, Mrs. A.M.	Price, Mrs. W.M.
Grindley, W.	Robinson, D.V.
	Sturt, A.G.

*Co-opted Members:*

Band, Councillor R.D.E.	Hargreaves, S.C.
Cox, The Rev. J.G.	Howland, R.L.
Eyre, G.A.	Lewis, C.H., M.B.E.
Edwards, T.A.	Simmons, The Rev. W.J.
Foster, Alderman G.A.	Taylor, A.H.
Lloyd, G.	Wace, Rev. H.
	Whitlock, The Rev. G.W.

## Schools Sub-Committee

The Chairman of the Council	)	
The Vice-Chairman of the Council	)	ex-officio
The Chairman of the Education Committee	)	
The Vice-Chairman of the Education Committee	)	

*Chairman:*

Horrell J.R., T.D.

*Vice-Chairman:*

Gibbins, Mrs. A.M.

*Aldermen:*

Aplin, R.G.  
 Blake, A.W.  
 Burgess, T.H.

Earl, G.A.  
 Hoefkens, R.F.  
 Hunt, Er. J.  
 Johnson, G.H.

*Councillors:*

Righam, W.G.  
 Collinson, E.  
 Ferguson, Mrs. M.  
 Gull, R.

James, E.J.  
 Palmer, D.F.  
 Price, Mrs. W.M.  
 Robinson, D.V.

*Co-opted Members:*

Band, Councillor R.D.E.  
 Cox, Rev. J.G.  
 Edwards, T.A.  
 Howland, R.L.

Lloyd, G.  
 Taylor, A.H.  
 Wace, Rev. H.  
 Whitlock, Rev. G.W.

## STAFF

*County Medical Officer and Principal School Medical Officer:*

George Nisbet, M.B., Ch.B., F.F.C.M., D.P.H.

*Deputy County Medical Officer, Deputy Principal School Medical Officer  
and Medical Officer of Health of County Districts:*

James Caldwell, L.R.C.P., L.R.C.S., L.R.F.P. &amp; S., D.P.H.

*Medical Officer in Department, School Medical Officer and  
Medical Officer of Health of County Districts:*

Philip V. Cant, M.B., Ch.B., D.P.H.

*Medical Officers in Department and School Medical Officers:*

Marjorie I. Kemp, M.B., Ch.B. (Resigned 31.10.1971)

Barbara D. Wilberforce, M.B., Ch.B., M.B.C.S., L.R.C.P. Sylvia Todd, M.B., Ch.B.

*Ophthalmic Surgeon:*

D. Wilson Taylor, M.B., Ch.B.

*Child Psychiatrists:*

A. Gage, M.B. Ch.B., D.P.M.

T.K. Maclachlan, M.B.C.Psych., M.B.C.P. Ed, D.P.M. (London)

G. Petrie, M.B., B.Chir., D.P.M., M.B.C.Psych.

R.F. Whitehead, M.A., M.B., P.Chir., D.P.M.

*Principal Dental Officer:*

I.O. Pinkam, B.D.S., L.D.S., P.C.S. Eng.

*Associate Principal Dental Officer:*

A.E. Hurford, B.D.S., V.R.H.

*School Dental Officer (part-time):*

J.R. Toller, L.D.S. Eng., M.S.D.

*Orthodontist (part-time):*

E.D. Fulstow, P.D.S., D.Orth., F.D.S.R.C.S. Eng.

*Dental Auxiliaries:*

Miss J.S. Peacock, D.S.A. Cert.A. Registered Dental Auxiliary (G.D.C)

Mrs. T.M. Williams, D.S.A. Cert.A. Registered Dental Auxiliary (G.D.C)

*Inspector under the Food and Drugs Act:*

J.M. Warren, M.I.W.M.A., M.I.S.A.A.

*Ambulance Officer:*

J.C. Maxwell, D.F.C.

*County Physiotherapist:*

Miss S.A. Sherwood, S.R.P., M.S.P., O.N.C.

*Speech Therapists:*

Mrs. R.M. Brooks, L.C.S.T. (part-time)

Miss S.F. Cullingford, L.C.S.T. (Resigned 30.11.1971)

Mrs. E.A. Golding, L.C.S.T. (part-time) (Resigned 31.12.1971)

Mrs. M.J. Lincoln, L.C.S.T., D.T.S.T.

*Senior Educational Psychologist:*

Miss M. Clayton, B.A. Dip. Psych., A.B. Psys.

*Educational Psychologist:*

R.B.W. Moore, M.A. (Cantab)

*Assistant Educational Psychologist:*

Miss S. Uttley, M.A.

*Adviser on Children with impaired Hearing:*C. Jones, Diploma of the National College of Teachers  
of the Deaf*Peripatetic Teacher of the Deaf:*

Miss S. Dowe, Cert. of Education for Teachers of the Deaf.

*Director of Nursing Services:*

Miss K.M. Selby, S.R.N., S.C.M., M.T.D., H.V. Cert.

*Area Nursing Officer:*

Miss A. Bullen, S.R.N., S.C.M., M.T.D.

*Chief Administrative Assistant:*

A.V. Barnard, D.M.A., M.I.L.G.A.

To the Chairman and Members  
of the Huntingdon and Peterborough County Council.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present my seventh Annual Report on the state of the Public Health and on the School Health Service of the County of Huntingdon and Peterborough for the year 1971.

The statistics within are for the whole County, including those for the City of Peterborough, which, being a District with certain delegated functions, has furnished the necessary returns.

The incidence of infectious disease within the County does vary from year to year, especially the pattern within the County. Many years ago we used to regard alternate years as being "measles years", but the picture has changed, no doubt influenced to a certain extent by our measles vaccination campaign. In 1970 in St. Ives Borough, for example, we fully anticipated a certain number of measles cases, but the picture has been in 1968 only one case, in 1969 eight cases, in 1970 fifty eight cases and 1971 four cases, whereas in 1970 the Urban District of St. Neots had forty cases and in 1971 one hundred and ninety nine cases. In Peterborough City we had two hundred and six. It is a bewildering picture now and we can only hope that the incidence is decreasing.

The other infectious disease which is a great worry, again shows local incidence, as St. Neots Urban District had what could only be called an epidemic of one hundred and eight cases of infective jaundice, while in St. Ives there was none this year. As I said last year this is most disturbing. All the cases have been studied and even yet we can find no definite connection between cases, no definite method of spread and no common factor.

The incidence of dysentery is lower this year and one can only hope that this is the result of the Health Education services, especially those in the health visitor field, and that of the Public Health Inspector, where the emphasis has been on strict attention to personal hygiene, especially the washing of hands after a visit to the toilet, in everyone associated with the preparation of food, as such better hygiene in the production and handling of food is the only way of eliminating such illness as dysentery and food poisoning, as shown in Table 20.

The B.C.G. Vaccination campaign continues. All children whose parents give consent are tuberculin tested at the age of eleven and all negative reactors are offered the vaccination. Very tragically, we had an increase to 30 in the incidence of respiratory tuberculosis notified this year, one of the black spots being St. Ives Borough, where six such cases were notified, and, for comparison, only one case in the St. Neots

Urban District. Further, in spite of tuberculin testing of cattle and pasteurisation of all milk, other than that sold as untreated, we had information about thirteen cases of non-respiratory tuberculosis. One wonders whether even stricter measures to eliminate completely tuberculosis might not be worthy of consideration, especially now that the ready availability of chest x-rays, by means of mass miniature radiography programmes, has ceased.

The scheme of attachments of Local Health Authority nursing staff to all general practitioners in the County area, continues, and, as I have previously stated, the use which is made of these attachments varies widely. Progress has been dramatic in certain practices, where the attached health visitor, working from the practice premises, undertakes immunisation sessions, carries out a cytology clinic, routinely sees elderly people, taking blood pressure readings, urine testing and other simple screening methods, and conducts a diet clinic advising on obesity, diabetes, infant feeding, etc. There is quite definitely a better understanding of the work of the Local Health Authority and its preventive services by the general practitioners, in addition to the main object, which is, of course, improving patient care and making the most effective use of medical and nursing skills.

In fact, as my friend, Dr. John Leiper, the County Medical Officer of Cumberland, has stated "team work has taken over from the relative ineffectiveness and inefficiency of individual effort".

It is pleasing to note that the interest in health centres within the County continues. The temporary centre at Westwood opened in May 1971 and the negotiations regarding the permanent centre at Bretton are nearing completion. Discussions regarding health centres at Yaxley, The Ortons, South Paston, Ramsey and Eaton Socon are progressing. Again it is hoped that the scheme, which had gone out even as far as tendering stage, at Godmanchester might be renewed, and at last it seems that some facilities may become available at Oxmoor, Huntingdon.

The informal meetings of all those working in the environmental health field, which I referred to in the Foreword of my Report for last year, have been held regularly during the year, and have increased in popularity judging by the large number attending the discussions which have taken place on the epidemiological problems within the County. In March the meeting was followed by a discussion, on work relating to the prevention of disease, by Dr. G.R.E. Naylor, Director of the Cambridge Public Health Laboratory. On the 24th June members were invited to the Huntingdon Research Centre by the Chairman, Dr. A.N. Worden, and before our meeting a tour of the Centre was made. In September, at Grafham Water, members were taken on a tour of the Treatment Works by the Chief Engineer, Mr. K.J.H. Saxton, and his staff. At the Peterborough Sugar Factory on the 30th November, the Area General Manager, Mr. E.R. Smith, arranged a tour of the Factory and the emphasis on pollution problems

was discussed at a meeting afterwards. The Regional Pests Officers and other Officers of the Ministry of Agriculture, Fisheries and Food have continued the discussions on the incidence of rats and other pests, and in this connection the attendance of Officers of the River Board and the Water Boards have made the meetings most interesting. Needless to say, pollution of the environment in its widest sense, has produced some interesting information and, what is hoped to be, useful discussion to mutual advantage. I would like to record my thanks to all those who made the instructive visits possible and provided hospitality for quite large attendances of staff employed in all aspects of community health within the County.

Again our In-Service Training Day was held in May, with attendances of over 200, varying throughout the day as general practitioners, our own nurses and nurses from neighbouring authorities, ambulancemen, Social Services staff, etc., found it possible to attend. The 1971 programme is detailed in the Report, but this current year we have had the local consultants Mr. J.C.S. Spry-Leverton, Consultant Obstetrician and Gynaecologist, Dr. P. Sykes, Consultant Psychiatrist in Mental Subnormality, and Dr. G.K. Laxton, Consultant in Geriatrics, conducting sessions. Always too, we have one specialist from outside, and this year we had Kevin Murphy, Ph.D., Deputy Director of the Regional Audiology Research Unit, Royal Berkshire Hospital, Reading. I think all who attend find these days, or even sessions, most stimulating to their work.

I feel I must continue my attack on cigarette smoking, and I quote again the Chief Medical Officer of the Department of Health and Social Security, who, in 1970, made a statement which must be considered most seriously, as I do feel that responsible people should set a good example, especially before the younger generation, giving up this filthy habit so selfishly pursued, without consideration of others, by so many.

"The most fully exposed noxious influence in our environment at the present time is of course cigarette smoke. At least one seventh of all deaths in Britain last year occurred before they need because of cigarette smoking. It is highly probable that as much as one fifth of the absence from work due to sickness was also related to cigarette smoking. This curse has been placed so firmly upon us because of the length of time before it operates. It took us fifty years of using the manufactured cigarette before the epidemiology of lung cancer was clarified. Now we know that chronic bronchitis due to cigarette smoking imposes as heavy a burden of deaths and much more of sickness in terms of years of ill health and we know that a high proportion of deaths from coronary thrombosis at earlier ages have the same origin. But the threat seems remote, the social habit is universal and three-fifths of our men still smoke these lethal things. It is a fantastic situation that we promote by our own voluntary - and

surely no longer ignorant - actions by far the largest single avoidable cause of death and disability in Britain today.

There is no other agent in our environment that approaches the cigarette in menace to health and life."

Last year, in my Foreword, at great length I described those services in the mental health field which were handed over from the aegis of the Health Committee to those of the Social Services Committee, and in some instances to the Education Committee (pages 12 - 15 Report on 1970). In my role as Medical Adviser to the Social Services Committee, and perhaps it should be called Community Physician of the future, I still take a great interest in St. George's and St. Edward's Schools, and in the Work Centres, being especially proud of remaining as President of the Friends of St. Peter's Work Centre, the unit in the north of the County at Eye. I continue to be a firm believer in the Work Centre concept, where one provides care and work for both mentally and physically handicapped adults within the one unit, seeking to train them to take their place in society, and to the full extent of their capabilities. I have never been a believer in the "blind leading the blind". I have never believed in getting all severely subnormal mentally handicapped adults together. I have always believed, for example, that the highly intelligent, though grossly physically handicapped spastic has empathy with other handicapped people, and that the brawny, though mentally handicapped, person can receive guidance and help from the spastic, and by his physical abilities help the physically handicapped person: In fact, what I saw many years ago in Finland and Holland of teams helping each other, both in open and sheltered environments in all aspects of living, at work and at play.

Last year I reported that we had continued with the reorganisation of the Nursing Service and that Miss K.M. Selby, who was County Nursing Superintendent, had been designated Principal Nursing Officer, and Miss A. Bullen, in charge of district nursing and midwifery service, had been appointed Superintendent Nursing Officer. Further changes in the reorganisation have occurred, Miss K.M. Selby is now designated Director of Nursing Services and Miss A. Bullen is now Area Nursing Officer. I think your Council, and particularly the Health Committee, are fully aware of the great importance I attach to the integration of the nursing and health visiting services with the work of the general practitioners, and the continued training of all nursing members in keeping up-to-date with modern developments by in-service training and attendance regularly at refresher courses, as is now mandatory to all general practitioners in the community.

The health of the children of the County remains most satisfactory, except in one respect, and that is the incidence of head lice, a rise probably due, in the main, to the current hair fashion. Much criticism

has been made of the inspection of the hair for head lice but, when I inform you that last year we discovered over 600 cases, in the school population alone, who were in a lousy condition, this amply demonstrates the need for regular inspections. The incidence of lousiness in Peterborough schoolchildren, that we discovered among individual pupils, rose from 111 in 1970 to 382 in 1971, and in the County there was a similar proportionate increase.

No case of under-nutrition of any child was discovered, though we still find a considerable incidence of malnutrition, in the form of obesity. This is usually the result of a family failing, and we find it very difficult to treat due to the lack of co-operation from the parents, who are, quite often, also grossly overweight. During the last year our review of the nutrition of children has increased, if anything, for, as I have said before, I deprecate the restriction of the provision of school milk during the day, in spite of my reference above, to obesity. I suggested that, quite often, school milk was the only drink which many of the children took during the day, and I asked, over a year ago, that a review should be made, in every school, of the water drinking facilities, to make them as attractive as possible. I still consider it important that the children should drink ample fluid, which, in my opinion, should be milk, but, if not, then a wholesome water supply should be readily available and provided as attractively as possible.

Recommendations for the special provision of milk in accordance with the provisions of the Education (Milk) Bill 1971 were found necessary in the case of only five children within the County area. A different picture presents itself in the City of Peterborough, and one cannot but be greatly perturbed when the provision of extra milk on medical grounds, was found to be necessary in over 240 cases. Quite frankly, I feel that this situation calls for an urgent report, and, perhaps, some medical research, as one finds it almost impossible to believe that children attending schools in the country areas and the townships within the County should differ so markedly from those children attending schools within the City. There must be some factor, which, no doubt, will be followed up by the Department of Health and Social Security, if not also by the Department of Education and Science, and may be featured in the separate Annual Report of the Excepted District of the City of Peterborough.

During the year, usually accompanied by specialist teachers and advisers of the Education Authority, and, if possible, the Consultant Child Psychiatrist, visits have been made to Special Schools where children from this area are accommodated and taught. This insight into the work and provision made for these pupils has been not only most interesting, but of great use in discussing the special requirements of the individual pupils upon whom we have to make decisions. The schools for the deaf have been, of course, of special interest to me and in this connection it is, perhaps, apt to mention the excellent liaison which there is with all

members of staff, professional and nursing, in the field of assessment of handicap, both physical and mental, especially where deafness in a child is one of the factors to be considered.

The meetings of the County Branch of the National Deaf Children's Society continue to attract a large percentage of parents, along with teachers and other workers in this field. Addresses this year have been given by Kevin Murphy, Ph.D., Deputy Director of the Regional Audiology Research Unit, Royal Berkshire Hospital, Reading, Dr. David Crystal of The University of Reading, and Sir Paul C. Davie, M.A., the National Chairman. Meetings take place at Sawtry Village College and The Teachers' Centre, Peterborough, and I wish to pay tribute to my colleague, Mr. Cedric P. Jones, who, under my Presidency, is Chairman of the Branch, and to that enthusiast, Miss Betty Hay, the Headmistress of Caverstede Road Nursery School, our Secretary, not forgetting the many parents who are active members of the Committee, which, as I have said, is a very worthwhile adjunct to our Local Authority commitments in this specialised field.

I would like to express my appreciation and thanks to the Chairman, Mr. County Councillor E.A.M. Sack, the Vice-Chairman, Mr. County Councillor J.W. Taylor, and all the Members of the Health Committee, for their interest and co-operation.

Finally, I would like to express my thanks to Dr. James Caldwell, my Deputy, Mr. A.V. Barnard, the Chief Administrative Assistant, Mr. M.L. Henderson and Miss I. Burton, Administrative Assistants, for their assistance and great help during the year and in the compilation of this report.

I have the honour to be,

Your obedient servant,

G. NISBET

County Medical Officer  
and Principal School Medical Officer.

2nd June, 1972.

## I - GENERAL INFORMATION

At the end of the year, there were within the County three non-County Boroughs - the City of Peterborough, Huntingdon and Godmanchester, and St. Ives: three Urban Districts - Old Fletton, Ramsey and St. Neots; and seven Rural Districts - Barnack, Huntingdon, Norman Cross, Peterborough, St. Ives, St. Neots and Thorney.

The City of Peterborough has delegated powers for the administration of certain health services in the City.

The area of the Administrative County at the end of the year was 310,863 acres.

The rateable value on the 1st April, 1971 was £8,336,674 and the product of a new penny rate for 1971 - 72 was £82,349.

## 2 - STATISTICAL INFORMATION

POPULATION

The Registrar-General's estimate of the 1971 mid-year population of the Administrative County was 205,780 made up as follows:-

City of Peterborough 69,800 all other Municipal Boroughs, Urban and Rural Districts 135,980.

The following Table shows the population of each Sanitary District in the County, compared with the figures for mid-1970.

TABLE 1

	1971	1970
Administrative County	205,780	199,040
Municipal Boroughs and Urban Districts	128,130	122,460
Huntingdon and Godmanchester M.B.	16,570	15,730
Old Fletton U.D.	13,550	13,460
Peterborough M.B.	69,800	66,870
Ramsey U.D.	5,620	5,620
St. Ives M.B.	7,310	6,150
St. Neots U.D.	15,280	14,630
Rural Districts	77,650	76,580
Barnack R.D.	6,710	7,480
Huntingdon R.D.	16,650	17,020
Norman Cross R.D.	11,980	11,790
Peterborough R.D.	10,100	9,970
St. Ives R.D.	19,190	17,890
St. Neots R.D.	10,740	9,790
Thorney R.D.	2,280	2,640

The County as a whole has now topped 200,000 population. With the rapid development planned in the Peterborough and St. Neots areas in particular there will be marked increases in the population figures during the next ten years. The St. Ives and Peterborough areas show the largest increases during the year and it is interesting to see the population in Huntingdon R.D. continues to decline and in Ramsey U.D. the population has remained at 5,620 since 1968.

### Births

During the year 3,770 live births were credited to the administrative county. This is 139 more than last year's figure and is in keeping with the rise in population of 6,740.

The adjusted birth rate of 17.6 per thousand population is virtually unchanged and is 1.6 per thousand in excess of the national figure. Family planning advice has obviously played an important part in keeping the birth rate down to its present level despite the rising population.

### Stillbirths

The number of stillbirths rose by 10 in 1971, from 35 to 45, giving a stillbirth rate of 12.0 per thousand total live and still births - exactly the same as the rate for England and Wales as a whole.

### Neonatal and Perinatal Mortality

A fall in both the neonatal and perinatal mortality rates is noted this year compared with 1970, bringing the rates somewhat below the average for the whole country.

The main reasons for deaths in these age groups continue to be birth injury, prematurity and congenital abnormalities.

### Infant Mortality

53 infants died during the year before reaching the age of twelve months. This is 11 fewer than last year and is now considerably lower than the national average.

### Illegitimacy

The illegitimate birth rate remained unchanged in 1971 at 6 per cent of the total live births. This compares favourably with 8 per cent, which is the corresponding figure for England and Wales.

### Maternal Mortality

A very pleasing feature to report once again is the fact that there were no maternal deaths recorded for the County in 1971.

### Deaths

The number of deaths which took place this year in persons normally resident within the County was 1,825. This is 29 more than in 1971, but the death rate nevertheless fell fractionally to 10.5 compared with 11.6 for England and Wales as a whole.

Exactly half the deaths were due to cardio-vascular causes and almost a quarter were caused by malignant disease.

The following tables show the number of live and still births and deaths which occurred during the year.

TABLE 2

Live and Still Births

	<u>1970</u>			<u>1971</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births						
Legitimate	1,738	1,666	3,404	1,755	1,773	3,528
Illegitimate	122	105	227	122	120	242
Still Births						
Legitimate	16	18	34	22	20	42
Illegitimate	1	-	1	1	2	3
TOTAL	<u>1,877</u>	<u>1,789</u>	<u>3,666</u>	<u>1,900</u>	<u>1,915</u>	<u>3,815</u>

	<u>Huntingdon and Peterborough</u>	<u>England and Wales</u>
Number of live births	3,770	733,165
Live birth rate per 1,000 population	17.6	16.0
Illegitimate live births (per cent of total live births)	6	8
Number of still births	45	9,898
Still births rate per 1,000 total live and still births	12	12
<u>Deaths</u>		
Infant deaths (under one year of age)	53	13,726
<u>Infant Mortality Rates</u>		
Total Infant deaths per 1,000 total live births	14	18
Legitimate infant deaths per 1,000 legitimate live births	13	17
Illegitimate infant deaths per 1,000 illegitimate live births	33	24
<u>Neo-natal Mortality Rate</u> (deaths under four weeks per 1,000 total live births)		
	10	12
<u>Early Neo-natal Mortality Rate</u> (deaths under one week per 1,000 total live births)		
	8	10
<u>Perinatal Mortality Rate</u> (stillbirths and deaths under one week combined per 1,000 total live and still births)		
	20	22
<u>Maternal Mortality</u> (including abortion)		
Number of deaths	Nil	133
Rate per 1,000 total live and still births	Nil	0.17
Total number of deaths	1,825	567,345
Death rate per 1,000 population	10.5	11.6

TABLE 3  
VITAL STATISTICS FOR THE YEAR 1971  
Urban and Rural Districts  
Live Births and Deaths

District	Area in acres	Persons per acre	Population	Live Births			Deaths			Deaths under 1 yr of age			
				No.	Crude Rate	Area Comparability Factor	Local Adjusted Rate	No.	Crude Rate	Area Comparability Factor	Local Adjusted Rate	No.	Rate per 1,000 Registered Births
<b>URBAN</b>													
Huntingdon and Godmanchester Borough	7,057	2.35	16,570	295	17.8	.78	13.9	143	8.6	1.11	9.5	4	14
Old Fletton Urban	4,145	3.27	13,550	221	16.3	.87	14.2	126	9.4	1.34	12.6	7	32
Peterborough Borough	10,022	6.96	69,800	1,160	16.6	.95	15.8	745	10.7	1.03	11.0	22	19
Ramsey Urban	15,926	0.35	5,620	74	13.2	.99	13.1	47	6.4	1.09	9.2	-	-
St. Ives Borough	2,326	3.14	7,310	135	18.5	.88	16.3	50	6.8	1.04	7.1	-	-
St. Neots Urban	2,721	5.62	15,280	335	21.9	.76	17.1	119	7.8	1.45	11.3	4	12
Total for Urban Districts	42,198	3.04	128,130	2,220	17.3	.89	15.4	1,232	9.6	1.12	10.8	37	17
<b>RURAL</b>													
Barnack	15,234	0.44	6,710	177	26.4	1.64	43.3	35	5.2	2.23	11.6	1	6
Huntingdon	69,853	0.24	16,650	309	18.6	1.34	24.9	88	5.3	1.57	8.3	3	10
Norman Cross	35,725	0.34	11,980	229	19.1	.97	18.5	115	9.6	1.31	12.6	4	17
Peterborough	28,186	0.36	10,100	166	16.4	1.11	18.2	107	10.6	1.15	12.2	2	13
St. Ives	45,893	0.42	19,190	404	21.1	.97	20.5	157	8.2	1.20	9.8	2	5
St. Neots	51,796	0.21	10,740	221	20.6	1.05	21.6	83	7.7	1.13	6.7	4	18
Thorney	21,778	0.11	2,280	44	19.3	1.04	20.1	8	3.5	1.39	4.9	-	-
Total for Rural Districts	268,665	0.29	77,650	1,550	20.0	1.09	21.8	593	7.6	1.34	10.2	16	10
Administrative County	310,863	0.66	205,780	3,770	18.3	.96	17.6	1,825	8.9	1.18	10.5	53	14
England and Wales			46,815,000	783,165	16.0	1.0	16.0	567,345	11.6	1.0	11.6	13,726	18



## 3 - NATIONAL HEALTH SERVICE ACT, 1946

## HEALTH CENTRES

## (Section 21)

The Authority's policy concerning the provision of health centres continues. Discussions have taken place for proposed health centres at Bretton, the Ortons, Yaxley, Ramsey, South Paston and Eaton Socon.

A temporary health centre at Westwood opened on 17th May, 1971. This health centre will remain at Westwood until the permanent health centre is built at Bretton and will then be moved in turn to other townships planned under the Peterborough Development Scheme pending the erection of permanent health centres. The building of the health centre at Bretton will commence in 1973 and will be completed during the following year. Discussions regarding the health centres at Yaxley and Eaton Socon have also proceeded well and it is hoped to start building at Yaxley at about the same time as a start is made at Bretton.

The anticipated Health Centre capital building programme for the next five years is as follows:-

<u>Project</u>	<u>Year building will commence</u>
Yaxley	1972/73
Peterborough, Bretton	1972/73
"           The Ortons	1974/75
Ramsey	1973/74
Eaton Socon	1974/75
Oxmoor	1974/75
Godmanchester	1975/76

## CARE OF MOTHERS AND YOUNG CHILDREN

## (Section 22)

Ante-Natal and Post-Natal Care

All general practitioners in the area now have attached midwives. Also the arrangements whereby the midwives take cases into the new maternity hospital in Peterborough and Primrose Lane Maternity Hospital, Huntingdon, continues most satisfactorily.

In the County area apart from one small midwives' ante-natal clinic, all ante-natal sessions are held at joint general practitioner/midwife clinics.

Although with the two General Practitioner Units now having a scheme for domiciliary midwives to deliver their patients in hospital, and bring them home early, the Authority still has a high rate of early discharge cases from hospital but more of these are after 48 hours. With the new booking schemes in operation for two hospitals, midwives now assess the social needs before the booking form is sent to the hospital, so that arrangements can be made accordingly from an early date.

TABLE 5  
ANTE-NATAL AND POST-NATAL CLINICS

	<u>County Area</u>	<u>City</u>	<u>Total</u>
Number of women in attendance:			
(i) For ante-natal examination	725	208	933
(ii) For post-natal examination	388	-	388
Number of sessions held by:			
(iii) Medical Officers	-	-	-
(iv) Midwives	284*	103	387*
(v) G.P.'s employed on a sessional basis	-	-	-
(vi) Hospital Medical Staff	-	-	-
(vii) Total number of sessions in lines (iii) - (vi)	284	103	387
Note: Lines (i) and (ii) do not include women in attendance at sessions held by their own general practitioners.			
* Includes 234 sessions when midwife attended sessions with G.P. on attachment.			

TABLE 6  
ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

	<u>County Area</u>	<u>City</u>	<u>Total</u>
Number of women who attended during the year:			
(i) Institutional booked	357	134	491
(ii) Domiciliary booked	46	40	86
(iii) Total	403	174	577
Total number of attendances during the year	2,130	675	2,805

Dental Care

This is reported in full under Section 5 of the Annual Report of the Principal School Medical Officer. The following table shows the treatment provided for expectant mothers and children under 5 years:-

TABLE 7  
DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS  
AND CHILDREN UNDER 5 YEARS

	Children 0-4 (inc.)		Expectant & Nursing Mothers	
	County area	City	County area	City
<u>Attendance and Treatment</u>				
Number of Visits for Treatment during year:-				
First visit	48	27	8	1
Subsequent visits	83	11	13	1
Total visits	131	38	21	2
Number of additional courses of treatment other than the first course commenced during the year	3	3	-	-
Treatment provided during the year -				
Number of fillings	105	4	11	-
Teeth filled	94	4	10	-
Teeth extracted	26	20	10	-
General Anaesthetics given	13	10	1	-
Emergency visits by patients	5	1	-	-
Patients x-rayed	-	-	-	1
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	16	3	3	1
Teeth otherwise conserved	19	11	-	-
Number of courses of treatment completed during the year	30	24	4	1
<u>Inspections</u>				
Number of patients given first inspections during the year	102	27	22	1
Number requiring treatment	56	21	20	1
Number offered treatment	55	21	20	1
Number of patients re-inspected during the year	6	3	2	-
<u>Prosthetics</u>				
Patients supplied with F.U. or F.L. (First time)	-	-	1	-
Patients supplied with other dentures	-	-	5	-
Number of dentures supplied	-	-	8	-
	County area		City	
<u>Sessions</u>				
Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to treatment for maternity and child welfare patients	36		8	
Number of sessions for health education	-		1	

Ophthalmic Treatment

The arrangements whereby the pre-school child, who requires ophthalmic treatment, is referred either to the Hospital Eye Service or to the Ophthalmic Clinics which are run in connection with the School Health Service continue to work smoothly.

TABLE 8

## CHILDREN UNDER 5 YEARS SEEN AT COUNTY OPHTHALMIC CLINICS

	Huntingdon	Stanground	Total
Number of new cases	3	-	3
Number of old cases	5	-	5
Total attendances	8	-	8

Premature Births

There were 149 premature live births in the County during 1971, but the number of stillbirths, all delivered in hospital, increased from 7 to 21. Of the live births, 3 were delivered at home and 2 were transferred to hospital. Although special equipment is available for premature infants, this is rarely used nowadays as the aim is to have all premature infants delivered in hospital, or transferred in an incubator immediately after delivery.

Of the 144 delivered in hospital, 128 were still alive at the 28th day, and all the domiciliary births lived to this date.

County Area

TABLE 9  
PREMATURE BIRTHS

Weight at birth	Premature Live Births													
	Born in hospital				Born at home or in a nursing home				Born at home or in a nursing home				Premature stillbirths	
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day				Born	
1. 2lb 3 oz or less	(1) Total births	(2) Within 24 hrs of birth	(3) in 1 & under 7 days	(4) in 7 & under 28 days	(5) Total births	(6) within 24 hrs of birth	(7) in 1 & under 7 days	(8) in 7 & under 28 days	(9) Total births	(10) within 24 hrs of birth	(11) in 1 & under 7 days	(12) in 7 & under 28 days	(13) in hospital	(14) at home or in a nursing home
2. Over 2lb 3oz up to and including 3lb 4 oz	6	5	-	-	-	-	-	-	-	-	-	-	3	-
3. Over 3lb 4oz up to and including 4lb 6oz	12	2	1	-	-	-	-	-	-	-	-	-	7	-
4. Over 4lb 6oz up to and including 4lb 15 oz	18	2	2	1	1	-	-	-	-	-	-	-	6	-
5. Over 4lb 15 oz up to and including 5lb 8 oz	47	1	1	1	1	-	-	-	-	-	-	-	4	-
6. Total	144	10	4	2	3	-	-	-	2	-	-	-	21	-

TABLE 10  
PREMATURE BIRTHS

Weight at birth	Premature Live Births													
	Born in hospital				Born at home or in a nursing home				Transferred to hospital on or before 25th day				Premature stillbirths	
	Died		Died		Died		Died		Died		Born		Born	
1. 21b 3oz or less	(1) Total births	(2) Within 24 hrs of birth	(3) In 1 & under 7 days	(4) In 7 & under 28 days	(5) Total births	(6) Within 24 hrs of birth	(7) In 1 & under 7 days	(8) In 7 & under 28 days	(9) Total births	(10) Within 24 hrs of birth	(11) In 1 & under 7 days	(12) In 7 & under 28 days	(13) In hospital	(14) At home or in a nursing home
2. Over 21b 3oz up to 31b 6oz	3	1	-	-	-	-	-	-	-	-	-	-	1	-
3. Over 31b 6oz up to 41b 6oz	7	3	-	-	-	-	-	-	-	-	-	-	6	-
4. Over 41b 6oz up to 41b 15oz	9	-	1	-	-	-	-	-	-	-	-	-	-	-
5. Over 41b 15oz up to 51b 6oz	20	1	-	-	-	-	-	-	-	-	-	-	1	-
6. Total	69	5	2	-	-	-	-	-	1	-	-	-	9	-

Congenital Malformations

The number of congenital malformations observed at birth and notified to the General Register Office during the year was 123, the comparable figure for the preceding year being 73.

Although this may seem to be a large increase compared with 1970 one has to bear in mind a somewhat increased number of births and also the improved diagnostic facilities employed. Many of the conditions listed are easily rectifiable during early childhood. The conditions found during the year are classified in the following table (1970 figures are in brackets for comparison purposes).

TABLE 11

## CONGENITAL MALFORMATIONS - 1971

0.1	Anencephalus .....	10	(1)
0.4	Hydrocephalus .....	4	(-)
0.5	Microcephalus .....	-	(1)
0.8	Spina Bifida .....	4	(3)
1.2	Specified malformations of eye .....	1	(-)
1.6	Unspecified malformations of ear .....	1	(-)
1.8	Accessory auricle .....	3	(-)
1.9	Malformation of ear .....	-	(4)
2.1	Cleft lip .....	2	(1)
2.2	Cleft palate .....	1	(2)
2.7	Rectal and anal atresia and stenosis .....	-	(1)
2.9	Malformations of alimentary system .....	1	(-)
3.0	Unspecified malformations of heart & circulatory system .....	2	(-)
3.9	Specified malformations of heart & circulatory system .....	10	(4)
4.1	Malformations of nose .....	1	(-)
5.2	Undescended testicle .....	-	(2)
5.3	Hydrocele .....	1	(1)
5.4	Malformations of male external genitalia .....	1	(1)
5.5	Malformations of female vagina & external genitalia..	1	(-)
5.7	Hypospadias, epispadias .....	9	(4)
6.0	Polydactyly .....	4	(-)

Congenital Malformations (cont.)

6.1	Syndactyly .....	2	(2)
6.2	Reduction deformity of hand or arm .....	-	(2)
6.3	Reduction deformity of leg or foot .....	-	(1)
6.5	Talipes .....	17	(14)
6.6	Congenital dislocation of hip .....	18	(17)
6.7	Specified malformations of upper limb or shoulder ...	1	(-)
6.8	Specified malformations of leg or pelvis .....	1	(1)
6.9	Unspecified limb malformations .....	2	(-)
7.0	Malformations of musculo-skeletal system (including congenital hernias except hiatus hernia) .....	1	(3)
7.1	Malformations of skull or face bones .....	2	(1)
7.2	Malformations of spine .....	1	(-)
7.5	Chondrodystrophy .....	1	(-)
8.1	Malformations of face and neck .....	1	(2)
8.3	Pigmented naevus .....	9	(4)
8.4	Specified malformations of skin .....	2	(-)
8.9	Exomphalos, omphalocele .....	1	(-)
9.5	Other syndromes specified due to chromosomal abnormality	1	(-)
9.6	Down's syndrome .....	5	(1)
9.9	Multiple congenital malformations not specified .....	2	(-)

Since the beginning of this year a computerised At Risk or Observation Register has been operated, detailing all children in the special risk group, and those children with congenital malformations detected at birth. An overall picture is thus now available of the number and categories of handicapped or potentially handicapped children in this County, and in this way the development and progress through infancy of these children can be constantly monitored through to their assessment for special educational treatment at two years of age.

Investigations have also just begun into the introduction of a scheme for developmental assessment of pre-school children in the County. The screening procedures envisaged are to apply to all children resident in this County, irrespective of whether a child is already at risk or has a specified handicap. The maintenance of an At Risk Register while having its uses also has quite serious defects, the more significant of which are that many handicaps do become evident at a later stage in children who were not previously regarded as being at risk, and of the vast number of children maintained on the register only a very small proportion later show defects.

Obviously such a system by itself is not enough and it is thus intended to supplement the computerised At Risk or Observation Register and its potential for follow-up of selected cases with a new system for routine developmental screening of every child in the 0-5 age group, these screening tests to be carried out at specific and regular intervals throughout the life of the pre-school child.

#### Child Health Service

The total number of children attending sessions in 1971 was 4,887, this being slightly less than the figure for the previous year. More general practitioners are holding their own "well baby" sessions, with the health visitor in attendance, and this is to be encouraged.

The number of sessions held by health visitors only has risen slightly, counting those that the health visitors hold alone in general practitioner practice premises.

The general practitioner/health visitor well baby sessions give a child a much improved service, the one team being responsible for all care. With the increase in these sessions, attendance by the Authority's medical officers at child health sessions has fallen correspondingly.

TABLE 12

## CHILD HEALTH SERVICE

	<u>County Area</u>	<u>City</u>	<u>Total</u>
Number of children who attended during the year:			
(i) Born in 1971	1,970	920	2,890
(ii) Born in 1970	1,510	798	2,308
(iii) Born in 1966-1969	1,407	176	1,583
(iv) Total	4,887	1,894	6,781
Number of sessions held by:			
(v) Medical Officers	414	18	432
(vi) Health Visitors	386	266	652
(vii) G.P.'s employed on a sessional basis	148	138	286
(viii) Hospital medical staff	-	-	-
(ix) Total number of sessions in lines (v) - (viii)	948	422	1,370

Distribution of Welfare Foods

The Health Department continued to arrange for the distribution of welfare foods to expectant and nursing mothers and children under five in accordance with the scheme of the Department of Health and Social Security.

At the end of the year there were 8 voluntary distribution points in the rural areas of the County and I am greatly indebted to these voluntary workers for their assistance in providing this valuable service. Welfare foods are also distributed from six main Clinics and 22 smaller Clinics.

The following table gives the quantities of foods sold with comparison for 1971.

TABLE 13

	1971	1970
National Dried Milk (packets)	1,367	3,018
Orange Juice (bottles)	27,200	29,852
Cod Liver Oil (bottles)	776	1,133
Vitamin A and D Tablets (packets)	1,037	1,676
Vitamin ADC Drops (bottles)	1,199	-
Total	31,579	35,679

A new Welfare Foods Order came into operation on 4th April, 1971, which implemented the Government's decisions on new arrangements for the provision of welfare milk and foods and which revoked the Welfare Foods Order 1968. From that date the provision of cheap welfare milk for expectant mothers and young children ceased but entitlement to free milk and foods extended.

Under the new arrangements families with three or more children under school age continue to be entitled to seven pints of liquid milk or one pack of dried milk free of charge in respect of the third and each additional child under school age, regardless of family income. An expectant mother who already has two or more pre-school age children would be similarly entitled.

In the case of low income families an expectant mother and all children under school age are entitled to seven pints of liquid milk or one pack of National Dried Milk per week free of charge and to free orange juice, cod liver oil (or children's vitamin drops) and vitamin A and D tablets.

In addition, certain handicapped children aged 5 - 16 who are unable to attend an educational establishment will be entitled to free milk on the same scale.

Cod liver oil and orange juice are to be replaced by vitamin A, D and C drops for children and a reconstituted vitamin A, D and C tablet for mothers. The drops were available from 4th April, 1971 and cod liver oil and orange juice supplies were run down during the year as indicated in the above table.

From 4th April, 1971, need was assessed at a higher level so that more families qualified on this ground. The sale of welfare foods inevitably reduced when the new Welfare Foods Order came into operation as approximately a quarter of the mothers who had the choice of cheap liquid milk or National Dried Milk chose the National Dried Milk and over 80% of all the mothers who visit the Authority's clinics purchase orange juice which was no longer available after the end of the year. Although there has been this reduction it is noticeable that the trend has reversed and mothers are now purchasing National Dried Milk in preference to the more expensive commercial brands.

In addition to the welfare foods mentioned above, the Authority sells Ostermilk, Cow and Gate milk, S.M.A. milk, Delrosa and Adexolin at cost price in large quantities and there is no doubt this benefits the young children of our community.

#### Family Planning

The East Anglia Branch of the Family Planning Association continued to provide a family planning service in the County, clinic premises and equipment being made available, free of charge, for the use of the Association.

Clinic sessions are held at Peterborough, Huntingdon, St. Neots and St. Ives.

#### Domiciliary Family Planning Service

During the past year the Domiciliary Family Planning Service has made steady progress. Most of the mothers seen are multigravid women with 3 or more children and their need for contraceptive help can mainly be classified as social and economic.

Help with transport is given to more than half of the mothers and supportive visiting is continued where necessary.

A short course of In-Service Training lectures was given in February to the Domiciliary Nursing Staff and where possible, the interested members of staff are given practical training by the Domiciliary Family Planning Team.

It is expected that the steady progress will continue during 1972.

## NURSING SERVICES

(Sections 23 - 25)

With the small but steady increase in domiciliary staff there has been an increase in the services provided and a closer co-operation with general practitioners.

Recruitment

Although there has been an increase in the overall establishment, we are still experiencing difficulty in some fields.

Midwifery

From the chart below it will be seen that once again the domiciliary confinements have fallen, but now that the G.P. Unit in Peterborough District Maternity Hospital is really getting into full working capacity the number of deliveries conducted by domiciliary midwives has risen slightly. This arrangement is becoming much more popular with patients and staff. The number of early discharges, i.e. discharged before the 10th day, has also risen, although many of these have stayed in hospital longer than 48 hours.

TABLE 14

	1970	1971
Domiciliary Deliveries	275)	207)
Domiciliary Deliveries in G.P. Unit	) 330 58)	) 335 128)
Early Discharges (before 10th day)	1,895	2,124

Midwives and health visitors have continued with the Mothercraft and Relaxation Classes, and although the actual numbers attending have fallen since the Maternity Hospital in Peterborough started their classes, the actual attendances have risen. These classes have been supplemented by films in the evenings for fathers. Domiciliary midwives have continued to play an active part in General Practitioner/Midwife Ante-Natal Clinics, and the number of sessions held now averages 20 a week.

Health Visiting

Although the Authority had two Student Health Visitors, who started work in September, it was not possible to fill two vacancies, which, in view of the heavy case load carried by the majority of the staff, is rather disappointing.

The number of Health Visitors moving to practice premises is slowly improving, and where this has happened there is a very obvious change in the work of the Health Visitors, giving them a much better working relationship with the whole family, with the number of cases and range of visits increased.

General District Nursing

Now that the Authority has a satisfactory cover of State Registered Nurses, it has increased the staff by employing State Enrolled Nurses, thus beginning to build up a Nursing Team. In the areas where this has been possible the patients have certainly benefitted. The number of patients visited has once more increased and there has been a steady increase in the number of patients discharged early from hospital.

TABLE 15

Home Nursing - Number of Patients Visited

1970	1971
1,672	2,036

Training

Staff meetings have taken place throughout the year to discuss various aspects of the work, with the view to improving the services.

The Annual Study Day was held in the Reception Room of the Town Hall, Peterborough, on the 5th May, 1971, and it was pleasing to see that among the audience of nursing staff from this and neighbouring Authorities there were general practitioners, Councillors, hospital staff and ambulancemen. Lectures were given by Mr. R.B.W. Moore, Educational Psychologist on the staff of the Education Department of this Authority, who spoke on the Educational Psychologist in School; Dr. H.L. Frankel, Consultant in Spinal Injuries, Stoke Mandeville Hospital, who gave a most interesting talk on spinal injuries with

coloured slides to illustrate the treatment of patients from the time of the accident to their discharge from the National Spinal Injuries Centre to their own homes; Mr. R.E. Robinson, Consultant Obstetrician and Gynaecologist of Addenbrooke's Hospital, Cambridge, who spoke on Recent Trends in Ante-Natal Care, which was of great interest to the midwives attending; Mr. F. Jordan, Director of Social Services of this Authority, who spoke on Social Service Plans; and the final session was given by Miss S.A. Sherwood, our County Physiotherapist, who demonstrated wheelchairs and the attachments which can be provided for use with wheelchairs.

#### District Nurse Training

This Authority again joined with Cambridgeshire and the Isle of Ely and the Cities of Cambridge and Peterborough, and the three candidates from this County were all successful.

State Enrolled Nurses from the R.A.F. Hospital, Ely, doing their geriatric training at Petersfield Hospital, have continued to do their half-days visiting with District Nurses.

#### Pupil Midwifery Training

Pupils from the Maternity Unit at Peterborough continue to do their domiciliary training in the St. Neots area. During the year the syllabus was altered and now Pupils only have to have three actual deliveries, although in this area this is usually greater. It is necessary for Pupils to have a good knowledge of other services, and I should like to thank those members of other Departments who have assisted.

Obstetric students from the Maternity Unit have continued to pay their two-day domiciliary visits.

#### Midwifery Training

Seven Midwives attended their five-yearly Refresher Course.

#### Health Visitor Training

During the year two Health Visitors attended Refresher Courses, one on Health Education and the other for general practitioner attached staff, and both found them most useful.

#### Student Health Visitors

Two Students completed their training in September, and two more commenced training in that month, one at Stevenage and one at Chiswick Polytechnic.

### Health Education

This area has progressed slowly, but at least has progressed, with a further extension of mothercraft in a comprehensive school and more talks to various organisations.

### Loan Equipment

The amount of loan equipment has greatly increased during the year, especially the large equipment such as hydraulic hoists, which apart from assisting the staff make it possible for relatives to keep patients at home.

On April 1st the Health Department started the supply of central sterilised supplies both for midwives and district nurses. This equipment, much of which is returnable for re-sterilising, has stopped the not very satisfactory methods previously used, i.e. boiling and baking in the oven, thus giving the patient the equipment as supplied in hospital, which in the case of deliveries and surgical dressings is essential, especially in view of the number of patients being discharged early after surgery. The collection and delivery, although a County area, has not proved too difficult and is greatly appreciated by the staff. I am grateful to all concerned for making the project so worth while.

TABLE 16  
MIDWIFERY SERVICE

	County Area	City	Total
<u>Number of Domiciliary Confinements attended</u>			
<u>by Midwives under N.H.S. arrangements</u>			
Doctor not booked	3	-	3
Doctor booked (Includes 292 cases delivered by Domiciliary Midwives in Maternity Units.)	332	259	591
<u>Cases delivered in hospital and other</u>			
<u>institutions but discharged and attended</u>			
<u>by domiciliary midwives before 10th day</u>	2,124	486	2,610

TABLE 17  
HOME NURSING SERVICE

	County Area	City	Total
Total number of persons nursed during the year	2,036	1,062	3,098
Number of persons who were aged under 5 at first visit in 1971	97	20	117
Number of persons who were aged 65 or over at first visit in 1971	1,133	692	1,825

TABLE 18

## HEALTH VISITING

Cases Visited by Health Visitors	Number of Cases		
	County Area	City	Total
1. Total number of cases	9,726	5,216	14,942
2. Children born in 1971	2,810	1,275	4,085
3. Children born in 1970	2,058	872	2,930
4. Children born in 1966-69	3,602	1,446	5,048
5. Total number of children in lines 2 - 4	8,470	3,593	12,063
6. Persons aged 65 or over	512	269	781
7. Number included in line 6 who were visited at the special request of a G.P. or hospital	310	82	392
8. Mentally disordered persons	20	10	30
9. Number included in line 8 who were visited at the special request of a G.P. or hospital	14	5	19
10. Persons excluding Maternity cases, discharged from hospital (other than mental hospital)	23	48	71
11. Number included in line 10 who were visited at the special request of a G.P. or hospital	16	29	45
12. Number of tuberculous households visited	8	1	9
13. Number of households visited on account of other infectious diseases	40	9	49
14. Other cases	658	1,286	1,944
15. Number of tuberculous households visited by tuberculous visitors	222	114	336

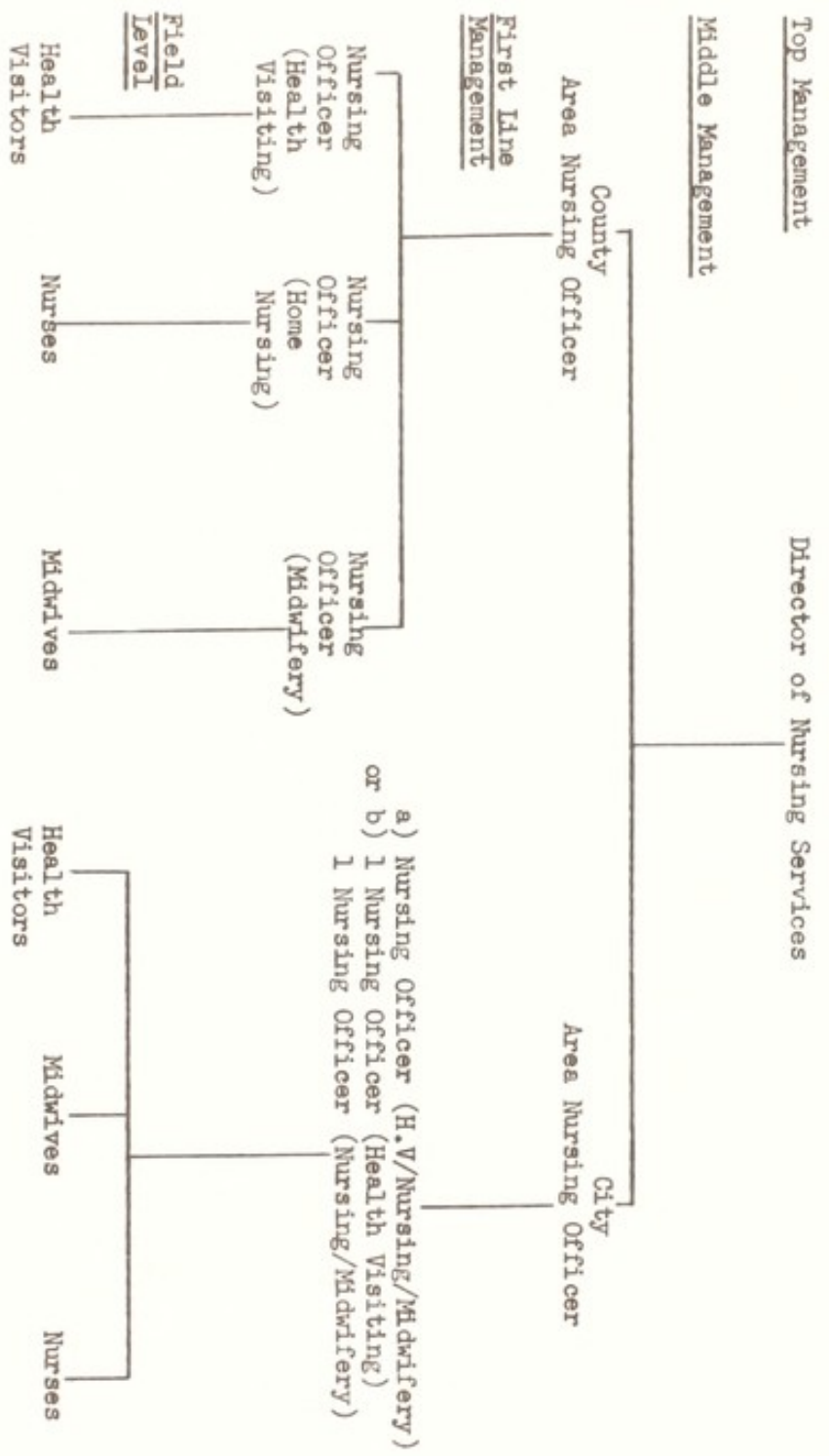
### Management Structure of Local Authority Nursing Service

The Department of Health and Social Security published in October, 1969, the report of the Working Party on Management Structure in the Local Authority Nursing Services. Local Authority Associations and Professional bodies were consulted and the report had a wide measure of support. The Secretary of State was in general agreement and commended the report to the Authority for consideration.

The aim of the report was to create a Local Authority nursing organisation similar to the structure recommended by the Salmon Report for hospitals in view of the increase in demand for community nursing services and the importance of having a soundly based management structure "to ensure improved patient care based on sound nursing policies and effective deployment of staff".

The Working Party proposed two types of organisation, one on a geographical basis and the other on a functional basis. In looking at its organisation local health authorities are reminded by the Department of Health and Social Security that an important objective of the review is to enable authorities to establish a single staffing structure with a minimum number of different management grades, viz. top, middle and first line, providing a clear chain of command from top management down to field workers, and good vertical and lateral communications. In recommending three levels of management the Working Party do not suggest that every Authority should appoint separate first line, middle and top managers. What has to be decided in each individual authority's situation is whether it is essential to employ separate first line or separate middle managers in addition to the Chief Nursing Officer.

Discussions took place with representatives of the Department of Health and Social Security and in the light of these discussions and the experiences in other parts of the Country the following management structure has been adopted by the Authority:-



## VACCINATION AND IMMUNISATION

(Section 26)

In my Annual Report for 1970 I described a new system for computer control of vaccination and immunisation to be introduced from the beginning of the present year in an effort to improve the highly unsatisfactory protection levels which have prevailed in this County in recent years. The idea of using computers in the administration of a vaccination and immunisation campaign is a comparatively new innovation to many general practitioners, but nevertheless the support and encouragement of those doctors now participating in the scheme has been most gratifying. Some indeed have become intimately involved in the development of the service and take a direct interest in it, a co-operation which is vital to the success of any new venture. The computer's requirements regarding input are exacting and a great deal of human effort is required in the scrutiny and checking of incoming documents; this will most certainly require a far more sophisticated level of medical record keeping than that existing in the past.

In return, clerical effort in both doctor's surgeries and in my department can be reduced to a minimum, and the maintenance of manual records can be discontinued as it is now possible to store all relevant information on a few reels of magnetic tape. In this way, an accurate and up-to-date central record can be maintained for the very first time, by which enquiries can be accessed in a fraction of the time previously found necessary. The many and various checks performed by the computer on the validity of all information received will ensure that these high standards of accuracy are maintained.

At the present stage of development it would be premature to attempt to assess the success of the computer appointments service or to forecast eventual results, despite the success achieved by other Authorities using similar applications. Even so, some indication of the success achieved so far was the request by the delegated authority for the City of Peterborough for the extension of the new arrangements to that area with retrospective effect to the beginning of the year. It was also particularly encouraging to observe from the first available returns that there was a significant rise in the number of children completing primary courses in the year under computerised control, and this despite the fact that the computer appointments did not commence until June.

Continuing efforts have been made to improve the number of children receiving reinforcing immunisations, given at four years of age or at school entry, by publicity aimed at the parents of all new school entrants. The problems of attendance are much more acute at this age and this is reflected in the national figures for booster immunisations which are far from satisfactory.

The figures for such immunisations in this County have improved slightly this year, particularly those for reinforcing immunisation against poliomyelitis, but I do not feel that a significant improvement in the present situation will be possible without some form of central control. Consideration is now being given to the possibility of extending the scope of the present computerised arrangements for primary immunisation to include those for reinforcing immunisations, and it is not unforeseeable that in the future the administration of all prophylaxis in this County will be under computerised control.

#### Smallpox Vaccination

In July of this year a circular was received from the Department of Health and Social Security advising all Authorities that vaccination against smallpox in infancy should now be discontinued as a routine measure. Although vaccination remains a safe and reliable method of protection against smallpox for most of the population it is felt that the risk of serious complications in childhood far outweighs the potential risk of contraction of smallpox in this Country. International eradication programmes such as those under the control of the World Health Organisation have made remarkable progress, and the areas of the World in which smallpox is endemic are diminishing.

Nevertheless a risk of importation of smallpox into this Country from these areas remains and although emphasis is placed on the vaccination of travellers and all Health Service Staff one cannot help feeling concern at this unexpected turn of events, particularly when one remembers the smallpox outbreak which occurred in this Country as recently as 1961/62 which affected some 62 persons, 24 of which subsequently died of this disease.

#### Measles Vaccination

Routine prophylaxis against measles was continued and 2,661 children were vaccinated during the year. This figure represents quite a considerable increase over that of the preceding year of 2,215, and it seems likely that the upward trend will be sustained. It will also be interesting to evaluate the impact of the computerised arrangements on the proportion of children vaccinated against this disease, but this will not become evident until at least a year from now.

Diphtheria, Whooping Cough and Tetanus

Once again there has been a considerable rise in the number of children receiving primary immunisations throughout the year, due in part, I feel, to the influence of the computer appointments service in operation in the latter half of the year. As always there is room for improvement and even better results are anticipated next year, by which time the effect of the new arrangements on the number of primary immunisations received by children during one complete year can be ascertained. The comparative figures for 1971 and 1970 are given in Table 19.

There was a slight increase in the number of children receiving revaccination against Diphtheria and Tetanus, and quite a considerable rise in the number of children who were given a booster dose of Poliomyelitis vaccine. There are no specific recommendations regarding boosters for Whooping Cough.

TABLE 19

Completed Primary Course	1971	1970
Diphtheria	2,290	1,725
Pertussis	2,218	1,687
Tetanus	2,352	1,774
Poliomyelitis	2,210	1,821
Reinforcing doses		
Diphtheria	2,294	2,198
Pertussis	388	735
Tetanus	2,691	2,601
Poliomyelitis	2,296	2,053

TABLE 20

## VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1971

County Area (Excluding City of Peterborough)

Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964-1967		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	168	1339	555	99	53	3	2217
3. Diphtheria/Pertussis	-	-	-	-	1	-	1
4. Diphtheria/Tetanus	-	19	6	11	23	9	68
5. Diphtheria	-	3	1	-	-	-	4
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	2	1	2	1	61	67
8. Salk	-	-	-	-	-	-	-
9. Sabin	167	1351	523	85	71	13	2210
10. Measles	-	776	584	236	386	49	2031
11. Rubella	-	-	2	1	8	1272	1283
12. Lines 1+2+3+4+5 (Diphtheria)	168	1361	562	110	77	12	2290
13. Lines 1+2+3+6 (Whooping cough)	168	1339	555	99	54	3	2218
14. Lines 1+2+4+7 (Tetanus)	168	1360	562	112	77	73	2352
15. Lines 1+8+9 (Polio)	167	1351	523	85	71	13	2210

Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1971	1970	1969	1968	1964-1967		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	-	6	45	15	301	21	388
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	-	7	19	1694	181	1901
5. Diphtheria	-	-	-	-	5	-	5
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	4	12	77	309	402
8. Salk	-	-	-	-	-	-	-
9. Sabin	-	6	47	24	2000	219	2296
10. Lines 1+2+3+4+5 (Diphtheria)	-	6	52	34	2000	202	2294
11. Lines 1+2+3+6 (Whooping Cough)	-	6	45	15	301	21	388
12. Lines 1+2+4+7 (Tetanus)	-	6	56	46	2072	511	2691
13. Lines 1+8+9 (Polio)	-	6	47	24	2000	219	2296

TABLE 21

## VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1971

City of Peterborough

Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964- 1967		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	107	829	210	48	130	24	1348
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	12	5	5	90	4	116
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	2	3	4	4	14	127	154
8. Salk	-	-	-	-	-	-	-
9. Sabin	107	866	221	58	222	56	1530
10. Measles	-	262	154	74	87	53	630
11. Rubella	-	-	-	-	-	640	640
12. Lines 1+2+3+4+5 (Diphtheria)	106	841	215	53	220	28	1463
13. Lines 1+2+3+6 (Whooping cough)	106	829	210	48	130	24	1347
14. Lines 1+2+4+7 (Tetanus)	109	844	219	57	234	155	1618
15. Lines 1+8+9 (Polio)	107	866	221	58	222	56	1530

Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1971	1970	1969	1968	1964- 1967		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	-	57	29	12	280	64	442
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	3	3	1	316	35	358
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	3	2	34	226	265
8. Salk	-	-	-	-	-	-	-
9. Sabin	-	23	29	13	651	212	928
10. Lines 1+2+3+4+5 (Diphtheria)	-	60	32	13	596	99	800
11. Lines 1+2+3+6 (Whooping cough)	-	57	29	12	280	64	442
12. Lines 1+2+4+7 (Tetanus)	-	60	35	15	630	325	1065
13. Lines 1+8+9 (Polio)	-	23	29	13	651	212	928

## AMBULANCE SERVICE

(Section 27)

The following information has been supplied by the County Ambulance Officer.

"The year's work of the Ambulance Service can be summed up in one phrase - some improvement in the development of personnel training and ambulance equipment, but much of the year was devoted to resolving problems at the expense of making progress.

On the credit side of the year's work, it will I hope be of encouragement to both patients and ratepayers that every member of the Ambulance Service has now been trained for the job he is engaged to do. In addition for the very first time, both Control and junior supervisory officers have had the opportunity of attending courses to improve their Control knowledge and receive instruction in the principles of management and the best means of human communications. In addition to technical training carried out at the regional schools in Essex and Leicester, local In Service courses at the Peterborough District Hospital have been arranged with the kind co-operation of the staff of the District Hospital, so that Ambulance personnel can gain further knowledge into the treatment of patients after they have been delivered by ambulance to hospitals.

For the first time since the County took over the Ambulance Service in 1948 a local Training Day has been held at the Fire and Ambulance Headquarters at which all junior officers attended in order to hear talks from the Principal Adviser on the Ambulance Service at the Department of Health and Social Security and from distinguished Chief Ambulance Officers in the neighbouring Counties on important subjects such as command and control from a leadership and Service structure.

Despite the attention to training which has been carried out in the year, there is regrettably little evidence that the junior officers have been able to encourage their subordinates to develop an enthusiasm for regular In Service training and it is a matter of great disappointment to me that the voluntary lectures given by acknowledged experts in anaesthesia, orthopaedics and midwifery have not been well attended. Perhaps as it has taken twenty three years for a training scheme to be produced by the Ministry, it accounts for the fact that we cannot expect instant interest by personnel who have relied on experience and a voluntary Association first aid handbook for their knowledge of their job.

On problems, the first difficulty has been the increased number of patients who are recommended for sitting car and ambulance transport, because of lack of rural bus services. It is quite clear that there is a need in the County for a Community Car Service similar to the Hospital Car Service operated by voluntary drivers under the control of the County Ambulance Service. This increased work is reflected in the fact that although there must be medical need before ambulance or sitting car transport is given to a patient, the considerations which need to be taken into account by the medical practitioners are extremely difficult to define as a patient who cannot obtain a bus service into the clinic to which they have been directed is usually unable to walk to the Hospital without the possibility of being a medical case himself due to the physical exertion of the stroll to the hospital and back. A member of the Fire and Ambulance Service has been appointed to a Committee looking into the rural transport requirements in County areas and it is hoped that their recommendations may include the development of the Hospital Car Service into a Community or Social Car Service.

The introduction of the "Entonox" equipment onto ambulances in order to relieve the pain of victims trapped in road accidents, industrial equipment or rail crashes has been widely welcomed in the Ambulance Service. This equipment which is similar to the gas/air machines used by midwives for many years can now be offered to casualties who are conscious, but can gain some reduction of pain by this temporary form of anaesthetic. All the personnel at the Ambulance Stations have received full instruction in the use of this equipment, which at present is only available on the accident ambulances, but I hope will be extended to the routine ambulances who may be called to accidents during the coming year.

For the first time for many years the replacement ambulances were built on a new type of chassis, as the model in use had gone out of production. New vehicles always produce a crop of small defects and it is interesting to note that no complaint was received by the patients on the riding qualities of the new ambulances, but drivers did express concern about a number of visibility and engineering design components on the latest models. In conjunction with the body builders it is hoped that the next group of replacement ambulances will be modified to reduce these complaints.

The year ended on an unhappy note when the Health Committee turned down a request for an Ambulance Training/Staff Officer to be appointed in order to plan the transfer of the Ambulance Service to the new Area Health Boards in 1974. Although there are many merits to be associated with a combined Fire and Ambulance Service, it is essential that once a decision has been made to separate the organisation into two distinct parts, there should be a qualified and suitable Ambulance Officer available to undertake responsibilities for negotiations of integrating the County Ambulance Service into the future National Health Service organisation.

It was also a disappointment to learn that the study which the Local Government Operational Research Unit could have carried out to ascertain the future needs of the Ambulance Service stations in Peterborough was deferred for a year at a time when there is an urgent need to reserve sites in areas which may be developed or earmarked for special purposes. It is imperative that the future Health Authority has an opportunity to find the best location for any additional ambulance stations as may be required to cover the populations in the designated area of Greater Peterborough. It must be clearly understood that there is a limit to the number of vehicles which can be stored at Dogthorpe Road and in any case for a number of years there has been concern by the Local Authorities of Old Fletton and Norman Cross that there is no Ambulance Station south of the river in order to deal more quickly with the accidents which occur with sinister regularity on the A.15 and the A.1 from Norman Cross to Wansford. This study ought to be undertaken in 1973 if Peterborough is to have the Ambulance Service it deserves for a City with a population in excess of many of the existing County Boroughs.

To sum up - a year of progress in training, very little advance in planning and too much solving of today's problems with too little attention for tomorrow's needs."

The County Ambulance Service has three stations one at Peterborough which houses the County Control, one at Huntingdon and one at St. Neots. Apart from the Fire Brigade supervisory officers the Service is manned by the following personnel:-

- 1 Senior Control Station Officer
- 2 Ambulance Hospital Liaison Station Officers
- 2 Shift Leaders
- 12 Leading Drivers
- 44 Driver/Attendants
- 4 Control Assistants
- 1 Telex Operator
- 1 Telephonist

The clerical services are carried out by the Fire Service administrative staff.

During the year the wholetime Service conveyed 72,688 patients, 5,892 of these being emergencies and 66,796 pre arranged bookings. The fleet comprising 30 vehicles travelled a total of 482,408 miles - 293,997 by stretcher ambulances and 188,411 by routine clinic vehicles.

130 patients were carried by rail transport over distances totalling 11,015 miles.

The wholetime personnel are supplemented by 15 voluntary car drivers who during the year carried 6,627 patients and covered 151,316 miles.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28)

## Tuberculosis

There have been no alterations in the arrangements for the care and after-care of patients suffering from tuberculosis. The Consultant Chest Physicians carry out skin testing and B.C.G. vaccination of contacts. There are two Health Visitors who are responsible for the tracing of contacts and assist in the supervision of after-care. A report on the vaccination of school children is included in Section 4 of the report of the Principal School Medical Officer.

TABLE 22

## B.C.G. VACCINATION

	County Area	City	Total
<u>Contact Scheme</u>			
Number skin tested	92	60	152
Number found positive	23	12	35
Number found negative	56	48	104
Number vaccinated	63	54	117
Babies vaccinated at birth	7	4	11
<u>School Children and Students</u>			
Number skin tested	4,056	1,112	5,168
Number found positive	69	143	212
Number found negative	3,794	954	4,748
Number vaccinated	3,786	954	4,740

The increase in the number of children vaccinated (last year the total being 2,237) is attributable to the extension of vaccination to all children aged 11 years and over, whereas formerly such vaccination was restricted to those children aged 13 years and over.

### Provision of Incontinence Pads

The demand for the free provision of incontinence pads, on the recommendation of a doctor or nurse, continues to increase. During 1971, 28,000 pads were issued compared with 27,500 in 1970.

### Venereal Diseases

#### Contacts

Upon notification of contacts the appropriate District Medical Officer is informed. The contact is located and advised to visit the special clinics held at Addenrooke's Hospital, Cambridge, or Peterborough District General Hospital.

The following information which has been supplied by the Physicians in charge of Clinic Centres at Peterborough, Cambridge and other towns shows the classification of cases attending the Clinics from within this County area during the year 1971. The total number treated was 527 compared with 562 for 1970.

Particulars of patients from the County of Huntingdon and Peterborough areas treated at the Venereal Diseases Treatment Centres during 1971 are given in the following table.

TABLE 23

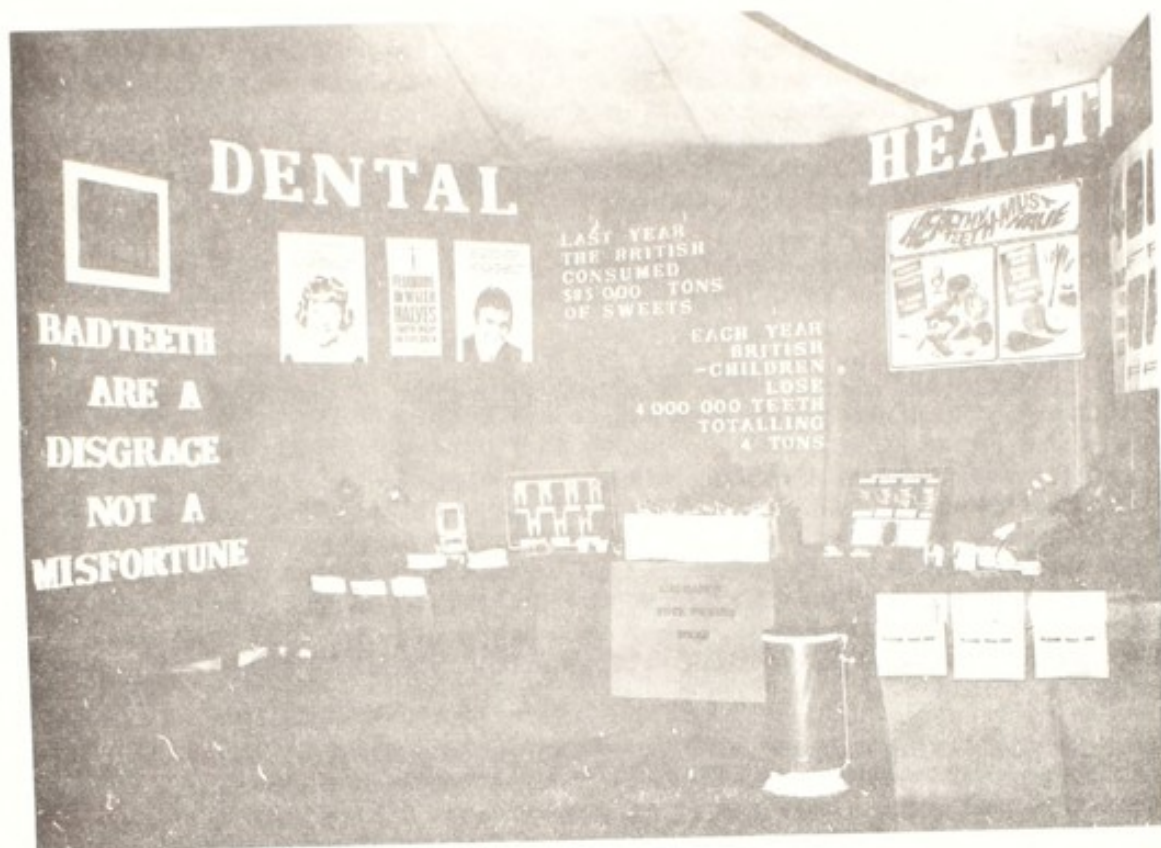
	Cambridge		Peterborough		Bedford	
	1971	1970	1971	1970	1971	1970
Number of persons dealt with for the first time and found to be suffering from:-						
Syphilis	3	-	5	9	-	-
Gonorrhoea	25	20	83	92	2	4
Other Genital Infections	75	102	175	317	20	18
Other Conditions	35	-	102	-	2	-
Totals	138	122	365	418	24	22

### Physiotherapy

Miss Sherwood, physiotherapist, continues to help a large number of people in the County. She sees in the main old folk suffering from for example, arthritis, hemiplegia and physical debilities and children with spastic, spina bifida and other handicaps. This is a most worthwhile service and the physiotherapist receives more demands for her time than she is able to cope with. There is often a great advantage in the patients being treated in the local clinics, schools or their own homes rather than having to make long journeys to hospitals. General practitioners often express the need for a "local" physiotherapist and one can see a development of this with the opening of health centres in the community in the future.

### Registration of Nursing Homes

At the end of the year there was one nursing home with 25 beds registered with the County Council. Regular supervisory visits are carried out by the medical and nursing officers.



DENTAL CARE



DANGERS OF SMOKING

TWO OF THE MANY SUBJECTS COVERED AT THE EAST OF ENGLAND SHOW

"HEALTH '71"

The East of England Show was held at Peterborough on the 20th to 22nd July, 1971. The County Councils of Bedfordshire, Cambridge and Isle of Ely and Huntingdon and Peterborough presented a stand entitled "Health '71" with excellent success.

The stand site was relatively well situated and consisted so far as health was concerned of a large marquee with a smaller one attached, which was used as a cinema, and a mobile Health Education Council van. The van and the large marquee were around a paved patio with shrubs and firs. There was also a 20ft. tower at one corner of the site indicating "Health '71" and who was taking part.

The Health Education Council exhibit concerned cancer. Closed circuit television was used and Mr. J. Cox from the Health Education Council worked with the Health Visitors during the show. People naturally delight in seeing themselves on television and a set strategically placed outside the van with a hidden camera made people stop and look at themselves. They were trapped! The next step was for the Health Visitors to talk to them about cancer and show them around the van.

In the large marquee the Authorities devoted their resources to the dangers of smoking; dental care; vaccination and immunisation; family planning and community nursing services. There were also family doctor booklets on sale. Each section was presented fully and attractively and many members of the public remarked on the quality of the stand.

At one end of the marquee there was a mural produced by the Gamlingay Village College. In front of the mural was a pool complete with fountain and goldfish, flowers and shrubs and the whole item was most pleasing. The mural entitled "The Death Wish" indicated the way we are polluting the environment and was the subject of a group project. The College pupils and staff put a tremendous amount of time and trouble into their work and I cannot praise too highly the results of their labours.

The Family Planning Association staffed the family planning section and I am most grateful for their time and effort. They met many members of the public and sold pamphlets and booklets.

There were small gifts for visitors to the stand who answered correctly a short questionnaire relating to the stand and the children particularly were most enthusiastic about this. Indeed I think they all had a gift.

Background music, flowers and small conifers gave character to the marquee and set the stage for the Health Visitors to talk to the public. There was a great emphasis on these talks and they helped people to understand more completely the curse of smoking and sticky sweets, the need for vaccination and immunisation and the availability of family planning advice and help. Also, importantly, it enabled the public to understand the work of the Local Health Authorities and to meet some of the nursing staff.

The cinema had half-hourly shows and the films related to the Health Education subjects being dealt with. Despite the weather being warm and sunny for most of the time, the number of people watching these films was high.

It is worth noting that the children visiting the stand were encouraged to participate in various ways. For example they completed the health questionnaire, exchanged sticky sweets for apples and crisps, were given a prize and free toothpaste, examined pigs lungs and hearts and a model of the internal components of a human and could look at colour slides and see films. It was interesting to see the same faces return to again try to "swap" sweets for apples and get another prize!

On the Wednesday and Thursday of the week before the show, training sessions were held at Huntingdon Clinic where the Health Visitors who would be staffing the stand received lectures and had discussions on cancer and other health topics. The Health Education Council provided these talks and they were most useful as a prelude to the show.

It was most satisfying for the three Authorities concerned to present "Health '71" with complete co-operation and co-ordination. There was a great deal of preparation involved in presenting this and I am most grateful to all those concerned who put so much time and trouble into making the project such a success.

## 5 - NATIONAL ASSISTANCE ACT, 1948

Incidence of Blindness

There were 190 registered blind persons (84 male and 106 female) in the County on the 31st December, 1971, compared with 206 at the end of the previous year. During 1971 the number of cases certified blind on Form B.D.8 was 14 (5 male and 9 female). There were 2 inward transfers to the County during the twelve months.

The number of deaths of blind persons recorded during the year was 23 (10 male and 13 female), whilst 4 male and 3 female blind persons left the County.

The following table shows the ages of blind persons on the register at the 31st December, 1971. (Numbers on register at 31st December, 1970, are shown in brackets).

TABLE 24

0-	1-	2-	3-	4-	5-10	11-15	16-20
(-)	(-)	(-)	(1)	(1)	(2)	(-)	(2)
-	-	-	-	3	2	-	3
21-29	30-39	40-49	50-59	60-64	65-69	70 & over	Total
(9)	(8)	(11)	(11)	(12)	(12)	(137)	(206)
7	8	10	10	8	14	125	190

The number of cases in the County certified to be partially sighted during the year was 11. The number of partially sighted persons on the register at the end of the year was 57 (26 males and 31 females) compared with 55 (26 males and 29 females) at the end of 1970.

During the year 1 partially sighted person was an inward transfer to the County and 4 persons moved away. Persons removed from the register as follows:- 3 deaths, 3 certified blind.

The age distribution of partially sighted persons is shown in the following table:-

TABLE 25

0-	2-4	5-15	16-20	21-49	50-64	65 and over	Total
(-)	(1)	(5)	(8)	(10)	(2)	(29)	(55)
-	-	4	6	13	5	29	57

The following table shows the follow-up of registered blind and partially sighted persons:-

TABLE 26

	CAUSE OF DISABILITY							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	Blind	P/S	Blind	P/S	Blind	P/S	Blind	P/S
(1) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends:								
a. No treatment	(4)	(-)	(1)	(-)	(-)	(-)	(11)	(2)
	1	-	-	-	-	-	6	1
b. Treatment (Medical, surgical or optical)	(5)	(1)	(1)	(-)	(-)	(-)	(2)	(3)
	1	2	1	-	-	-	5	8
(2) Number of cases at (1) b. above which on follow-up action have received treatment.	(2)	(-)	(1)	(-)	(-)	(-)	(1)	(2)
	-	1	-	-	-	-	-	-

TABLE 27

Employment of Blind Persons

(1) Homeworkers:	1 Musician
	1 Chair seat repairer
	1 Piano Tuner
	1 Pig Breeder
	1 Cane Worker
(2)	1 Assembler at Papworth Industries
	2 Basket makers at Norwich Institution for the Blind
(3)	1 Physiotherapist
	1 Company Director
	1 Shorthand/Typist
	1 Assembler
	1 Storeman
	2 Labourers
	1 Farmworker
	1 Packer
	1 Machine operator

At the end of the year 18 blind persons were usefully employed.

## 6 - INFECTIOUS DISEASES

The incidence of notifiable infectious diseases continued to fall during the year, fewer than one thousand being notified in twelve months.

Measles accounted for 58 per cent of the notifications received as compared with 64 per cent in 1970. One would like to think that vaccination of infants against this condition contributed to this downward trend, but as 1971 did not appear to be a "measles year" only time will tell whether, or not, the susceptible population has been adequately protected.

Infective Jaundice was prevalent again in the County, and, as occurred last year, St. Neots Urban District and Peterborough City were the areas which suffered most. The condition has a lengthy incubation period of anything from 15 - 50 days, during which time spread of the infection to susceptible individuals takes place before symptoms and signs appear in the affected patient. For this reason it is a condition which is almost impossible to control.

TABLE 28  
 INFECTIOUS DISEASES NOTIFIED IN COUNTY  
 for the year ended 31st December, 1971

District	Measles (excluding Rubella)	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute encephalomyelitis		Post- Infectious	Leptospirosis	Paratyphoid Fever	Typhoid fever	Food Poisoning	Whooping Cough	Tetanus	Infective Jaundice	Tuberculosis			Smallpox	Ophthalmia Neonatorum	Total	
						Paralytic	Non-paralytic									Respiratory	Meninges and C.H.S.	Other				
URBAN																						
Huntingdon & Godmanchester	20	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	3	-	-	-	-	24
Old Fletton	11	1	1	-	1	-	-	-	-	-	-	1	2	-	1	-	15	-	-	-	35	
Peterborough	208	3	2	-	-	-	-	-	-	-	2	2	3	-	53	-	15	-	-	-	297	
Ramsey	9	1	2	-	-	-	-	-	-	-	-	1	-	-	2	-	6	-	-	-	15	
St. Ives	4	1	1	-	-	-	-	-	-	-	-	1	-	-	100	-	1	-	-	-	14	
St. Neots	199	5	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	302	
RURAL																						
Darrack	12	1	3	-	-	-	-	-	-	-	-	-	2	-	-	-	1	-	-	-	19	
Huntingdon	16	-	2	-	1	-	-	-	-	-	-	4	1	-	-	-	-	-	-	-	22	
Horwax Cross	14	-	-	-	-	-	-	-	-	-	-	-	23	-	-	-	-	-	-	-	45	
Peterborough	44	-	1	-	-	-	-	-	-	-	-	1	0	-	3	-	2	-	-	-	54	
St. Ives	1	-	2	-	-	-	-	-	-	-	-	1	1	-	3	-	1	-	-	-	10	
St. Neots	30	-	-	-	-	-	-	-	-	-	-	-	19	-	4	-	1	-	-	-	54	
Thorney	6	-	-	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	-	-	15	
TOTAL	572	11	13	-	2	-	-	-	-	-	2	15	134	-	193	30	-	13	-	1	986	

## 7 - MEDICAL HISTORY AND STAFF EXAMINATIONS

During 1971 a total of 392 candidates for employment in the Council's service submitted statements of their medical history compared with 413 during 1970. Following scrutiny of these forms by a medical officer in department 293 candidates were found to be fit to undertake the duties of the post for which they had applied.

Recommendations were made for 19 to be referred for medical examination and one for chest x-ray in view of the history given, and a further 66 for medical examination as being 45 years of age or over. 7 of the examinations required in these two categories were undertaken on the Council's behalf by medical officers employed by other Local Authorities as they were in their employ or residing within their area.

Arrangements were made for 6 persons seeking appointments with other Local Authorities to be medically examined by medical officers in department and for a further 3 to have chest x-rays taken.

105 applicants for the Fire Service and 14 for the Ambulance Service were medically examined by medical officers in the department. Chest x-rays were arranged for 89 of the applicants for the Fire Service.

In only 4 cases was the candidate's standard of health, following medical examination, certified to be unsatisfactory for employment in the Council's service, and in a further 8 cases the standard of health was such that a recommendation was made that the candidate should be employed on a temporary basis and the condition reviewed.

## 3 - THE COMPOSITION AND QUALITY OF FOOD AND DRUGS

I am indebted to the Chief Consumer Protection Officer for the following report which gives details of the work carried out by his Department under the Food and Drugs Act, 1955, and its ancillary legislation for the year ended 31st December, 1971.

"The County Council as the Food and Drugs Authority for the County, carry out the provisions of the Food and Drugs Act, 1955 and various orders and regulations associated therewith which deal with the composition and description, quality and Labelling of food and drugs. These duties are carried out by the Consumer Protection Department in conjunction with the Health Department.

The following is a brief summary of the work carried out during the year.

1. Milk Sampling for Composition and Quality

382 samples of milk were analysed during the year and all were found to be satisfactory.

2. Milk Sampling for Bacteriological and Biological Testing

322 samples were submitted for testing and of these 7 were found to be unsatisfactory.

All the unsatisfactory samples had failed the Methylene Blue test which is the test for keeping quality and in most cases their failure could be attributed to overlong storage by the retailer. The Retailers concerned were suitably advised and repeat samples taken have proved satisfactory.

3. Antibiotics in Milk

23 samples were taken to detect the presence of Antibiotics and all were found to be satisfactory and free from contamination.

4. Other foods sampled for Composition and Quality

187 samples were taken during the year from all parts of the County. 17 of these were found to be unsatisfactory.

In most cases the unsatisfactory samples were complaints received from members of the Public, and taking into account the vast amount of satisfactory foodstuffs which are consumed throughout the County in the course of a year, it will be seen that the percentage of unsatisfactory articles is low.

The following are reports on a few of the unsatisfactory samples and full details of all samples taken will be found in the tables at the end of the report.

#### Tinned Tomatoes

A tin of Plum tomatoes, packed in Spain was alleged to have contained a beetle. Examination of the beetle confirmed that although of a type common to Europe and the British Isles the beetle could only have entered the can at the time of canning in Spain. The body of the beetle contained fully developed eggs and since this Species breeds in August to September it would not have been possible for it to have got into the can in January, the time of complaint, in this condition.

#### Sliced Brown Loaf

A small sliced brown loaf was alleged to have contained a maggot. All the evidence however suggested that the maggot had entered the loaf at some time after the loaf had left the bakery most probably after the wrapper was removed by the complainant.

#### Strawberry Jam Tart

A strawberry jam tart was found to contain a maggot which had, in the opinion of the Public Analyst been present in the tart before baking. At our request a full inspection of the bakery was carried out by the Public Health Authority for the area concerned and in view of their very favourable report and taking into consideration the wishes of the complainant, the matter was dealt with by way of a caution.

#### Tinned Lean Cut Corned Beef

A complaint was received concerning a tin of lean cut Corned Beef which was found to contain a fragment of metal well embedded in the meat. The matter was taken up with the manufacturers, who carried out a full investigation and eventually identified the piece of metal as coming from a broken welded seam on the bottom and inside of a meat cooking pot at the canning factory in Kenya. The Factory have undertaken to examine all pots and to smooth off all seam welds to try and prevent the possibility of a re-occurrence. The complainant did not wish any further action to be taken in the matter and accordingly a caution was issued.

Roll Mop Herrings

A piece of wood shaving found to be present in a jar of Roll Mop Herrings was found after enquiries had been carried out in conjunction with the manufacturers to have come from the barrel in which the Herrings were stored prior to pre-packing. In compliance with the complainant's wishes the packers were cautioned.

Pork Luncheon Meat

Small particles found in a tin of pork luncheon meat were identified as fragments of metal composed of iron and tin. Enquiries showed that although the Company concerned employ metal detectors to ensure that metal fragments are eliminated from tins before filling, this would appear to be an isolated incident where the contamination was present in the can before filling. The manufacturers were cautioned.

Pork Chipolata Sausages

A formal sample of pork chipolatas was found to contain Sulphur Dioxide Preservative which was not declared at the time of sale. The preservative, which was within the permitted maximum of 450 parts per million as laid down by the Preservatives in Food Regulations, had been added by the manufacturer who had declared its presence on his invoices. The wholesaler failed to pass this declaration on to the retailer, who was unaware of the requirements and consequently failed to display the necessary notices. The retailer and wholesaler were cautioned after assurances from all concerned that adequate steps would be taken to prevent a re-occurrence.

General

Several complaints were received where there was an element of doubt or where the trouble was of a minor technical nature and in these cases the only action taken was to advise the manufacturers accordingly."

TABLE 29

Article	Routine Samples		Complaints	
	Genuine	Not Genuine	Genuine	Not Genuine
Bread	3			1
Biscuits and Cakes	20			1
Sweets and Confectionery	23			1
Christmas Pudding	1			
Jellies and Desserts	4			1
Preserves	10			
Fruit Squashes and Drinks	7			
Minerals	1			
Beverages	5			
Cereals	2			
Lard	1			
Milk Products	8			
Cream	9			
Butter	8			1
Cheese	2			
Potato Products	5			1
Meat Products	9			4
Sausages	30	1		
Tinned Fruit	6			1
Other Tinned Food	4			2
Patent Medicines	1			
Cooking Oils	2			
Flavourings and Colourings	2			
Fruit and Vegetables	2			1
Condiments	2			
Poultry and Fish	2			2
Spirits	1			
TOTAL	170	1	-	16
Milk - Heat Treated	302	7	-	-
Milk - Antibiotics	23	-	-	-
Milk - Untreated	13	-	-	-
Milk - Quality	382	-	-	-
TOTAL	720	7	-	-

## I - MEDICAL INSPECTIONS

The number of pupils on the school registers at the end of the year was 25,890 compared with 24,422 in the previous year, an increase of 1,468. This is a similar increase to last year when the comparative figure was 1,477.

The arrangements made for the routine medical examination of children on school entry, and at age 10 and 14, continued during the year, when some 5,949 pupils were examined. The fact that this figure is 1,768 less than that for the previous year is due to the shortage of medical staff within the County.

During the year discussions have taken place concerning the advisability of examining all school children at the age of 10 or 11 years. It is considered that a comprehensive selective procedure for this age group would direct the medical skill where it is most necessary and avoid any waste of medical manpower. This method of inspection will be introduced in 1972 and will be closely monitored.

The percentage of pupils inspected in the periodic age groups was 23 per cent compared with 31.6 per cent in 1970.

TABLE 1

Type of School	Number of Schools	Number of pupils on Registers as at January 1972
Secondary Comprehensive	11	9,024
Primary	77	16,615
Nursery	1	94
School for Educationally Subnormal	1	114
School for Severely Subnormal	1	43
Totals	91	25,890

### General Health and Nutrition

The general physical condition of the children was good, only 5 children out of the total number examined being considered as unsatisfactory. It is indeed rare to observe any real nutritional deficiency and almost as rare to find a child who could be described as dirty.

### School Nursing Service

This service continues to run efficiently. It includes hygiene inspections, assisting at routine medical inspections, dealing with social problems in individual families with school children and giving health education when appropriate.

### Findings at Periodic Medical Inspections

During the course of periodic medical inspections 580 individual pupils were noted as requiring treatment or were in the course of having treatment, this figure is equivalent to 9.7% of the pupils inspected. Analysis of the figures reveals that 303 pupils (5.1%) had defective vision and 326 pupils (5.5%) had some other defect. Re-inspections are probably the most rewarding part of the School Medical Officers' work at periodic medical inspections as it is interesting to watch the effect on the child's educational progress of the various defects discovered.

## 2 - MEDICAL TREATMENT OF DEFECTS

Ophthalmology

The County Ophthalmologist, Dr. Wilson Taylor, attended clinics at Huntingdon, Stanground and Ramsey. Details of attendances were as follows:-

	<u>Huntingdon</u>	<u>Stanground</u>	<u>Ramsey</u>
During 1971 the number of sessions were:	48	19	4
The number of patients seen were:			
New Cases	110	50	5
Old Cases	523	203	52
Attendances	633	253	57
Cases for which spectacles provided:	254	103	16

Physiotherapy

I am indebted to Miss S.A. Sherwood, the Orthopaedic Physiotherapist, for the following report:-

"1971 has been a year of continued reorganisation following the closure of the orthopaedic clinic in 1970.

As can be seen from Table 4 there has been an increase in the number of visits made to schools and also in the number of treatments given to school children, further, both the treatments and the visits were of longer duration than was possible in previous years, which, particularly in the case of the more severely physically handicapped children, has been a great advantage.

A direct result of this has enabled me to devote more time to the nine physically handicapped children attending Springfields Education Centre. With the helpful co-operation of the Head Teacher, a room has been made available exclusively for physiotherapy treatment, this has enabled the use of larger pieces of apparatus thus making the treatment sessions more interesting and stimulating for the children.

Physiotherapy treatment for the more severely handicapped children, such as those with Cerebral Palsy, Spina Bifida etc. must necessarily extend over a period of several years and one of the major difficulties is to sustain the child's interest and co-operation during this time and the greater the variety of activities available the more easily this is achieved.

This fact was demonstrated very clearly when in March 1971, with the enthusiastic co-operation of Mrs. Lee-Smith of the Allerton Equitation School at Alconbury, three physically handicapped boys from Springfields Centre, aged approximately 7 years, began riding lessons, from which they derived much enjoyment and benefit. Similarly, with the co-operation of one of the teachers, Mrs. Gibbons, three of the physically handicapped pupils at Orton Hall School had riding lessons on a pony resident at the school.

It is hoped to further improve the treatment facilities for the children at the Springfields Centre by providing hydrotherapy when the indoor heated pool is completed in January, 1972.

As can be seen from Table 3 the number of physiotherapy clinics held and the attendances thereat were very small, this is due to the fact that a small number of children continued to require orthopaedic after care such as measurement for special boots and supervision of exercises etc. In view of the fact that the emphasis is now on treatment in the school environment, the number of clinics held is likely to fall still further in the future.

I should like to take this opportunity to thank all the members of staff and the teachers of the various schools and centres visited for all their help, co-operation and encouragement during 1971."

TABLE 2

## Attendances at Physiotherapist's Clinics

	Huntingdon	Stanground	Ramsey	St. Ives	St. Neots
Number of clinics held	2	11	-	2	21
Number of attendances of school children	4	37	-	4	30

TABLE 3

## Attendances of Physiotherapist at Schools

	<u>1971</u>	<u>1970</u>
Number of visits made to schools	199	153
Number of treatments given at the school	768	623

## SPEECH THERAPY

1971 promised to be a year during which the Speech Therapy Service could expand to meet the growing needs of the area.

Mrs. Lincoln and Miss Cullingford worked in a full-time capacity, and were assisted by the part-time services of Mrs. Brooks and Mrs. Golding. This situation continued till September when Mrs. Brooks commenced full-time duties - a factor which was to prove invaluable when Miss Cullingford resigned in November to be followed in December by Mrs. Golding.

While four therapists were engaged in work it was possible to offer a more comprehensive service, reducing waiting lists to a minimum, and covering most areas of the County. In addition to the regular weekly visits made to schools, sessions were again held at St. Edwards School, Springfields Education Centre and Huntingdon Nursery School. Clinics were also held at Ramsey, Huntingdon, St. Ives and St. Neets.

In June Mrs. Lincoln undertook a survey of requirements in the North of the County where speech therapy was not being provided for all children requiring it. The following table shows the results of the survey:-

TABLE 4

No. of Schools Visited	Children Seen	No. Requiring Therapy
17	121	61

It was possible to commence treatment in these schools in September.

There has been an increasing awareness of the needs of the pre-school child, with a resulting increase in referrals.

Talks have been given to Health Visitors, Teachers, Play-Groups and non-professional societies.

It is gratifying to record the understanding co-operation of Colleagues, General Practitioners, Health Visitors, Teachers and parents, to all of whom sincere thanks are owed.

The total number of children seen during 1971 was 427 with 175 discharged.

TABLE 5

Speech Defects treated during 1971 in order of frequency	
Dyslalia	239
Retarded Speech and Language Development	115
Minimal Cerebral Dysfunction	30
Stammer	20
Cleft Palate	9
Hearing Impaired	12
Dysphonia	2
Total	427

Psychological Defects

I am indebted to Dr. Gage for his report on the Child Psychiatric Service in the southern part of the County and also to Dr. Whitehead for his report on the service in the north of the County.

REPORT FROM DR. A. GAGE

CONSULTANT CHILD PSYCHIATRIST, ON THE CHILD PSYCHIATRIC SERVICE  
IN THE SOUTHERN PART OF THE COUNTY FOR 1971

"The psychiatrists in the Cambridge Child Psychiatric Service have continued to see emotionally disturbed children and adolescents from the southern part of the County of Huntingdon and Peterborough at clinics held at Huntingdon County Hospital and in Cambridge.

There has been an increase in the total number of families seen compared to previous years (in 1969 fifty-nine new families were examined, in 1970 the number was eighty-nine and in 1971 it was ninety-five). The number of new cases referred has been smaller than previously so that at the end of December there were seventeen new cases waiting for their first appointment with the psychiatrist.

Dr. T.K. Maclachlan was appointed last summer to specialise in the problems presenting in the younger adolescent age group and on 1st April, 1972, Dr. V. Pillai will take up his post as Consultant Child Psychiatrist. This means that for the first time in several years we will have our full complement of medical staff in post. We continue to suffer from a lack of suitable applicants to work as social workers or as clinical psychologists and we will not be able to offer a fully comprehensive service until these gaps are filled.

The practice of each of the doctors in the Cambridge Child Psychiatric Service spending weekly sessions at Huntingdon County Hospital is not proving satisfactory and it may be that the reorganisation of local authority boundaries will offer an opportunity of looking again at how Child Psychiatric facilities can best be deployed in this area of the County."

## REPORT FROM DR. B.F. WHITEHEAD

CONSULTANT CHILD PSYCHIATRIST, ON THE CHILD PSYCHIATRIC SERVICE  
IN THE NORTHERN PART OF THE COUNTY FOR 1971

"There has been no change in the staffing of this department during 1971.

We began the year by welcoming Mr. Jorden, the Director of Social Services for the County of Huntingdon and Peterborough. We have seen the development of a reception home at "Eastlands" for the assessment of children in the care of the local authority. A clinic team consisting of the Consultant Psychiatrist, Senior Psychiatric Social Worker and Senior Clinical Psychologist have held regular case conferences with various workers in the Social Services Department at the "Eastlands" home.

The patients who reside at this home are referred to the clinic by Miss Ashdown, Assistant Director of Social Services. I welcome this development and feel that one of the reasons for its value is that families whose children are being assessed are seen at the hospital. This enables both children and parents to feel that their problems are being assessed by independent professional workers who are not identified with the local authority. I think it emphasises the need for two quite separate services working together in separate settings. This has made an increased demand on the clinic's resources and is one factor causing an increase in the waiting list of children referred to the hospital clinic.

We welcomed the appointment of Dr. Sykes, who is the Consultant in Mental Subnormality. Although only 30% of his patients are children and clearly many are never referred to the Child Psychiatric Service, there are a small number of patients where his advice is invaluable.

The Child Psychiatric clinic continues to work in close liaison with the other consultants, general practitioners and school medical officers. There is also close contact with the Educational Service and the Probation Service.

In our modern society with its complexity of services there is an increasing awareness of the problem of communication as well as preservation of confidentiality. Medical reports are sent only to the School Medical Officer if the parents consent. Most parents readily agree, knowing that this is in the child's best interests as it is especially important to know how a child is reacting and behaving in his school, which plays such an important part in his life.

Communication with the schools direct is at a much less formal level, either through the School Medical Officer or, where there are specific learning problems, through the Educational Psychologist.

With the advent of the Social Services Department it is obviously essential in some cases that information reaches them and again the School Medical Officer usually acts on the clinic's behalf. In some instances reports are sent direct to the Social Services where that department is acting in loco parentis, or where the families themselves wish this to happen.

In general it is the clinic's policy to serve the child's best interests and enlist appropriate aid for him through the various agencies, at the same time realising the need to preserve ethical standards of medical practice."

TABLE 6  
CHILD PSYCHIATRIC SERVICE  
Cases from the County of Huntingdon and Peterborough 1971

New Cases Seen	Cases seen by Consultant Child Psychiatrists from Chesterton				Cases seen by Consultant Child Psychiatrist at Peterborough District Hospital	Grand Total
	Huntingdon	Brookside	Addenbrookes	Total		
Number of new cases	76	15	4	95	50	145
Number taken on for treatment	39	9	3	51	29	80
Number placed under observation	20	3	-	23	5	28
Consultation	17	3	1	21	16	37
Source of Cases						
School Medical Officer	16	3	1	20	6	26
General Practitioners	36	7	2	45	32	77
Consultants	6	1	-	7	10	17
Magistrates	3	4	-	7	-	7
Others, including Social Services Department	15	-	1	16	2	18
Cases under treatment brought forward from 1970	49	11	7	67	30	97

Number of cases on waiting list as at 31st December, 1971:- 25

Hearing Defects

I am indebted to Mr. C.P. Jones, the Adviser on the Education of the Hearing Impaired Child, for the following report:-

"I am pleased to be able to report a satisfactory situation in the development of a service for hearing impaired children in our authority.

Three units are established in Peterborough with the development of a secondary unit anticipated in 1973.

The south of the County still works on a peripatetic basis dealing with 43 children.

There is a total of 123 children in our authority whose learning is markedly affected by hearing impairment.

Much time is spent in the essential work of parent guidance and support. It is necessary to help the child as part of a family and not in isolation.

The authority has all the latest aids to assist its handicapped children and these are used to the full.

We recognise fully the support and interest of so many heads and staff who have hearing impaired children in the classroom situation. We appreciate fully the extra time spent with the children and the time given in attending courses on hearing impairment."

## 3 - HANDICAPPED PUPILS

During 1971, 279 children were accommodated in 68 different special schools. of these, 52 boys were at Marshfields Special School for Educationally Subnormal Boys, 57 girls were at Orton Hall Special School for Educationally Subnormal Girls, 46 were at St. Edward's School for Severely Subnormal Pupils and 11 were at St. George's School for Severely Subnormal Pupils.

Blind and Partially Sighted

12 Pupils were classified as blind or partially sighted. 4, including 2 from the City of Peterborough, being in special residential schools; one child was awaiting placement in a special residential school for the partially sighted. The remainder was receiving special educational treatment in the ordinary schools.

Deaf and Partially Hearing

39 Pupils were classified as deaf or partially hearing. 15 pupils, including 5 from the City of Peterborough, were accommodated in special residential schools and 1 partially hearing child was awaiting placement in a special residential school. The remaining pupils were receiving special educational treatment in the ordinary schools or some other form of special educational treatment. Supervision of these children is undertaken by the Advisers in Education of Hearing Impaired Children, who carry out a programme of auditory training, where appropriate, and liaise with the parents and the teachers in the education of the hearing impaired child.

Delicate

98 Pupils were classified as delicate. 8 pupils, including 3 from the City of Peterborough, were accommodated in special residential schools, the remainder receiving home tuition or some other form of special educational treatment. The majority of children in this category comprise of those suffering from asthma and diabetes.

Educationally Subnormal

This category comprises the largest group of handicapped pupils being 40% of the total handicapped pupils on the register. At the end of the year 265 pupils from the County were classified as educationally subnormal. This is an increase of 68 compared to the previous year which is largely due to the fact that as from the 1st April, 1972, children who are severely subnormal, who formerly were the responsibility of the Health Committee, become the responsibility of the Education Committee. There was however an increase in the number of pupils accommodated in special schools, there being 203 pupils in special

schools during 1971 compared with 146 in 1970, due to schools for severely subnormal pupils coming under the control of the Education Committee. In addition 17 pupils from the City of Peterborough were accommodated in special residential schools compared with 10 for the previous year.

#### Epileptic

47 children were classified as Epileptic at the end of 1971 compared with 55 the previous year. 4 were in special residential schools and 1 was recommended for admission to a special school. The remainder were able to attend the ordinary school. Only where the condition cannot be adequately controlled by medication is a child recommended for education at a special residential school.

#### Physically Handicapped

This, the second largest category of handicapped pupils, constitutes 22% of the handicapped pupils on the register. 132 pupils from the County were classified as physically handicapped at the end of 1971 compared with 118 the previous year. 11 pupils from the County and 14 from the City were accommodated in special residential schools. 4 pupils from the County were recommended for admission to a residential special school.

#### Maladjusted

34 pupils from the County area were classified as maladjusted at the end of 1971, the comparable figure for 1970 was 25. As with the previous year there continues to be a considerable increase in the number of pupils ascertained as maladjusted. Difficulty is still experienced in finding residential places for the older child and it is most difficult to find places at suitable special schools for them. At the end of the year 8 children were still awaiting placement.

#### Speech Defects

There is no change in the number of children suffering from speech defects who were on the handicapped register at the end of last year. The figure for the County was 6, the same as the previous year.

Oxford Survey of Childhood Illnesses

As in previous years, this Authority have collaborated with the Department of Social Medicine of Oxford University in their research of cancer aetiology and have continued this collaboration with the transfer of this work from the Oxford University to the Marie Curie Memorial Foundation in 1971. Medical Officers have visited parents of children who died from childhood cancers during the preceding year and in addition interviewed parents of healthy children matched for locality, age and sex. The parents of 6 children who died from the disease and a corresponding number of parents of healthy children were interviewed by Medical Officers during the year. The parent of one child refused to be interviewed and in one other case it was felt inadvisable to interview the parent.

Most parents agree to be interviewed and it is due to their unselfish co-operation that much has been learnt about the disease.

### School Leavers

I am grateful to Mr. F.R. Gibbins, Social Worker for Handicapped School Leavers, for the following report:-

"January brought the satisfaction of the placement in work and settlement of one of the Orton Hall girls who had left school as long ago as July, 1968. It seems a small item, but, despite her small stature and various disabilities, the young lady had a buoyant personality, was reliable, regular and always did her best. We had always felt that she ought to make the grade. I was so glad that we got her in, just before unemployment hardened for a long spell. She had spent two very happy years in the Huntingdon Work Centre and this move to a less relaxed and more demanding setting was not easy for her. It raised the thought that some youngsters could pass the point of no return with too long a spell in sheltered working conditions.

The end of the year saw another placement that was particularly pleasing. The lad, a rigid and very retarded boy, with speech problems, had struggled rather unhappily through a year or two at Residential School and had given very little indication of having employment prospects. However, during a year of Further Education at one of the Spastics Society's Centres, he had made steady growth, especially in confidence and initiative, eventually managing to see himself across London. Though further training had appeared to be a likely necessity, he obtained gardening work at one of the Cambridge Colleges and has settled in well. He has had the telling advantage of parents who have consistently backed him with every support and encouragement.

The steep rise in unemployment has meant that some Leavers, who would normally be rated as good prospects, have remained unplaced, or unable to maintain jobs in view of the degree of competition from the more able unemployed. Moreover, the general agitation for the improvement of opportunity for the Subnormal section of the handicapped community, had led, among other things, to some movement out from Hospitals and into Work Centres, which were in any case reaching saturation point. This has meant that unemployed E.S.N.'s have no longer had the former option of temporary occupation in our Work Centres. The bright spot is that those we had established in work prior to this disconcerting bad spell, have not been affected by redundancy, aided, no doubt, by the fact that most of them work in basic industries to do with food, drink and clothing. Some of the more precarious have been caught out, however, and my follow up shows that in some cases this tends to happen even in more normal employment conditions and that support for these beyond the age of eighteen is called for.

The situation has also frustrated in some cases, the essential aim of following Transitional Training with prompt work placement, which keeps the impetus going and indeed selection for these Courses has had to be varied somewhat in view of present circumstances.

Of course, there are at any time, only so many jobs available for the less able and handicapped and one is unhappily aware that the promotion of the interests of the latter group tends to be at the cost of loss to the other group. Even more able pupils have been affected during this year, partially solved by many returning to school, where a back log of Leavers is accumulating with continuing dubious prospects for 1972.

From my point of view, School Leaver unemployment continues to be one of the least acceptable aspects of the scene and one deserving of the utmost efforts to achieve solutions which are better than palliatives, especially in view of the raising of the school leaving age. To encounter this form of rejection must be a shattering experience to any school leaver. Failing positive solutions, a steady increase in various kinds of maladjusted behaviour and delinquency, must surely follow.

Students in training continue to make good use of their opportunities.

Liaison with the Youth Service has enhanced the prospect of widening provision for the leisure needs of minority groups, in which provision for the Subnormal can be seen to be making strides."

TABLE 7

HANDICAPPED PUPILS ON REGISTER ON 31st DECEMBER, 1971

Category	Recommended for admission to special schools	In special schools	Otherwise	Total
Blind	-	-	-	-
Partially Sighted	1	4 (2)	7	12 (2)
Deaf	-	5	-	5
Partially Hearing	-	10 (5)	25	35 (5)
Delicate	1	8 (3)	89	98 (3)
Educationally Subnormal	25	203 (17)	37	265 (17)
Epileptic	1	4	42	47
Maladjusted	8 (2)	28 (10)	10	46 (12)
Physically Handicapped	4	25 (14)	117	146 (14)
Speech Defect	-	1	6	7
Totals	40 (2)	288 (51)	333	661 (53)

Figures in brackets indicate City of Peterborough pupils recommended for residential special schools and those who are in residential special schools, which have been shown in the main figure.

TABLE 8

The following table indicates the number and type of handicapped pupils who were admitted to Special Schools during the year.

Category	Residential	Day	Total Number of Pupils
Blind	-	-	-
Partially Sighted	2 (2)	-	2 (2)
Deaf	3 (1)	-	3 (1)
Partially Hearing	3 (2)	-	3 (2)
Delicate	4	-	4
Educationally Subnormal	20	33	53
Epileptic	-	-	-
Maladjusted	13 (2)	-	13 (2)
Physically Handicapped	3 (1)	-	3 (1)
Speech Defect	-	-	-

Figures in brackets indicate City of Peterborough pupils, which have been shown in the main figure.

TABLE 9  
NUMBER OF CHILDREN IN SPECIAL SCHOOLS OR HOSTELS  
DURING ALL OR ANY PART OF 1971

BLIND	NIL
PARTIALLY SIGHTED	
West of England School, Exeter, Devon	1
Blatchington Court School for Partially Sighted Boys, Seaford	1 (1)
DEAF	
Camphill, Rudolf Steiner, Bielside, Aberdeen	1
Hamilton Lodge School Brighton	2
PARTIALLY SIGHTED	
Martley School for the Deaf, Worcester	2 (1)
Partially Hearing Unit, Mayfield School, Cambridge	1
Burwood Park Technical Grammar School, Walton on Thames	2 (2)
Ovingdean Hall School, Brighton, Sussex	2 (2)
Pathways Unit, Conover Hall, Nr. Shrewsbury, Salop	1
Tewin Water, Nr. Welwyn Garden City, Herts.	1 (1)
Mary Hare Grammar School, Arlington Manor, Newbury, Berks.	2 (1)
DELICATE	
Laleham School, Margate, Kent	1 (1)
St. Patrick's Open Air School, Hayling Island, Hants.	2 (2)
Heathercombe Brake, Manaton, Newton Abbot, Devon	2
St. Dominic's Open Air School, Hambledon, Godalming, Surrey	1
Wennington School, Wetherby, Yorkshire	1
Brondesbury at Stocks, Aldbury, Nr. Tring, Herts.	1
EDUCATIONALLY SUBNORMAL	
Easthill House School, Colchester	3 (2)
Marshfields School, Peterborough	52 (2)
Wilburton Manor, Ely, Cambridgeshire	9 (1)
Orton Hall School for Girls, Orton Longueville	57 (7)
Littleton House School, Girton, Cambridge	16 (1)
Philpots Manor School, West Hoathly	1
Eden Grove School, Bolton	1 (1)
Netherfield School, Crowborough	3 (1)
Stubton Hall, Stubton, Lincolnshire	2
Thornbury School, Bristol	1
Holme Park School, Rotherfield, Sussex	1
Wennington School, Wetherby, Yorkshire	1
St. George's School for Severely Subnormal, Peterborough	11
St. Edward's School for Severely Subnormal, Huntingdon	46

Figures in brackets indicate City of Peterborough pupils at residential special schools, which have been shown in the main figure.

NUMBER OF CHILDREN IN SPECIAL SCHOOLS OR HOSTELS ALL OR ANY PART OF 1971  
continued

<b>EPILEPTIC</b>	
Turners Court, Benson, Oxfordshire	1
Lingfield Hospital School, Lingfield, Surrey	2
St. Elizabeth School, Much Hadham, Herts.	1
<b>MALADJUSTED</b>	
Pitt House School, Chudleigh, Devon	2 (2)
Swalcliffe Park School, Nr. Banbury, Oxfordshire	1 (1)
Jolliffes School, Shaftesbury	2
Bladon House School, Newton Solney, Staffordshire	2 (1)
East Hill House, Colchester, Essex	1
Potterspury Lodge, Towcester, Northants	1 (1)
Shotton Hall, Shrewsbury, Salop	2
Hawthorns Hostel, Cambridge	4
Peredur House, East Grinstead	1
Great Sanders School, Sedlescombe, Sussex	2
Heathercombe Brake, Manaton, Devon	2
Farney Close School, Bolney, Sussex	1 (1)
Marland School, Torrington, North Devon	1 (1)
Burnt Norton, Chipping Campden, Gloucestershire	1
Rauceby Hospital, Lincolnshire	1
St. Peter's School, Horbury	1 (1)
Stockgrove Park School, Leighton Buzzard, Beds.	1 (1)
<b>PHYSICALLY HANDICAPPED</b>	
Thomas Delarue School, Tonbridge, Kent	1
Ingfield Manor School, Billinghamurst	1
John Capel Hanbury School, Woodford Bridge, Essex	4 (1)
Southwood House, Wellingborough	1 (1)
Palace School, Ely, Cambridgeshire	3 (1)
Chailey Heritage Craft School, Chailey, Sussex	2 (1)
Tixover Grange, Duddington, Stamford, Lincs.	2
John Greenwood Shipman Home, Dallington, Northampton	1
Irton Hall School, Holmbrooke, Cumberland	1 (1)
Hawksworth Hall, Guiseley, Nr. Leeds	1
Florence Treloar School, Holybourne, Alton, Hampshire	1
Corley Residential School	1
Thieves Wood, Mansfield, Nottingham	1
Mossbrook School, Sheffield	1 (1)

Figures in brackets indicate City of Peterborough pupils at residential special schools, which have been shown in the main figure.

#### 4 - INFECTIOUS DISEASES AND PROPHYLAXIS

A full report on Vaccination and Immunisation is given in the report of the County Medical Officer of Health but the following statistics relate to school children.

##### Diphtheria

Again there was no case of diphtheria in the County during the year. It is pleasing to see that the number of pre-school children and school children receiving re-inforcing prophylaxis is greater this year. The figures for 1971 were 89 primary courses and 2,202 re-inforcing injections. The comparative figures for 1970 were 64 and 1,931.

##### Poliomyelitis

There was no case of poliomyelitis notified during the year. 84 primary courses were completed and 2,215 boosters given. Again a rather disappointing figure.

##### Pertussis

There is no recommended procedure for the boosting of pre-school and school children. 57 received primary courses and 322 boosters were given during the year.

##### Tetanus

Tetanus is not a notifiable disease and therefore there is no record of the incidence in the County. 150 pupils received primary courses and 2,583 pupils were given re-inforcing doses during the year. The comparative figures for 1970 were 114 primary courses and 2,323 boosters.

##### Smallpox

On the advice of the Department of Health and Social Security, vaccination against smallpox has now been discontinued as a routine measure. 133 pupils between the ages of 5 and 15 years received primary smallpox vaccination and 197 were re-vaccinated.

##### Infectious Hepatitis

There were 50 cases of infectious hepatitis notified during the year which accounted for 18 per cent of all notifications of infectious diseases in school children. Although this is usually a relatively mild disease in childhood it can cause severe and prolonged illness in adults, who may contract it from the mild ambulatory case in children.

### Measles

150 cases of measles were notified during the year and accounted for 56 per cent of all notifications.

435 pupils received measles vaccination in 1971, compared with 615 in 1970. The figure for 1970 is a high one however, attributable to the effects of the vaccine shortage in the preceding year and a successful measles campaign. Continuing efforts will be made to improve the numbers of children in this age group receiving measles vaccination, and the recent introduction of the computerised immunisation programme concentrating on immunisation in early childhood as opposed to school entry will significantly reduce the extent of this problem in future years.

### B.C.G. Vaccination and Tuberculosis

There was one notification of military tuberculosis in a school child during 1971. All children aged 11 years and over are given the opportunity of B.C.G. vaccination. During the year 4,056 were skin tested and there were 69 positive reactors, this is equivalent to 1.7 per cent compared with 1.9 per cent for the previous year.

3,786 children were given B.C.G. vaccination.

### Rubella Vaccination

All girls between their 11th and 14th birthdays are eligible for vaccination against Rubella. Secondary schools are visited by School Medical Officers who vaccinate those girls within this age group whose parents have given consent. During the year 1,280 girls were vaccinated against Rubella.

TABLE 10  
SMALLPOX VACCINATION

Age at Date of Vaccination	Primary Vaccination	Re-vaccination
5 - 15 years	133	197

TABLE 11

Vaccine	Born in 1964-1967		Others under age of 16		Total	
	Primary Course	Reinforcing dose	Primary Course	Reinforcing dose	Primary Course	Reinforcing dose
Diphtheria	77	2,000	12	202	89	2,202
Whooping Cough	54	301	3	21	57	322
Tetanus	77	2,072	73	511	150	2,583
Poliomyelitis	71	2,000	13	219	84	2,219
Measles	386	-	49	-	435	-
Rubella	8	-	1,272	-	1,280	-

TABLE 12

## B.C.G. VACCINATION

School	Skin Tested	Positive	Negative	Vaccinated
Arthur Mellows Village College	301	7	278	276
Duke of Bedford	45	3	45	45
Hinchingsbrooke	244	1	221	220
Kimbolton	102	-	98	98
Longsands	891	11	834	832
Orton Comprehensive	632	12	592	588
Ramsey Abbey	32	1	30	30
Ramsey Ailwyn	354	5	317	317
St. Ivo	291	1	273	273
St. Peter's	151	5	134	134
Sawtry Village College	216	1	212	212
Stanground Comprehensive	794	21	760	759
Totals	4,056	69	3,794	3,786

TABLE 13  
 NOTIFIABLE INFECTIOUS DISEASES  
 Children aged 5 - 14 years inclusive

District	Disease							Total
	Scarlet Fever	Whooping Cough	Measles	Dysentery	Tuberculosis (other)	Infective Hepatitis	Acute Menin- gitis	
<b>URBAN:</b>								
Huntingdon and Godmanchester	-	-	9	-	-	-	-	9
Old Fletton	-	-	-	-	-	7	-	7
Ramsey	2	-	1	-	-	-	-	3
St. Neots	-	33	84	1	-	37	-	155
St. Ives	-	-	1	-	1	-	-	2
<b>RURAL:</b>								
Barrack	2	2	1	1	-	-	-	6
Huntingdon	-	1	4	-	-	-	-	5
Norman Cross	-	9	10	-	-	1	-	20
Peterborough	1	1	26	-	-	1	-	29
St. Ives	2	-	1	-	-	-	-	3
St. Neots	-	8	9	-	-	4	-	21
Thorney	-	5	4	-	-	-	-	9
<b>Totals</b>	<b>7</b>	<b>59</b>	<b>150</b>	<b>2</b>	<b>1</b>	<b>50</b>	<b>-</b>	<b>269</b>

## 5 - SCHOOL DENTAL SERVICE

I am indebted to the Principal School Dental Officer, Mr. I.O. Pinkham, for the following report:-

"It is pleasing to report that during 1971, the School Dental Service began to develop as planned and expand its coverage of the school population in a systematic way.

The completion of the Huntingdon extension in September immediately permitted the introduction of Dental Auxiliaries to the Service, and the Authority was fortunate in recruiting two Auxiliaries who although newly qualified, rapidly settled into a work routine with a clear understanding of the child dental problem in the Huntingdon/St. Ives area. The enthusiasm with which the Auxiliaries have been received by patients, parents and teachers has been most encouraging, and it is sincerely hoped that facilities will soon become available to permit the greater use of their abilities in the future.

With the appointment of an additional part-time Dental Officer, St. Neots dental surgery is now in full-time operation and providing complete annual inspection of the town schools. The regular visits of a consultant orthodontist to Huntingdon and St. Neots have continued throughout the year and allowed many children to receive the benefits of orthodontic treatment who would otherwise be unable to travel to the Hospital Centres at Cambridge or Peterborough.

The two major problems now facing the Service are the provision of treatment service to country schools where public transport prohibits regular attendance at existing clinics, and expansion of services in the Peterborough area. It is hoped that the provision of a mobile unit in 1972 will go some way to solving the former problem. The second depends upon how soon the proposed new Health Centres come into being. It is felt that the provision of new Centres will per se encourage recruitment which will be doubly effective by provision for Auxiliaries.

The Northern County area and City of Peterborough is served by the Associate Principal Dental Officer who by virtue of severe understaffing is limited to treating County children only on a casual attendance basis. There is undoubtedly a desperate need for expansion of the Service both in the City, and in the Northern parts of the County, and this must be the main objective in 1972.

It is encouraging to be able to report in optimistic tones, but underlying the situation, it must be stated that the Dental Services in the County, both N.H.S. and School Service are seriously undermanned, and treatment is still limited to urgent cases. School inspections reveal a great deal of dental defect which should ideally be treated, but has to

be overlooked in favour of more urgent matters. Widespread neglect of deciduous teeth, although justified by relative priority, is nevertheless most unsatisfactory and demonstrates an urgent need for expansion of all dental services.

With every available surgery working almost full time, it remains impossible to achieve full annual inspection and maintain treatment even on its present limited basis.

There are encouraging signs of improvement however, and the Principal Dental Officer is indebted to the Authority and the Officers of the Health Department for the generous support which has enabled successful progress in 1971."

## 6 - HEALTH EDUCATION

Health Education in schools has continued along similar lines to previous years, but with a slowly growing interest, which we hope to boost during the next year.

Mothercraft classes in one comprehensive school have definitely proved more than worthwhile, and with the boys becoming interested, we are hoping to replace Mothercraft with Parentcraft. Other schools on request have had films, and associated discussions, with Health Visitors and other members of the staff of the Health Department.

## 7 - OTHER SERVICES

Medical Examination of Teachers and Entrants to Training Colleges

During the year 224 candidates for admission to training colleges for teachers and 37 entrants to the teaching profession were examined by School Medical Officers.

Children and Young Persons Act 1933 - Employment of Children Byelaws

8 children were examined by School Medical Officers under the Byelaws in connection with employment during holidays or outside school hours. In each case the Medical Report showed that the proposed employment would not be prejudicial to the health or physical development of the child and would not render him unfit to obtain proper benefit from his education.

Physical Education

I am grateful to the organisers of physical education, Mr. G.F. Lumley and Miss G.E. Biscomb, for the following report:-

"Primary School Physical Education

There is a continual need for courses for teachers of the various branches of physical education in primary schools and the most effective form of course consists of demonstration lessons with classes or groups of children in their own schools, plus occasional sessions of practical work for the teachers themselves. Much of the time of the Advisers is spent in arranging these courses and in teaching the demonstration classes. In the spring term of 1971 a course of five sessions dealing with educational gymnastics in infant schools was held in the south of the County and a similar course was held in the same term for junior school teachers in schools in the north of the County and Peterborough. As a supplement to these, individual schools have also had demonstration lessons which have been seen by nearly all the staff of the school.

Items of large fixed and portable gymnastic equipment have been supplied to new primary schools and to the two former Junior Training Centres, St. Edward's and St. George's Schools. Fixed apparatus of a new design has proved satisfactory at Ramsey Junior School and at Fenstanton C.P. School, and more is being installed in other schools. The annual orders for games equipment and small apparatus for all primary schools were drawn up and despatched as usual early in the summer term.

Games1. Association Football

The spring term programme suffered less from weather conditions this year than for some years past and four Saturday morning tournaments for junior schools were held in different parts of the County. A decision by junior school teachers during the previous year to arrange only friendly inter-school matches rather than league competitions was reversed by universal demand and competitive football was resumed in the autumn term. Schools near Peterborough also took part in a five-a-side indoor competition held at the Wirrina, and an additional seven-a-side open-air tournament was arranged early in the summer term for schools in the south of the County.

2. Netball

Netball tournaments for primary schools in the autumn and spring terms continued to attract wide support. A non-competitive netball rally was held at two schools in St. Neots in May and was attended by 150 boys and girls of Junior age.

3. Hockey for boys

An interesting new development in the autumn term was the formation of a Schoolboys County Hockey Association with the object of encouraging secondary schools to take up hockey as a winter game for boys and of arranging inter-school and inter-county fixtures. The Men's Hockey Association recently appointed a national coach who visited the area to take two coaching courses for teachers, one in Peterborough and one in Huntingdon.

4. Rounders

Five rounders tournaments were held during the summer term for junior children, a total of 300 taking part.

5. Tennis

Two coaching centres for young players were arranged in conjunction with the Lawn Tennis Foundation and the County Lawn Tennis Committee. The Huntingdon Centre attracted twenty children wishing to learn the game, but on the whole interest in this game seems to be declining.

## 6. Cricket

Coaching sessions for boys were arranged and taken by the County Games Coach at Peterborough Technical College during the summer term, and he also took a course for schoolmasters at Hinchingsbrooke School. Inter-County matches were played by teams for both under 15 and senior age groups.

## 7. Swimming

New Learners' Pools at Winhills County Junior School, St. Neots, Eye C.E. School and Thongsley County Junior School, Huntingdon, were brought into use during the summer term, and later in the year others at Brington C.E. School, Hemingford Grey, Northborough, and at Springfields Centre, Huntingdon, were completed. Projects at Buckden, Thorndown, St. Ives and Eaton Socon were begun, to be completed in 1972. Proposals for two further schemes at Helpston and Sapley Park, Huntingdon, were considered by the Swimming Pools Sub-Committee. Proposals for improvements such as heating at existing pools now outnumber applications in respect of new pools.

The deep water open-air pool at Ailwyn School, Ramsey, was provided with a cover during the year and a heating system for the water was installed.

A primary schools swimming gala was arranged in July at St. Ivo Pool by the Primary Schools Swimming Association.

The annual one-day course for teachers of swimming primary and secondary schools was again held in May at Sawtry Village College. Here there is a heated deep water pool and a learners' pool under the same roof, and demonstration lessons were taken by the National Coach of the A.S.A., using children of ages ranging from lower junior to secondary. Ninety teachers attended.

A three-session course on Expired Air Resuscitation was held at Peterborough Teachers' Centre in November and all attending passed the Preliminary Resuscitation Examination of the R.L.S.S. Talks on water safety and resuscitation have been given in many primary schools and over 1100 pupils passed the non-swimming Water Safety Award of the R.L.S.S.

## 8. Camping

The school camp for primary schools was held at Scalby near Scarborough, for five weeks in June and July. The camp was attended by 66 children each week plus their teachers and in all 20 schools sent parties. As usual it was not possible to accommodate all who wanted to go.

Six groups of from 6 to 8 boys each from secondary schools spent a week during the summer term at the Stibbington Outdoor Activities Centre. Camping and canoeing were the main activities. Two further groups attended the Yorkshire Gliding Club during the Easter holidays for a gliding course, camping near the air field.

The expenses of these expeditions and of the primary school camp were met by the pupils themselves.

#### 9. Athletics

Much time is spent by secondary schools on athletics training during the summer, and school, inter-school and inter-county meetings were arranged. A two-day residential course for young athletes using Amateur Athletic Association Voluntary coaches was held during the last weekend in April and was attended by 65 boys and girls from secondary schools. The weather this year was reasonably fine and a full programme of outdoor work was possible.

#### 10. Sailing

An inter-school regatta for sailing dinghies was arranged by the County Schools Sailing Association at Grafham Water in July. The winning crews came from Peterborough City Schools. Four crews, three of boys and one of girls, were subsequently entered in the National Schools Regatta at Portsmouth. The Lincoln Road Boys' School crew came second in the "Lark" class competition, a very creditable performance.

#### 11. Canoeing

The School and Youth Canoeing Association arranged a proficiency training weekend at Stibbington in April and doubles and singles races at St. Ives in May. In July a Senior Instructors' Training weekend was held at Offord Mill on the Gt. Ouse, to train teachers and leaders for the British Canoe Union Proficiency Test. Efforts were begun in co-operation with the Royal Life Saving Society to set up a body to replace the former Life Guard Corps on the Ouse, and towards the end of the year an organisation called the "Water Safety Service" was established to train qualified life savers in canoe handling with a view to providing supervision on parts of the Ouse and Nene at busy holiday times.

#### 12. East of England Show

At the request of the Show Committee a display of English Country Dancing by school children was included as part of the pageant. Although school holidays had begun 400 children from this County were joined by 250 from Bedfordshire, Northamptonshire and Lincolnshire in a massed display.

### 13. Other Activities

Advisory activities have included attendance at meetings of the County Playing Fields Association, Eastern Sports Council, Duxford Sports Centre Committee, County Sports Conference, Sports Councils at Peterborough and Huntingdon, Schools Sailing Association, County Canoeing Association, St. Ives Joint Sports Facilities Committee, primary schools football and swimming committees, and the arrangement of visits from Physical Education Advisers in Devon and Inner London to see primary school work in gymnastics and dance."

School Meals

I am indebted to the School Meals Organiser, Miss E.M. Hawkings, for the following report:-

"During April and May 1971 there was a marked decline in the number of pupils taking school dinners. This was due to the increased charge for the school dinner from 9p to 12p per meal effective from the commencement of the Summer Term 1971. The number of pupils taking school dinners expressed as a percentage of the number of pupils on roll in schools dropped from a normal 72% at this time of the year to approximately 60%. A census taken in October 1971 showed that the decline had not continued and that 68.3% of the pupils were taking school dinners and by the end of the year the figure had increased to almost 70% which is approximately 6% below the percentage for the previous year.

At secondary schools a choice of meals have been provided throughout the year. Pupils have a selection of three types of meals daily to choose from and these have proved to be popular. Included in the selection each day is a green salad meal. This choice of meals provision is now being gradually extended to primary schools in the County area.

A new kitchen was opened at Thorndown C.P. School, St. Ives, in April, 1971, and the re-built kitchens at Fenstanton County Primary and Brampton County Junior Schools were completed and became operational in June and September respectively.

The kitchen at St. Peter's School Annexe, Brookside, Huntingdon, discontinued to be used as a school kitchen at the end of the Summer Term as pupils were being accommodated the following term in the main school at St. Peter's Road."

The number of schools receiving school meals	133
The number of children receiving school meals	23,841
The number of kitchens completed and supplying meals	106
The number of sculleries erected or adapted and in use	24
The total number of full-time staff employed	5
The total number of part-time staff employed	1,310

#### School Milk

The number of schools receiving milk under the School Milk Scheme	103
The number of schools having no supply of milk	21
The number of children receiving milk at school on 31st December, 1971:-	
In Nursery Schools	139
In Primary Schools	9,535
Total number of children receiving milk	9,674

Non-maintained schools supplied with milk, details of the number of pupils on registers, number taking milk. All schools were supplied with pasteurised milk.

School	Number of Pupils on Registers	Number of Pupils taking milk
Whispers	48	22

## IMPROVEMENTS TO SCHOOL PREMISES FOR THE YEAR 1971

COUNTY AREA

<u>New Accommodation</u>	<u>Taken into Use During 1971</u>
Brampton Junior School	School Remodelled and Extended to 2 F.E.
Buckden C.E. (C) School	School Remodelled and Extended to 1 F.E.
Fenstanton C.P. School	Extended to 1 F.E.
Huntingdon, St. Peter's School	Extension to 8 F.E.
St. Ivo School, St. Ives	Extension by 1 F.E.
 <u>New Schools</u>	
Thorndown	2 F.E. School Houghton Road, St. Ives.
 <u>Mobile Classrooms</u>	
Hemingford Grey	1
Eaton Socon	1
St. Neots Priory Infants	2
Stanground Infants	1
Huntingdon Springfields	1
Godmanchester C.P.	2
Holywell	1
St. Neots Winhills Junior	1
St. Neots Priory Junior	1
Eye C.E. (C)	1
Thongsley Infants	1
Wyton Infants	2
Northborough C.P.	1
St. Ives Thorndown	2
St. Ivo	1
Great Paxton	2
Eaton Socon	2
Buckden	1 )
Newborough	2 )
Somersham	1 )
Longsands	2 )
Oxmoor St. John	1 )
Fenstanton	1 )
	) Transferred from other schools

Mobile Classrooms (continued)

Orton Longueville Junior School	2	)	
Eynesbury Comprehensive School	2	)	
Sawtry C.P.	2	)	
Alwalton C.E. (C)	2	)	
Hinchingsbrooke (Lower School)	2	)	Transferred from other schools
Thongsley C.J.	1	)	
Arthur Mellows Village College	1	)	
Sawtry Village College	1	)	

8 - STATISTICAL TABLES

A. COUNTY AREA (EXCLUDING CITY OF PETERBOROUGH)  
 PART I. Medical Inspection of Pupils attending Maintained and Assisted Primary  
 and Secondary Schools (including Nursery and Special Schools)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age of Groups inspected (by year of birth)	No. of Pupils inspected	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.	For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1967 and later	183	181	2	2	15	16
1966	1,203	1,203	-	13	75	81
1965	1,209	1,209	-	16	83	89
1964	489	489	-	6	21	22
1963	318	318	-	5	9	13
1962	241	241	-	6	9	15
1961	177	177	-	6	7	11
1960	142	142	-	10	6	14
1959	181	181	-	12	4	14
1958	153	153	-	8	9	15
1957	396	396	-	46	19	63
1956 and earlier	1,257	1,257	3	173	69	227
TOTAL	5,949	5,944	5	303	326	580

COUNTY

TABLE B - OTHER INSPECTIONS

Number of Special Inspections	119
Number of Re-inspections	1,093
Total	1,212

TABLE C - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	44,415
(b) Total number of individual pupils found to be infested	218
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act 1944)	47
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)	3

## COUNTY

## PART II - Defects found by Medical Inspections during the year

## PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	T	31	20	3	54	1
	O	36	4	-	40	2
Eyes (a) Vision	T	50	213	40	303	14
	O	101	26	19	146	6
(b) Squint	T	23	5	1	29	5
	O	20	-	1	21	1
(c) Other	T	3	-	-	3	-
	O	4	2	-	6	-
Ears (a) Hearing	T	18	4	2	24	-
	O	145	5	8	158	4
(b) Otitis Media	T	8	6	-	14	-
	O	47	5	4	56	-
(c) Other	T	2	-	2	4	1
	O	7	1	1	9	-
Nose and Throat	T	21	6	5	32	3
	O	110	1	3	114	1
Speech	T	26	3	3	32	16
	O	86	2	-	88	12
Lymphatic Glands	T	2	-	1	3	-
	O	37	-	-	37	-
Heart	T	4	4	1	9	-
	O	44	2	2	48	1
Lungs	T	30	10	-	40	1
	O	51	4	8	63	1
Developmental (a) Hernia	T	5	-	-	5	-
	O	11	-	1	12	-
(b) Other	T	10	3	-	13	-
	O	85	3	3	91	1
Orthopaedic (a) Posture	T	2	-	1	3	-
	O	5	3	-	8	2
(b) Feet	T	9	9	4	22	1
	O	28	4	1	33	1
(c) Other	T	8	8	1	17	7
	O	19	5	-	24	1

## COUNTY

PART II - Defects found by Medical Inspections during the year  
(continued)

## PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspections				Special Inspections	
		Entrants	Leavers	Others	Total		
Nervous System							
	(a) Epilepsy	T	1	3	1	5	7
		O	10	1	3	14	4
(b) Other		T	1	-	-	1	1
		O	8	1	4	13	3
Psychological							
	(a) Development	T	3	-	-	3	1
		O	44	12	17	73	91
(b) Stability		T	-	2	-	2	-
		O	54	4	6	64	14
Abdomen		T	4	1	-	5	1
		O	45	3	1	49	5
Other		T	3	3	-	6	-
		O	124	3	1	128	5

T = Treatment

O = Observation

## PART III - Treatment of Pupils attending Maintained and Assisted 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	6
Errors of refraction (including squint)	1,056
Total	1,062
Number of pupils for whom spectacles were prescribed	429

COUNTY

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	21
(b) for adenoids and chronic tonsillitis	99
(c) for other nose and throat conditions	20
Received other forms of treatment	40
Total	180
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1971	3
(b) in previous years	18

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patient departments	406
(b) Pupils treated at school for postural defects	23
Total	429

TABLE D - DISEASES OF THE SKIN

	Number of cases known to have been dealt with
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	-
Impetigo	-
Other Skin Diseases	-
Total	-

COUNTY

TABLE E - CHILD PSYCHIATRIC TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Psychiatric Clinics	242

TABLE F - SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists	475

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	-
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	3,786
(d) Other than (a)(b) and (c) above: Enuresis alarms	58
Total	3,844

## COUNTY

## DENTAL INSPECTION AND TREATMENT

INSPECTIONS

	Number of Pupils		
	Inspected	Requiring Treatment	Offered Treatment
(a) First inspection - school	5,277	3,944	2,697
(b) First inspection - clinic	1,072		
(c) Re-inspection - school or clinic	182	145	145
Totals	6,531	4,089	2,842

VISITS (for treatment only)

	Ages 5 - 9	Ages 10 - 14	Ages 15 & over	Total
First visit in the calendar year	532	431	76	1,039
Subsequent visits	1,060	821	168	2,049
Total visits	1,592	1,252	244	3,088

COURSES OF TREATMENT

Additional courses commenced	60	19	11	90
Total courses commenced	592	450	87	1,129
Courses completed	<del>592</del>	<del>450</del>	<del>87</del>	846

TREATMENT

Fillings in permanent teeth	580	1,069	294	1,943
Fillings in deciduous teeth	966	36	<del>2</del>	1,002
Permanent teeth filled	472	906	267	1,645
Deciduous teeth filled	862	34	<del>2</del>	896
Permanent teeth extracted	13	113	32	158
Deciduous teeth extracted	552	177	<del>2</del>	729
Number of general anaesthetics	75	13	1	89
Number of emergencies	116	75	12	203

Number of pupils x-rayed  
 Prophylaxis  
 Teeth otherwise conserved  
 Teeth root filled  
 Inlays  
 Crowns

51
499
192
3
-
2

## COUNTY

## DENTAL INSPECTION AND TREATMENT (continued)

ORTHODONTICS

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

21
17
1
28
-
3

DENTURES

Number of pupils fitted with  
 dentures for the first time:-

- (a) with full denture  
 (b) with other dentures

Total

Number of dentures supplied  
 (first or subsequent time)

	Ages 5 - 9	Ages 10 - 14	Ages 15 and over	Total
(a) with full denture	1	-	-	1
(b) with other dentures	-	2	-	2
Total	1	2	-	3
Number of dentures supplied (first or subsequent time)	2	3	-	5

ANAESTHETICS

Number of general anaesthetics administered by Dental Officers

83

SESSIONS

	Number of clinical sessions worked in the year					Total Sessions	
	School Service			M. & C.W. Service			
	Adminis- trative Sessions	Inspection at school	Treat- ment	Dental Health Educa- tion	Treat- ment		Dental Health Educa- tion
Dental Officers (incl. P.S.D.O.)	26	34	522	7	33	-	622
Dental Auxiliaries			214	82	3	-	299
Dental Hygienists			-	-	-	-	-
Total	26	34	736	89	36	-	921

B. CITY OF PETERBOROUGH

PART I. Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age of Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental disease and infestation with vermin)			Total Individual Pupils
		Satisfactory No.	Unsatisfactory No.	For defective vision (excluding squint)	For any other condition recorded at Part II		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
1967 and later	76	76	-	3	16	17	
1966	455	455	-	16	54	65	
1965	647	646	1	27	92	112	
1964	47	47	-	4	4	7	
1963	21	21	-	1	4	4	
1962	28	28	-	-	3	3	
1961	20	20	-	-	-	-	
1960	683	683	-	20	42	60	
1959	248	248	-	8	22	29	
1958	22	22	-	4	4	7	
1957	578	578	-	19	59	74	
1956 and earlier	432	432	-	32	32	61	
TOTAL	3,257	3,256	1	134	332	439	

CITY

TABLE B - OTHER INSPECTIONS

Number of Special Inspections	66
Number of Re-inspections	1,560
Total	1,626

TABLE C - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	26,370
(b) Total number of individual pupils found to be infested	382
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act 1944)	227
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)	8

## CITY

## PART II - Defects found by Medical Inspections during the year

## PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	T	18	18	15	51	-
	O	19	15	10	44	-
Eyes (a) Vision	T	47	55	32	134	2
	O	88	64	82	234	5
(b) Squint	T	15	-	-	15	-
	O	13	1	-	14	1
(c) Other	T	5	-	1	6	-
	O	8	4	3	15	-
Ears (a) Hearing	T	10	1	5	16	-
	O	52	9	7	68	1
(b) Otitis Media	T	3	2	2	7	-
	O	4	-	2	6	1
(c) Other	T	2	-	-	2	-
	O	4	1	3	8	1
Nose and Throat	T	27	3	7	37	-
	O	94	32	20	146	2
Speech	T	27	-	3	30	3
	O	43	1	-	44	11
Lymphatic Glands	T	5	1	2	8	-
	O	36	12	1	49	-
Heart	T	7	4	1	12	1
	O	27	14	6	47	3
Lungs	T	12	10	2	24	1
	O	26	5	7	38	1
Developmental (a) Hernia	T	7	2	5	14	-
	O	24	4	13	41	-
(b) Other	T	2	15	3	20	5
	O	28	5	12	45	3
Orthopaedic (a) Posture	T	2	2	-	4	-
	O	13	7	2	22	-
(b) Feet	T	6	15	5	26	-
	O	33	13	23	69	1
(c) Other	T	5	10	-	15	1
	O	8	4	5	17	-

CITY

PART II - Defects found by Medical Inspections during the year  
(continued)

## PERIODIC AND SPECIAL INSPECTIONS

Defects or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Nervous System	T	1	2	1	4	10
	O	4	1	-	5	1
(a) Epilepsy	T	8	1	4	13	2
	O	43	3	7	53	7
Psychological	T	1	-	1	2	-
	O	8	2	3	13	23
(a) Development	T	-	3	1	4	-
	O	7	3	5	15	1
(b) Stability	T	4	2	2	8	-
	O	10	2	6	18	1
Abdomen	T	5	6	2	14	-
Other	T	22	32	8	62	-
	O					

T = Treatment

O = Observation

PART III - Treatment of Pupils attending Maintained and Assisted  
Primary and Secondary Schools (including Nursery and  
Special Schools)

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	5
Errors of refraction (including squint)	13
Total	18
Number of pupils for whom spectacles were prescribed	125

## CITY

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	17
(b) for adenoids and chronic tonsillitis	151
(c) for other nose and throat conditions	73
Received other forms of treatment	1
Total	232
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1971	4
(b) in previous years	23

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or outpatient departments	Hospital not able to give figures for City area or for school children separately
(b) Pupils treated at schools for postural defects	

TABLE D - DISEASES OF THE SKIN

	Number of cases known to have been treated
Ringworm (a) Scalp	-
(b) Body	-
Scabies	6
Impetigo	-
Other skin diseases	-
Total	6

CITY

TABLE E - CHILD PSYCHIATRIC TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Psychiatric Clinics	86

TABLE F - SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists	389

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	-
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	975
(c) Other than (a)(b) and (c) above: Enuresis alarms	38
Total	1,013

## CITY

## DENTAL INSPECTION AND TREATMENT

INSPECTIONS

	Number of Pupils		
	Inspected	Requiring Treatment	Offered Treatment
(a) First inspection - school	175	) 955	) 914
(b) First inspection - clinic	857		
(c) Re-inspection - school or clinic	271	269	269
Totals	1,303	1,224	1,183

VISITS (for treatment only)

	Ages 5 - 9	Ages 10 - 14	Ages 15 & over	Total
First visit in the calendar year	386	493	124	1,003
Subsequent visits	387	1,065	235	1,687
Total visits	773	1,558	359	2,690

COURSES OF TREATMENT

Additional courses commenced	91	141	31	263
Total courses commenced	477	634	155	1,266
Courses completed	<del>          </del>	<del>          </del>	<del>          </del>	1,072

TREATMENT

Fillings in permanent teeth	144	735	319	1,198
Fillings in deciduous teeth	74	11	<del>          </del>	85
Permanent teeth filled	115	584	254	953
Deciduous teeth filled	67	8	<del>          </del>	75
Permanent teeth extracted	27	205	55	287
Deciduous teeth extracted	448	198	<del>          </del>	646
Number of general anaesthetics	150	132	16	298
Number of emergencies	73	77	28	178

Number of pupils x-rayed  
 Prophylaxis  
 Teeth otherwise conserved  
 Teeth root filled  
 Inlays  
 Crowns

187
312
408
7
-
-

CITY

## DENTAL INSPECTION AND TREATMENT (continued)

ORTHODONTICS

New cases commenced during the year	27
Cases completed during the year	30
Cases discontinued during the year	4
Number of removable appliances fitted	35
Number of fixed appliances fitted	-
Number of pupils referred to Hospital Consultants	-

DENTURES

Number of pupils fitted with dentures for the first time:-	Ages	Ages	Ages	Total
	5 - 9	10 - 14	15 and over	
(a) with full denture	-	-	-	-
(b) with other dentures	2	12	3	17
Total	2	12	3	17
Number of dentures supplied (first or subsequent time)	2	12	3	17

ANAESTHETICS

Number of general anaesthetics administered by Dental Officers -

SESSIONS

Adminis- trative Sessions	Number of clinical sessions worked in the year					Total Sessions	
	School Service			M. & C.W. Service			
	Inspection at school	Treat- ment	Dental Health Educa- tion	Treat- ment	Dental Health Educa- tion		
Dental Officers (incl. P.S.D.O.)	40	1	416	2	8	1	468
Dental Auxiliaries	X	X	-	-	-	-	-
Dental Hygienists	X	X	-	-	-	-	-
Total	40	1	416	2	8	1	468



