

**[Report 1918] / Medical Officer of Health, County of the Soke of Peterborough.**

**Contributors**

Peterborough (England). County Council.

**Publication/Creation**

1918

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COUNTY COUNCIL OF THE SOKE OF PETERBOROUGH.

PUBLIC HEALTH REPORT FOR THE YEAR 1918



I present a brief type-written report on the health and sanitary circumstances of the County.

Dr. Collins has continued to hold the posts of Medical Officer of Health to the Peterborough Borough and Rural District, and School Medical Officer to the City and Soke Education Authorities.

Dr. Greenwood has continued to act as Medical Officer of Health to the Barnack Rural District.

Dr. Collins alludes in his reports to the necessity for appointing a whole-time officer for the posts which he has held, pointing out that the urgent cases of private work upset arrangements made for public duties.

During the year 1918 numerous conferences were held between the combining Authorities and it was suggested that, in spite of the contravening Sections of the Housing Act of 1909, the County Medical Officer should hold all the Public Medical posts in the County.

The County Medical Officer interviewed the chief Medical Officer to the Ministry, and, while pointing out the logical objections to the proposed Scheme, obtained the verbal personal approval of the Official in question, who promised to submit the scheme to the Minister.

The Scheme was then submitted to the Chief Medical Officer of the Ministry and a long period of inaction ensued, during which time the Board of Education expressed their approval of my appointment as School Medical Officer to the City and Soke Education Authorities.

After some months of deliberation the Ministry wrote, calling the attention of the Authority to the contravening Sections of the Act of 1909, but not expressing approval or disapproval of the Scheme.

Further correspondence ensued and towards the end of October a definite refusal on the part of the Ministry was received.

It was then suggested that I should resign the post of County Medical Officer, which should be offered to an Officer in an

PUBLIC HEALTH REPORT FOR THE YEAR 1909

I present a brief summary report on the health and

sanitary conditions of the County.

Dr. Collins has continued to hold the posts of Medical Officer of Health to the Indianapolis Township and Rural District, and School Medical Officer to the City and Town Education Authorities.

Dr. Greenwood has continued to act as Medical Officer of Health to the Indianapolis Rural District.

Dr. Collins attended to his reports in the necessary for reporting a whole lot of other for the work which he has done.

During the year 1909 numerous conferences were held between the County Medical Officer and the various health officers of the

containing sections of the County Act of 1909, the County Medical Officer should hold all the health officers in the County.

The County Medical Officer attended at the chief Medical Officer to the County, and, while pointing out the local objections to the proposed changes, obtained the verbal approval of the Official in question, who promised to submit the matter to the Minister.

The Board has then submitted to the Chief Medical Officer of the County a report on the health of the County, which was

Board of Education approved their approval of my report.

After some months of deliberation the County Board, after the attention of the Authority to the County Board of the

Act of 1909, but not approving approval or disapproval of the Board.

It was then suggested that I should resign the post of County Medical Officer, which should be offered to an



adjoining County, and assume all the other Public Health posts in the County.

The Board of Education, who had previously given their sanction to my holding the School posts, withdrew it, as they considered that the Medical Officer of Health and the School Medical Officer should be one and the same person.

It was recommended that I should retain my present post in this County and should, in addition, assume that of School Medical Officer to the Soke of Peterborough Education Authority.

A whole-time Medical Officer of Health and School Medical Officer was recommended for the City of Peterborough.

The suggestions of the Ministry are expensive and owing to the fact that the City of Peterborough, not being a County Borough, cannot undertake schemes for the treatment of tuberculosis, venereal diseases, the inspection of secondary schools and the inspection of midwives, will give rise to considerable overlapping and loss of time.

It was hoped that the new Ministry would have been able to prevent such confusion, waste of time and possibilities of friction.

#### POPULATION.

The estimated civilian populations are as follows:-

|                                 |       |
|---------------------------------|-------|
| City of Peterborough.           | 35363 |
| Rural District of Peterborough. | 8582  |
| Rural District of Barnack.      | 1965  |
| Administrative County.          | 45910 |

If, however, an estimate is made on the basis that the ratio between the civil and military populations is the same as for England and Wales as a whole, the estimate is higher and is as follows:-

|                                 |       |
|---------------------------------|-------|
| City of Peterborough.           | 39623 |
| Rural District of Peterborough. | 9316  |
| Rural District of Barnack.      | 2291  |
| Administrative County.          | 51530 |

The first of these estimates is used for calculating the death rate and the second the birth rate.

#### BIRTHS

|                                 |                |     |       |       |
|---------------------------------|----------------|-----|-------|-------|
| City of Peterborough.           | No. of Births. | 617 | Rate. | 15.57 |
| Rural District of Peterborough. | " " "          | 153 | "     | 15.91 |
| Rural District of Barnack.      | " " "          | 30  | "     | 13.09 |
| Administrative County.          | " " "          | 800 | "     | 15.52 |

The total number of births recorded is practically the same as last

adjoining County, and across all the other Public Health areas in the County.

The Board of Education, who had previously given their sanction to my holding the School visits, withdrew it, as they considered that the Medical Officer of Health and the School Medical Officer should be one and the same person.

It was recommended that I should retain my present position in this

County and should, in addition, assume that of School Medical

Officer so the Duke of Edinburgh's Institution Authority.

A whole-time Medical Officer of Health and School Medical Officer

was recommended for the City of Peterborough.

The suggestion of the Ministry was expensive and owing to

the fact that the City of Peterborough, not being a County Borough,

cannot undertake expenses for the treatment of tuberculosis, venereal

diseases, the inspection of secondary schools and the inspection

of children, will give rise to considerable overlapping and loss

of time.

It was hoped that the new Ministry would have been able to

prevent such confusion, waste of time and possibilities of friction.

#### POPULATION.

The estimated civilian population are as follows:-

|        |                                 |
|--------|---------------------------------|
| 32,882 | City of Peterborough.           |
| 6,728  | Rural District of Peterborough. |
| 1,000  | Rural District of Hornsea.      |
| 4,690  | Administrative County.          |

It, however, an estimate is made on the basis that the ratio

between the civil and military population is the same as for England

and Wales as a whole, the estimate is higher and is as follows:-

|        |                                 |
|--------|---------------------------------|
| 32,882 | City of Peterborough.           |
| 6,728  | Rural District of Peterborough. |
| 1,000  | Rural District of Hornsea.      |
| 5,120  | Administrative County.          |

The first of these estimates is used for calculating the death rate

and the second the birth rate.

#### DEATHS

|       |                                 |
|-------|---------------------------------|
| 15.07 | City of Peterborough.           |
| 15.07 | Rural District of Peterborough. |
| 15.07 | Rural District of Hornsea.      |
| 15.07 | Administrative County.          |

The total number of deaths recorded is practically the same as last



year, when 801 births were registered. In 1916 there were 966 births; in 1915 940; in 1914 898; in 1913 944, and in 1912 930. The highest rate is recorded in the Peterborough Rural District and the lowest in the Barnack Rural District.

The birth rate for England and Wales as a whole is 17.7; for the 143 smaller towns, of which Peterborough is one 17.9; for the 96 great towns, with populations over 50,000 17.6; and for London 16.1. The birth rate for this County, therefore, is lower than in other parts of England.

64 children were born out of wedlock as compared with 57 in 1917, 51 in 1916, 34 in 1915, 49 in 1914, 64 in 1913, and 59 in 1912. There has, therefore, been no increase in illegitimacy, but the illegitimate birth rate has not fallen with the same rapidity as the legitimate birth rate.

From January 1st 1918 to December 31st 1918, 721 of the 800 births occurring in the County were notified to the County Medical Officer, a percentage of 90.

548 were notified by Doctors, Registrars, or friends, and 175 by midwives. 31 of the 721 notified were stillbirths.

#### DEATH RATE.

|                                 |                |      |      |       |
|---------------------------------|----------------|------|------|-------|
| City of Peterborough.           | No. of deaths. | 335. | Rate | 15.12 |
| Rural District of Peterborough. | " " "          | 137  | "    | 15.96 |
| Rural District of Barnack.      | " " "          | 29   | "    | 14.75 |
| Administrative County.          | " " "          | 701  | "    | 15.26 |

The total number of deaths in the Administrative County was 701, giving a net death rate of 15.26, a higher figure than has been obtained since 1902, and due, in part to the severe outbreaks of influenza which occurred in July, November and December, 102 persons succumbing to this scourge. 79 persons died in the City, 22 in the Rural District of Peterborough and only one death was recorded in the Barnack area. The following table shows the number of deaths and the death rate in each area:-

| District.                    | Deaths. | Rate per 1000 of the population. |         |    |
|------------------------------|---------|----------------------------------|---------|----|
|                              |         | Males                            | Females |    |
| City of Peterborough.        | 79      | 2.1                              | 31      | 48 |
| Rural District of Peterboro' | 22      | 2.5                              | 14      | 8  |
| Rural District of Barnack.   | 1       | 0.5                              | 1       | 0  |
| Administrative County.       | 102     | 2.2                              | 43      | 56 |





Females were more severely afflicted than males. The age distribution of the 102 cases was as follows:-

|              |     |
|--------------|-----|
| 65 and over. | 15  |
| 45 to 65     | 20  |
| 25 to 45     | 41  |
| 15 to 25     | 16  |
| 5 to 15      | 5   |
| 2 to 5       | 2   |
| 1 to 2       | 3   |
| Total.       | 102 |

It is noteworthy and regrettable that 57 of the 102 deaths occurred between the ages of 15 and 45, the most useful period of life. Serious as the outbreak was in this County it was considerably more fatal in other areas. In Rutland, with a population estimated at 17,653, 95 deaths were registered, being a rate of 5.3 per 1000. In Sunderland and Stockton the death rate was also 5.3. In South Shields 4.9, and in Middlesborough 4.1. No final figures are yet available for the whole Country, but it is stated that 49431 persons succumbed in the 96 great towns and in England and Wales as a whole 104,738, while in London 18,000 persons died.

The epidemic affected every Country in Europe, North and South America, Australia, India and Africa. In New York it attacked 15,000 in one month and New York suffered least of the great Cities of the States. In India it caused the death of six million persons.

The disease assumes pandemic proportions from time to time and has been known to the Profession since 1510, and thenceforward world-wide epidemics have been recorded in 1557, 1580, 1589, 1675, 1693, 1709, 1729, 1732, 1742, 1783, 1830, 1836, 1847, and 1890, roughly four times in each Century.

With regard to prevention, no Public Health measure can resist the progress of pandemic influenza, and a similar remark applies to other diseases in which infection is received by the respiratory tract, e.g., measles, whooping cough, bronchitis and pneumonia. Routine disinfection is a useless expense. Recently, the Ministry of Health has issued a vaccine which is intended to mitigate or prevent the sequels of influenza, such as pneumonia and thrombosis.



Further down these records are listed the names. The are

distinction of the two cases was as follows-

|        |              |
|--------|--------------|
| 15     | 15 and over. |
| 14     | 14 to 15     |
| 13     | 13 to 14     |
| 12     | 12 to 13     |
| 11     | 11 to 12     |
| 10     | 10 to 11     |
| 9      | 9 to 10      |
| 8      | 8 to 9       |
| 7      | 7 to 8       |
| 6      | 6 to 7       |
| 5      | 5 to 6       |
| 4      | 4 to 5       |
| 3      | 3 to 4       |
| 2      | 2 to 3       |
| 1      | 1 to 2       |
| 0      | 0 to 1       |
| Total. | Total.       |

It is noteworthy and remarkable that 87 of the 100 deaths occurred between the ages of 15 and 45, the most fertile period of life. Before the outbreak was in this country it was considerably more fatal in other areas. In England, with a population estimated at 17,427, 25 deaths were registered, being a rate of 8.6 per 1000. In Switzerland and Germany the death rate was 10.5. In South Africa 4.9, and in India 4.1.

The total number of deaths was 100. The deaths were distributed as follows: 100 in England and Wales as a whole 104,725, which in London 16,000 persons died.

The epidemic spread very quickly in Europe, North and South America, Australia, India and Africa. In New York it reached 17,000 in one month and New York and other parts of the Great Cities of the States. In India it caused the death of six million persons.

The disease caused by the epidemic was first seen in 1918 and has been known to the profession since 1918, and the following year the epidemic have been recorded in 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 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2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 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This vaccine will be provided free of charge by the Ministry to Medical Officers of Health for distribution to practitioners who require it. The general opinion among practitioners at the present time is that this prophylactic treatment is uncertain. It is probably harmless. In regard to personal prevention of infection, it is recommended that the throat be gargled with Liq. Sodae Chlorinates and that a solution of common salt and water be sniffed up the nose from the hollow of the hand two or three times a day. When an attack is acquired the only thing is to go to bed and keep there. The room should be well ventilated.

In houses where these amenities cannot be obtained the Local Sanitary Authority is urged to provide accommodation in the empty wards of an isolation or other Hospital. For the better equipped houses domiciliary nursing should be provided in connection with local nursing associations. In cases of great emergency County and Municipal Health Visitors could be used for this purpose. Another valuable suggestion made by the Ministry is that women should be enlisted as "Home helps", and that special kitchens be improvised where invalid food could be prepared.

Dr. Collins remarks that two outbreaks occurred, one in July which was slight, only causing ten deaths, and the other in November and December which was severe. The disease was characterised by vomiting and nose bleeding. Three cases of premature labour in women affected with influenza proved fatal. One of the deaths under five was that of an infant prematurely born, the mother also dying.

In the Peterborough Rural District there were also two outbreaks. No deaths were recorded in the early summer but 22 persons succumbed in the late autumn epidemic.

Dr. Greenwood also records two epidemics in July and November in the Barnack Rural District. The former was not serious but the latter was complicated by severe broncho-pneumonia.

The principal causes of death, other than influenza were :-

|                                 |    |
|---------------------------------|----|
| Cancer and malignant disease :- | 75 |
| Tuberculosis ( all forms)       | 70 |
| Heart Disease.                  | 62 |
| Bronchitis.                     | 50 |
| Pneumonia ( all forms)          | 45 |



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|                              |    |
|------------------------------|----|
| Congenital debility.         | 25 |
| Violence other than suicide. | 13 |
| Bright's disease.            | 12 |
| Diphtheria.                  | 10 |
| Measles.                     | 9  |
| Suicide.                     | 5  |
| Cerebro-spinal fever.        | 1  |

These figures deserve some consideration. No Cancer- certain of the men of death - 59 women and 53 men succumbed, 36 of these being over the age of 45.

In a recent Memorandum, published by the Chief Medical Officer to the Ministry of Health, on 'Preventive Medicine: its scope and aims', not a word is said about a disease which is the chief foe of mankind and one, which if taken in time, is a local disease and readily dealt with by a surgeon.

Heart disease accounts for the death of 33 women and 23 men, 57 of which occurred over the age of 45.

Bronchitis accounts for the death of 26 women and 24 men, 53 being over the age of 45.

It is obvious from these figures that the danger period of life is reached at or about the age of 40 and that a system of compulsory examination and treatment for persons would yield a rich harvest in the saving of life. Yet, instead of concentrating attention on this period of danger, the Ministry compels the Nation to spend thousands of pounds on the inspection of school children which even the Chief Medical Officer to the Board of Education describes as in most respects healthy, and advises and urges Authorities to spend enormous sums on infant welfare, with results that owing to our ignorance of the laws of hereditary and prenatal hygiene are, to say the least of them, unconvincing.

On the other hand, commencing signs of disease in early middle age are easily detected, well known to the Profession and can at that time be remedied with the most gratifying results. It should be insisted on that medical examination and treatment should be provided for all at all ages instead of confining it to the most healthy period of life.

#### INFANT MORTALITY.

By rate of infant mortality is meant the ratio of the annual number of deaths occurring in children under one year of age to every thousand births.





The ratio for each area and for the County as a whole is as follows :-

|                                 |                |     |      |       |
|---------------------------------|----------------|-----|------|-------|
| City of Peterborough.           | No. of deaths. | 48. | Rate | 77.77 |
| Rural District of Peterborough. | "              | "   | "    | 39.21 |
| Rural District of Barnack.      | "              | "   | "    | -     |
| Administrative County.          | "              | "   | 54   | 67.50 |

The infant mortality rate for the whole County is 67.50 per 1000 births - a most satisfactory figure. In 1917 the rate was 81.1; in 1916 - 77.5; in 1915 - 87.2; in 1914 - 75.7; in 1913 - 88. and in 1912 - 102. It is gratifying to note that no deaths of infants under one year of age were recorded in the Barnack Rural District.

The Infant Mortality rate for England and Wales as a whole was 97. For the 93 great towns 106; for the 148 smaller towns of which Peterborough is one 94 and for London 107.

The infant mortality rate for this County therefore, is most satisfactory. A most gratifying decline in this form of wastage of human life is everywhere noticeable and is as marked in areas where no ad hoc measures are taken to combat this evil as in those where thousands of pounds of the rate-payers' money is annually spent. This failure is in part due to ignorance of some of the causes of death in infants in the first period of independent life and in part to the bad social conditions, e.g., insanitation, and the employment of married women who should, in a properly organised society, be at home looking after their young children.

The matter is a social as much as a medical problem. Seven of the 64 illegitimate children died before reaching one year of age, a mortality of 109.3 per 1000, as compared with 47 of the 736 children born in wedlock, a mortality of 63.8.

The causes of the 54 total infant deaths are :-

|                        |     |            |    |
|------------------------|-----|------------|----|
| Congenital Debility.   | 24. | Pneumonia. | 7  |
| Other defined diseases | 11  | Measles.   | 2  |
| Bronchitis.            | 9.  | Diarrhoea. | 1. |

This year, as always, congenital debility is the cause of nearly 50% of the mortality. It can only be curtailed by ensuring a healthy condition of both parents prior to conception and of the mother during the period of pregnancy. Pregnant women should be examined frequently so that abnormal conditions such as pernicious vomiting and contracted conditions of the birth passages, could be diagnosed at an early date and rectified.



The ratio for each year and for the period as a whole is as follows:

| Year | Ratio | Year | Ratio | Year | Ratio |
|------|-------|------|-------|------|-------|
| 1911 | 77.77 | 1912 | 77.77 | 1913 | 77.77 |
| 1914 | 77.77 | 1915 | 77.77 | 1916 | 77.77 |
| 1917 | 77.77 | 1918 | 77.77 | 1919 | 77.77 |
| 1920 | 77.77 | 1921 | 77.77 | 1922 | 77.77 |
| 1923 | 77.77 | 1924 | 77.77 | 1925 | 77.77 |
| 1926 | 77.77 | 1927 | 77.77 | 1928 | 77.77 |
| 1929 | 77.77 | 1930 | 77.77 | 1931 | 77.77 |
| 1932 | 77.77 | 1933 | 77.77 | 1934 | 77.77 |
| 1935 | 77.77 | 1936 | 77.77 | 1937 | 77.77 |
| 1938 | 77.77 | 1939 | 77.77 | 1940 | 77.77 |
| 1941 | 77.77 | 1942 | 77.77 | 1943 | 77.77 |
| 1944 | 77.77 | 1945 | 77.77 | 1946 | 77.77 |
| 1947 | 77.77 | 1948 | 77.77 | 1949 | 77.77 |
| 1950 | 77.77 | 1951 | 77.77 | 1952 | 77.77 |
| 1953 | 77.77 | 1954 | 77.77 | 1955 | 77.77 |
| 1956 | 77.77 | 1957 | 77.77 | 1958 | 77.77 |
| 1959 | 77.77 | 1960 | 77.77 | 1961 | 77.77 |
| 1962 | 77.77 | 1963 | 77.77 | 1964 | 77.77 |
| 1965 | 77.77 | 1966 | 77.77 | 1967 | 77.77 |
| 1968 | 77.77 | 1969 | 77.77 | 1970 | 77.77 |
| 1971 | 77.77 | 1972 | 77.77 | 1973 | 77.77 |
| 1974 | 77.77 | 1975 | 77.77 | 1976 | 77.77 |
| 1977 | 77.77 | 1978 | 77.77 | 1979 | 77.77 |
| 1980 | 77.77 | 1981 | 77.77 | 1982 | 77.77 |
| 1983 | 77.77 | 1984 | 77.77 | 1985 | 77.77 |
| 1986 | 77.77 | 1987 | 77.77 | 1988 | 77.77 |
| 1989 | 77.77 | 1990 | 77.77 | 1991 | 77.77 |
| 1992 | 77.77 | 1993 | 77.77 | 1994 | 77.77 |
| 1995 | 77.77 | 1996 | 77.77 | 1997 | 77.77 |
| 1998 | 77.77 | 1999 | 77.77 | 2000 | 77.77 |
| 2001 | 77.77 | 2002 | 77.77 | 2003 | 77.77 |
| 2004 | 77.77 | 2005 | 77.77 | 2006 | 77.77 |
| 2007 | 77.77 | 2008 | 77.77 | 2009 | 77.77 |
| 2010 | 77.77 | 2011 | 77.77 | 2012 | 77.77 |
| 2013 | 77.77 | 2014 | 77.77 | 2015 | 77.77 |
| 2016 | 77.77 | 2017 | 77.77 | 2018 | 77.77 |
| 2019 | 77.77 | 2020 | 77.77 | 2021 | 77.77 |
| 2022 | 77.77 | 2023 | 77.77 | 2024 | 77.77 |
| 2025 | 77.77 | 2026 | 77.77 | 2027 | 77.77 |
| 2028 | 77.77 | 2029 | 77.77 | 2030 | 77.77 |

The infant mortality rate for the whole country is 77.77 per 1000 births.

1000 births - a most satisfactory figure. In 1917 the rate was

81.1; in 1918 77.7; in 1919 77.7; in 1920 77.7; in 1921 77.7; in 1922

88, and in 1923 108. It is gratifying to note that no deaths

of infants under one year of age were recorded in the British

Island.

The infant mortality rate for England and Wales

as a whole was 77. For the 92 great towns 108; for the 100

unlike towns of which London is one 84 and for London 107.

The infant mortality rate for this country therefore is not

satisfactory. A most satisfactory decline in this form of mortality

of human life is everywhere noticeable and in no country is more

than in the British Isles. The infant mortality rate is usually

higher than in any other country of the world. This is due to the

fact that in the first year of life the infant is most vulnerable

and in part to the fact that the infant is most vulnerable

and the majority of infant deaths occur in the first year of life.

organism usually, so as to be looking after their young children.

The matter is a social as much as a medical problem.

Even of the 24 illegitimate children who died before reaching one

year of age, a mortality of 100.5 per 1000, as compared with 87

of the 77 children born in wedlock, a mortality of 83.8.

The causes of the 24 total infant deaths are:-

Constitutional Debility 24

Other defined diseases 11

Prophylaxis 9

This year, as always, constitutional debility is the cause of

nearly two-thirds of the mortality. It can only be curtailed by

ensuring a healthy condition of both parents prior to conception

and of the mother during the period of pregnancy. Frequent

pregnancy should be examined frequently so that abnormal conditions

such as puerperal vomiting and constipated conditions of the bowels

passages, could be diagnosed at an early date and rectified.

This work will no doubt be developed at the Infant Welfare Centres in the City of Peterborough.

Again, many of the children die while they are being born and the provision of qualified maternity nurses would considerably mitigate this. Dr. Collins reports that the two voluntary Infant Welfare Clinics continue their beneficent work.

(a) Held at the Guild of Help Office, Queen Street, Peterborough to which Dr. Bonner has succeeded Dr. Latham as Medical Attendant. The work has been carried out under difficulties owing to the fact that the Food Control Committee had to take over the Consulting Room. The total number of attendances was 691, 525 of these being for children under one year of age and 166 for children over that age. 72 new cases attended this year, 59 of them being under one year of age.

(b) New England Branch held weekly at the P.S.A. Institute, Glanstone Street, Peterborough, to which Dr. Pouch-Hay is the Medical Adviser, and Nurse Ireland, a certified midwife, the Chief Nurse. The total number of attendances was 590, 400 of these being for children under one year of age and 190 for those over the age of one year. 47 new cases attended during the year, 39 being under and 8 over the age of one year.

Glaxo, Lactagol and Vitel can be obtained at both Centres.

Fifty-three home visits were paid and a few of the babies were found to be unsatisfactorily <sup>cared</sup> for, but as some of these families had only two rooms to live in this is scarcely a matter for surprise.

#### HEALTH VISITING.

Dr. Collins states that the City advertised and some apparently suitable candidates applied, but before the day settled for the interview, had secured appointments elsewhere. One other candidate was interviewed on another occasion but did not possess the necessary qualifications, and after this a third application was received from an individual obviously unfit for any responsible post.

Shortly after this a circular letter was received from the Local Government Board suggesting that the work



This was all as detailed at the time before the

in the case of the

Again, many of the children who were in the hospital were not in the hospital at the time of the interview. The children who were in the hospital at the time of the interview were not in the hospital at the time of the interview.

(a) Held at the time of the interview, the children who were in the hospital at the time of the interview were not in the hospital at the time of the interview. The children who were in the hospital at the time of the interview were not in the hospital at the time of the interview.

(b) The children who were in the hospital at the time of the interview were not in the hospital at the time of the interview. The children who were in the hospital at the time of the interview were not in the hospital at the time of the interview.

The children who were in the hospital at the time of the interview were not in the hospital at the time of the interview. The children who were in the hospital at the time of the interview were not in the hospital at the time of the interview.

#### THE CHILDREN

The children who were in the hospital at the time of the interview were not in the hospital at the time of the interview. The children who were in the hospital at the time of the interview were not in the hospital at the time of the interview.

should be undertaken on County lines and a communication was sent to the County Council suggesting the co-operation of that body in a joint scheme. This scheme was postponed in view of the proposed combination of all medical posts under one officer. This has now had to be abandoned in view of the tardy decision of the Ministry.

There would be certain definite advantages in the County Council undertaking the work of Health Visiting throughout the area.

- (a) It would lead to the quicker ascertainment of suspected cases of tuberculosis, cases of mental deficiency and venereal diseases, for which three diseases the County Council is the responsible Medical Authority.
- (b) The County Council is already responsible for the inspection of midwives, from whom valuable co-operation is expected and usually received in any successful infant welfare scheme.

#### HEALTH VISITING IN RURAL DISTRICTS.

Owing to Nurse Dean's serious illness, the Public Health Committee considered it advisable on her return to duty in February 1919, to allow her to discontinue the work of health visitor while retaining her posts of School Nurse to the Soke of Peterborough Education Authority, Mental Deficiency Visitor and Tuberculosis Nurse to the County Council. No health visiting has been carried out since the publication of the last annual report.

#### INSPECTION OF MIDWIVES.

Dr. Collins of 18, Lincoln Road, Peterborough, is the Inspector, but I have been unable to obtain a copy of his report for the year 1918.

#### DENTAL TREATMENT.

A Sub-Committee has been formed for the consideration of supplying dental treatment for mothers, expectant mothers, school children, and infants.

#### SCHEME FOR THE FORMATION OF NEW NURSING ASSOCIATIONS.

During the year the Northamptonshire Nursing Association were unable to take steps to provide nurses for the six new Associations which the County Council has proposed to subsidize. Towards the end of 1919 a nurse had been provided for Southorpe, Darnack and Stamford St. Martins (Without).





It is apparently a difficult matter to start these Associations in the villages. The County Council has continued to subsidize the Mansford Nursing Association.

TUBERCULOSIS.  
Consumption of the Lungs.  
-----

|                                |                |     |      |      |
|--------------------------------|----------------|-----|------|------|
| City of Peterborough.          | No. of Deaths. | 44. | Rate | 1.21 |
| Rural District of Peterborough | " " "          | 8   | "    | .93  |
| Rural District of Barnack.     | " " "          | -   | -    | -    |
| Administrative County.         | " " "          | 52  | "    | 1.11 |

There were 52 deaths from consumption as compared with 48 in 1917.; 33 in 1916, 37 in 1915, 40 in 1914, 30 in 1913, and 30 in 1912. Seven of these deaths occurred in Institutions outside the County, six in Asylums and one, a case of a domestic servant, at the Herivalo Sanatorium, Chelmsford. Twenty of these deaths occurred among men and thirty-two among women. The shortage of food, especially the shortage of meat and the substitution of margarine for butter, and the longer hours of work, have told their tale in the increased mortality from phthisis, which has affected all parts of Great Britain.

The following are the notifications of pulmonary tuberculosis -

|                                |    |
|--------------------------------|----|
| City of Peterborough.          | 74 |
| Rural District of Peterborough | 9  |
| Rural District of Barnack      | -  |
| Administrative County.         | 83 |

The number of notifications cannot be considered satisfactory in view of the number of deaths. The former should be twice the latter. In 1917 there were 80 notifications; in 1916 . 72; 54 in 1915; 57 in 1914; 85 in 1913; and 116 in 1912.

Notifications and Deaths from Tuberculosis of Organs  
other than the Lungs.  
-----

|                       |                   |                |     |      |     |
|-----------------------|-------------------|----------------|-----|------|-----|
| City of Peterborough  | 31 Notifications. | No. of Deaths. | 16. | Rate | .46 |
| R.D. " "              | 6                 | " " "          | 2   | "    | .24 |
| R.D. " Barnack        | -                 | " " "          | -   | "    | -   |
| Administrative County | 37                | " " "          | 18  | "    | .39 |

From tuberculosis of organs other than the lungs there were 18 deaths. Seven of these were due to tuberculous meningitis or inflammation of the brain. In 1917 there were 23 deaths. There were 12 in 1916; 13 in 1915; 14 in 1914, 23 in 1913, and 14 in 1912.





During the year the County Council has continued its Agreement with the Insurance Committee to provide a Tuberculosis Officer, a Nurse and Dispensary treatment. Two beds have been retained at the Eversfield Chest Hospital, St. Leonards-on-Sea, for non-insured persons and the arrangements have been continued for X-ray examinations at the Peterborough Infirmary.

The apparatus has been much improved by the generosity of the Trades and Labour Council.

In the year commencing January 1st, 1920, the County Council will undertake responsibility for the provision of Sanatorium accommodation for insured persons and it is proposed to provide seven more beds at the Eversfield Chest Hospital.

A Sub-Committee has been appointed to consider the advisability of providing an Institution for the treatment of early and advanced cases of this disease in the vicinity of Peterborough.

A full report on the work of the Tuberculosis Dispensary will be published in due course.

#### MENTAL DEFICIENCY ACT 1913.

Since the Act came into force the County Council has appointed the Public Health Committee with two co-opted lady members to administer the Act. The Register of Defectives has been made and has been kept up to date and formally revised in 1919. It contains the names of 100 persons. Quarterly visits are paid to the Defectives by the County Council's Nurse.

Eleven defectives have been sent to Whittington Hall, Near Chesterfield, to Stoke Park Colony, and to the Certified Institution of the Metropolitan Asylums Board. Five are still in residence and two have died. Recently, accommodation has been found for seven others and for one case a suitable Institution is being sought. Two patients are detained under the guardianship of their friends. For one of these extra clothing and dental treatment has been provided by the County Council.

#### VENEREAL DISEASES REGULATIONS 1916.

During the year under review the County Council has continued its Agreement with the Peterborough Infirmary but on different lines as regards payment.



During the year the Council has continued its work with the various committees to review the various reports and recommendations. The work has been continued at the Washington office and the various committees have been advised for their cooperation at the Washington office.

The committee has been advised by the members of the Council and the various committees. In the year ending January 1st, 1930, the Council will undertake responsibility for the revision of the constitution for the purpose of providing for the revision of the constitution and it is proposed to provide some more data at the Washington office. A committee has been appointed to consider the possibility of providing an institution for the treatment of such and such cases of the various forms of insanity. A bill is now on the way of the Washington office and will be published in the near future.

THE WASHINGTON OFFICE

Since the Act came into force the Council has appointed the Public Health Committee with two co-opted lay members to administer the Act. The Committee of members has been appointed and has been kept up to date and revised in 1929. It contains the names of 100 members. Quarterly visits are made to the institutions by the Council's Bureau.

Various committees have been set up to investigate the various cases of insanity. The Committee of members has been appointed and has been kept up to date and revised in 1929. It contains the names of 100 members. Quarterly visits are made to the institutions by the Council's Bureau. The patients are detained under the guardianship of their friends. For one of these extra charges and dental treatment has been provided by the Council.

THE WASHINGTON OFFICE

During the year under review the Council has continued its work with the various committees to review the various reports and recommendations. The work has been continued at the Washington office and the various committees have been advised for their cooperation at the Washington office.

For each attendance 7/- per person is now paid and for each in-patient 12/- for the first day and 10/- for each subsequent day. The Agreement with the Manchester University for the examination of pathological material has been on the same lines as heretofore.

From October 1st 1918 to September 30th 1919, 105 new patients and 30 old patients attended the Venereal Clinic. 38 of the 105 new patients suffered from syphilis, 43 from gonorrhoea, 3 from soft chancre, and 21 from diseases other than venereal. The number of attendances made by new patients was 773. Fifteen patients received in-patient treatment and remained 362 days in the Infirmary. 73 patients were treated with Galyol and 273 doses of this drug were given.

30 samples were recorded as being examined for gonococci at the Infirmary while 76 samples were sent to the Manchester University for the Wassermann re-action.

Recently, the Ministry of Health has written reporting on the scheme and asking that one of the approved Officers should be responsible for the evening Clinics and not the Resident Medical Officer, and stating that the treatment for gonorrhoea requires modification.

#### SUMMARY OF THE WORK PERFORMED AT THE MANCHESTER Pathological Laboratory.

Ninty-seven samples of blood were sent to the Pathological Laboratory at Manchester. It is regrettable that no samples of cerebro-spinal fluid and no samples of the products of conception in stillbirth and abortion were sent to the Laboratory. It is also noticeable that no smears were sent for examination for spirochaetes.

40 of the 97 samples of blood were positive

56 were negative and 1 was not examined as insufficient material was sent. 76 samples were sent by the Infirmary, 15 by three medical practitioners - the first of these sent ten, the second four, and the third one - and six samples were sent by the Tuberculosis Officer.

No additional name was added to the list of practitioners who furnished satisfactory evidence of competence in the administration of Salvarsan, its substitutes and modifications.





### Propaganda Work.

During the year the Public Health Committee considered the advisability of holding short lectures in the various factories in the City of Peterborough on the dangers of venereal diseases, and decided to engage a speaker from the National Council for Combating Venereal Diseases. All the firms, with one exception, refused their permission, and it was therefore decided to hold a public meeting for men only in the Co-operative Hall on April 2nd 1919. Councillor J. Emerton took the Chair. Fr. Otto May addressed a meeting of some 50 persons, which is understood to be a fairly good attendance for a town the size of Peterborough.

During the year the Public Health Committee considered the question of providing early treatment Centres. In this case it was suggested that rooms should be set aside in the Infirmary, with two attendants, who should be constantly on duty. The great expense of this scheme and the slight success which has attended this plan in certain huge Military Centres, led to its rejection by the Committee. It is understood that no early treatment Centres have been established. Even in London the County Council declined to proceed with the Scheme which emanated from the Local Government Board's Medical Department.

Recently, much discussion has taken place on the question as to whether Health Authorities should provide disinfectants for use by the individual himself immediately after the risk of acquiring the disease has been incurred. The majority of medical opinion seems to be in favour of this expedient being tried and already a Society has been engaged for the Prevention of Venereal Diseases. The Ministry of Health does not endorse these views, however, but scientific experiments should be carried out on a large scale and its results investigated by an impartial Commission.

### CEREBRO-SPINAL MENINGITIS.

No samples were sent under the Scheme described in my annual report for the year 1917.

### EPIDEMIC DEATH RATE. 1918

There were 24 deaths in the County of the Soke of Peterborough from the principal epidemic diseases. - The actual number of deaths in



During the day the Public Health Committee considered the advisability of holding their sessions in the various locations in the City of Peterborough on the grounds of Veterans' Hospital, and decided to send a reporter from the National Journal for conducting the same. All the time, the one exception, returned their verdict, and it was therefore decided to hold a public meeting for men only in the Co-operative Hall on April 2nd 1919. Committee J. Weston took the Chair. Mr. Otto Lay addressed a meeting of some 30 persons, which is understood to be a fairly good attendance for a town the size of Peterborough. Before the year the Public Health Committee considered the question of providing anti-tubercular centres. In this case it was suggested that more should be made in the future, with the exception, the should be considered in this. The most serious of this nature and the right manner which has attended this case in various ways. It is understood that the Public Health Committee have been established. It is known that the Public Health Committee is advised with the Public Health Committee from the Local Government Board's National Department.

Respectively, much attention has been placed on the question as to whether Public Health Authorities should provide disinfectants for use by the individual himself immediately after the risk of acquiring the disease has been removed. The necessity of medical opinion seems to be in favor of this suggestion being tried and if a Society has been engaged for the prevention of Venereal Diseases. The Ministry of Health does not endorse this view, however, but definitely expressed should be carried out on a large scale and the results investigated by an Imperial Commission.

#### VENEREOUS DISEASES

No action was taken under the scheme described in my annual report for the year 1917.

#### VENEREOUS DISEASES

There were 24 deaths in the County of the City of Peterborough from the venereal epidemic disease. The actual number of deaths in

each area are displayed in the following tables. The numbers/rower in brackets to the death rates:-

| Disease.        | Peterboro' City. | Peterborough R.D. | Barnack R.D. | Total.   |
|-----------------|------------------|-------------------|--------------|----------|
| Measles.        | 5 (.14)          | 4 (.46)           | -            | 9 (.19)  |
| Scarlet Fever.  | 3 (.08)          | -                 | -            | 3 (.08)  |
| Whooping cough. | 1 (.02)          | -                 | -            | 1 (.02)  |
| Diphtheria.     | 8 (.22)          | 1 (.11)           | 1 (.50)      | 10 (.31) |
| Diarrhoea.      | 11 (1.6)         | -                 | -            | 11 (1.6) |
| Total.          | 18 (.50)         | 5 (.58)           | 1 (.58)      | 24 (.52) |

It should be noted that the deaths from diarrhoea are calculated not on the population but upon the rate per 1000 births.

#### NOTIFICATION OF INFECTIOUS DISEASES.

During the year, excluding tuberculosis, 868 cases of infectious diseases were notified as follows:-

| Disease.               | Peterboro' City. | Peterborough R.D. | Barnack R.D. | Total |
|------------------------|------------------|-------------------|--------------|-------|
| Measles.               | 443              | 158               | -            | 601   |
| Scarlet Fever.         | 173              | 15                | 1            | 189   |
| Diphtheria.            | 42               | 6                 | 9            | 59    |
| Enteric Fever.         | 3                | -                 | -            | 3     |
| Erysipelas.            | 6                | 1                 | -            | 9     |
| Cerebro-spinal fever.  | 1                | -                 | -            | 1     |
| Ophthalmia Neonatorum. | 7                | -                 | -            | 7     |
| Totals.                | 676              | 182               | 10           | 868   |

Dr. Collins remarks that the diagnosis of the two cases of enteric fever was confirmed by the Widal re-action. One of the cases had recently partaken of mussels, a shellfish which often harbours the germs of this disease.

601 primary notifications of measles were received, 443 being assigned to the City and 158 to the Peterborough Rural District. In both Districts the outbreaks were contemporaneous and lasted from Xmas until the summer holidays. Closure of the Schools had no effect in checking the epidemic. Dr. Collins says on the whole the cases of scarlet fever were mild and the greater number occurred in the first three months of the year. A small epidemic, however, occurred in the South Ward in September.

Diphtheria. Six deaths occurred but only one of these occurred at the Isolation Hospital, where thirty cases have been treated during the year.

Cerebro-spinal Fever. One case occurred which proved fatal. Two Military contacts were satisfactorily dealt with.

Ophthalmia Neonatorum. Seven cases were notified. All





were treated with most satisfactory results.

#### ISOLATION HOSPITALS.

During the year the Small Pox Hospital was not used. The Isolation Hospital or Sanatorium was understaffed and Dr. Collins remarks that it was only by considerable effort and self denial on the part of the Staff that the work could be carried on at all.

On the 1st January 1919, 21 cases of scarlet fever were resident at the Hospital and subsequently 89 cases were admitted, two patients succumbing to the disease.

Thirty-two cases of diphtheria were treated from Peterborough and the adjoining Rural District. Both cases of enteric fever were admitted to Hospital and made excellent progress.

In the City of Peterborough 141 visits of enquiry were made respecting 157 cases and several re-visits were also paid. 153 rooms were disinfected for infectious disease, 61 for phthisis, 15 for non-notifiable disease and 1 school room. Bolding, etc., was removed from 42 houses where infectious disease had existed. No remarks are made on the question of disinfection in the Peterborough Rural District.

16 rooms were disinfected in 8 houses in the Barnack Rural District and one School in the same area was similarly treated.

#### HOUSING AND TOWN PLANNING ACT 1909 and 1919

The Housing and Town Planning Act of 1909 confers wide powers on Local Authorities, i.e., the City of Peterborough, Rural District of Peterborough, and the Rural District of Barnack, and also upon the Soken of Peterborough County Council. A short summary of this Act may be useful.

All Local Authorities are compelled to prepare and submit schemes within three months after July 31st 1919, stating number and nature of houses, and the amount of land required. Estimates must be given of costs and rents. If a Local Authority fails to comply, the Ministry of Health can transfer this work to the County Council or undertake the work itself. If any Local Authority fails to exercise its powers as regards unhealthy areas and unhealthy houses, the Ministry of Health may direct the County Council to inspect the District and report to the Ministry.





Powers are conferred on County Councils by Section 8 Sub-section (3), to provide houses for all their employees. Land and money may be acquired in the same way as by a Local Authority. The period of repayment is 80 years.

Section 14 confers on Local Authorities or County Councils the power to obtain water for houses, provided or to be provided, from any accessible source, whether within or without the area.

Section 22 allows a Local Authority to lend money to owners of houses for the working classes so that such houses may be put into satisfactory repair.

Section 24. If housing and road Schemes have been approved by the Ministry of Health, the Provisions of the existing Bye-laws in regard to new buildings and roads do not apply.

Section 26 confers the right to make bye-laws on the following:-

1. Number of persons to occupy a house.
2. Registration and inspection.
3. Drainage, cleanliness and ventilation.
4. Adequate closet, food storage, and washing accommodation and water supply.
5. Cleansing and re-decoration of houses at suitable intervals.

By Section 28 owners are to perform repairs required by the Local Authority to render houses fit for human habitation. Repairs to be undertaken within reasonable time and not less than 21 days. If notice of Local Authority is not complied with the Local Authority itself may execute the repairs. If repairs are of such a nature as to demand reconstruction, i.e., repairs of a structural nature, the owner can close the house.

Housing Commissioners have now been appointed for England and Wales. These Countries are divided into eleven areas. To each area a housing Commissioner, who is not a medical man, with a staff of inspectors, clerks and valuers, have been assigned. The County of the Soke of Peterborough is in Region L., which comprises the Counties of Bucks., Bedford, Herts., Hants., Northants., and Oxford.

In a circular to County Councils, dated August 30th 1919, it is stated that the Minister of Health wishes to avail himself of the local knowledge of County Medical Officers. He desired to have their services for advising the Regional Housing Staff of the Ministry on housing matters. The duties of the County Medical Officers are as follows:-





- (a). To report on housing matters to the Housing Commissioner direct when reference is made to him by the Housing Commissioner. Such reports need only be brief and can usually be made from information at the disposal of the County Medical Officers.
- (b). To conduct investigations personally or through competent officers in any matter directed by the Housing Commissioner.

Lay subordinate staff of the Ministry are at the disposal of the County Medical Officers. Monthly Conferences are held at the Office of the Commissioner. A Medical Officer from the Ministry of Health attends these Conferences. Stress is laid upon the fact that the primary responsibility in connection with housing matters rests with the Local Sanitary Authority. The Local Medical Officer of Health must make himself familiar with the housing conditions in his District. In cases of default the County Medical Officer may himself become primarily responsible for the housing work.

I have now attended three of these Conferences and it will be expedient to relate what has been learnt as to the wishes of the Central and the proposals of the Local Authorities.

In considering the fitness of any Scheme the higher of the two estimates of the population, issued by the Registrar General, should be considered. As regards overcrowding, the following points should be taken into consideration.

1. The number of persons per bedroom and not the number of persons per room.
2. A floor space of 50 sq. feet should be allowed for each person.

The Officers of the Local Authority should make a continuous housing survey. This is important as it is doubtful if a complete survey has been made in this County since the outbreak of hostilities in 1914. No definite standard has ever been fixed as to whether a house is fit or unfit, and it seems improbable that it ever will be. A satisfactory house should be dry, light, airy, in good general repair and provided with adequate sanitary conveniences.

A house may be damp from trivial causes or from serious defects, such as porous walls or floors, and defective or absent damp-proof courses. Windows should be at least one tenth of the floor space in size and a chimney or ventilator should be provided in addition. There should be a separate earth, or if possible water, closet to each house. The Local Authority being the landlord can choose its own tenants



(a). To report on housing matters to the Housing Commission, direct when necessary to the Housing Commission, and to the County Board of Health.

(b). To conduct investigations, research, or other work, as directed by the Housing Commission.

Any subordinate staff of the Housing Commission shall be under the direct supervision of the Housing Commission.

A Housing Commission shall have the authority to employ and dismiss its personnel.

It shall be the duty of the Housing Commission to see that the health of the community is maintained in connection with housing matters.

The Housing Commission shall have the authority to make health surveys in connection with housing matters.

In cases of default by the Housing Commission, the County Board of Health may take such action as it deems proper.

I have now attached three of these Ordinances and it will be expedient to refer to them as the Housing Ordinances.

General and the provisions of the Local Ordinances.

In order that the Housing Commission may be able to carry out its duties, it is recommended that the following provisions be included in the Housing Ordinances.

1. The number of persons per bedroom and the number of persons per room.

2. A floor space of 80 sq. feet should be allowed for each person.

The Housing Commission should make a complete housing survey. This is important as it is doubtful if a complete survey has been made in this County since the outbreak of hostilities in 1914.

No definite standard has ever been fixed as to whether a house is fit or unfit, and it seems probable that it ever will be.

Satisfactory houses should be dry, light, airy, in good general repair and provided with adequate sanitary conveniences.

A house may be deemed fit for human habitation on four separate defects, when as porous walls or floors, and defective or absent damp-proof courses.

Windows should be at least one foot of the floor space in size and a chimney or ventilator should be provided in addition.

There should be a separate earth, or if possible water, closet for each house. The Housing Commission should see that the provisions of the Housing Ordinances are carried out.

but preference should be given to permanent residents rather than week-enders, to soldiers returning from the War and to married men with families. The rent should be an economic one, i.e., should be based on two thirds of the cost of building. Presumably, if a house cost £800 to build and a rate of interest of 6% is demanded, the annual rent will be £32, considerably more than is paid in any part of the County at the present time.

Closure and demolition should be proceeded with cautiously but it should be remembered that temporary buildings can be provided for persons displaced by the clearance of unhealthy areas and that the Treasury will provide financial assistance for this purpose.

For housing purposes the population of the County should be estimated at 51,530. The three Local Authorities have estimated it as 46,323.

The number of working class houses in the County is 10,050. The number of such built annually before the War was 130. There are no empty buildings which might be made fit for dwelling places for the working classes. There are about 245 houses which are occupied by two or more families.

The Local Authorities in the County consider that the total number of houses required is 679 and it is considered that only 58 of these will be erected by private enterprise.

There are two small areas in the County which are classified as unhealthy. These, occupying five acres, contain 100 houses inhabited by 300 persons. These houses are too closely crowded and have insufficient air space. Much of this property has already been purchased by the Authority concerned.

74 houses, occupied by 242 persons, are returned by the Local Authorities as unfit for human habitation and which cannot be made fit. So far, only 19 closing orders have been made. No demolition orders have been executed.

The number of houses which are seriously defective but which can be made habitable is returned as 126. The Local Authorities propose to erect 629 houses and 122 acres of land are to be acquired.

In regard to the probable extension of the City of Peterborough the building of the much required houses in the adjoining Communities which will be included in the Municipality has apparently not yet



The preference should be given to permanent residents rather than  
workmen; no soldiers returning from the War and no persons  
with families. The rent should be an economic one, 1.00, should  
be based on the value of the cost of building. Presumably, it  
would cost \$500 to build and a rate of interest of 6% is demanded.  
The annual rent will be \$300, considerably more than is paid in any  
part of the County at the present time.

General and demolition should be proceeded with continually but it  
should be remembered that temporary buildings can be provided for  
persons displaced by the clearance of military areas and that the  
Treasury will provide financial assistance for such purposes.

For housing purposes the population of the County should be estimated  
at 81,000. The three local authorities have estimated it at 80,000.

The number of working class houses in the County is 10,000. The  
number of houses in the County is 100,000. There are no  
other buildings which might be made fit for housing purposes for the  
working class. There are about 100 houses which are occupied by  
two or more families.

The local authorities in the County consider that the total number of  
houses required is 100,000 and it is considered that only 50 of these will  
be occupied by private enterprise.

There are two main areas in the County which are classified as  
unhealthy. These, comprising 150 houses, contain 100 houses which  
are by 100 persons. These houses are too closely crowded and have  
insufficient air space. It is this property has already been

proposed by the County Council.

74 houses, occupied by 100 persons, are situated in the local  
authorities and 100 for house building and other work should be made.  
It is for only 100 existing houses have been made. No demolition  
work has been executed.

The number of houses which are seriously defective but which can be  
made habitable is estimated at 100. The local authorities propose  
to erect 100 houses and 100 more of land are to be acquired.

In regard to the probable extension of the City of Portsmouth the  
building of the new working houses in the adjacent area  
which will be located in the locality has already been

Been decided upon either as to numbers or site.

The Housing Act of 1909 has, Mr. Penwill remarks, been practically a dead letter during the year 1918, owing to the impossibility of getting labour. One Closing Order has been made against an empty house in Maxey. A similar statement is made in the Barnack report. Everywhere, the village property is getting into such a bad state as to be almost uninhabitable.

In the City of Peterborough, Mr. Noble, the Assistant Inspector, under the direction of his senior Officer, Mr. Soden, inspected 1060 houses. In connection with this 127 informal notices were sent out and all were complied with. The number of houses inspected in the City under the Housing and Town Planning Act 1909 since 1910 is as follows:-

|       |      |       |      |
|-------|------|-------|------|
| 1910. | 52   | 1915  | 177  |
| 1911. | 35   | 1916  | 278  |
| 1912. | 115  | 1917. | 52   |
| 1913. | 179  | 1918  | 1060 |
| 1914. | 281. | Total | 2279 |

It should be stated that the number of working class houses is returned as 7750. In view of the urgency of the housing question it is very desirable that a complete survey should be made.

#### SEWERAGE, DRAINAGE, AND POLLUTION OF STREAMS.

No extensive alterations have been made in the City of Peterborough but some 68 drains have been repaired or relaid and some 29 new water closets have been provided.

Mr. Penwill remarks that the electrical plant at the sewage pumping station of which complaint was made in last year's report is being overhauled by Messrs Drake and Gorham. The vertical shaft and countershaft at the Walton Pumping Station has also been reset and an additional girder and bearing has been fixed. Two connections were made at Werrington, but owing to the waterlogged condition of the soil, the connections had to be made under water. The work appeared to be satisfactory but shortly afterwards began to leak.

Mr. Penwill considers that a steam or motor-power pump is necessary in water-logged soil such as that of Dogsthorpe and Werrington.

No satisfactory record has been kept of the amount of sewage pumped.

No progress has been made with the drainage of Fengate and Dogsthorpe.

During 1919 an epidemic of dysentery occurred at Fengate, the spread of which was, to a certain extent, helped by the leaking cesspools



been located upon which as to whether or not  
 The Housing Act of 1937 has, in fact, been  
 a good factor during the year 1937, owing to the impossibility of  
 getting labor. One Housing Order has been made against an empty  
 house in Jersey. A similar statement is made in the Housing report  
 Everywhere, the village property is getting into such a bad state  
 as to be almost unhabitable.  
 In the City of Peterborough, Mr. Hobbs, the Assistant Inspector, in  
 the opinion of his senior officer, Mr. Gibson, reported 1937 houses  
 in connection with this report. The number of houses reported in the City  
 were as follows: The number of houses reported in the City  
 under the Housing and Town Planning Act 1937 also 1937 is as follows:

|      |      |      |
|------|------|------|
| 1937 | 1937 | 1937 |
| 1937 | 1937 | 1937 |
| 1937 | 1937 | 1937 |
| 1937 | 1937 | 1937 |
| 1937 | 1937 | 1937 |
| 1937 | 1937 | 1937 |
| 1937 | 1937 | 1937 |
| 1937 | 1937 | 1937 |
| 1937 | 1937 | 1937 |
| 1937 | 1937 | 1937 |

It should be noted that the number of houses shown in  
 returned as 1937. In view of the number of the Housing  
 it is very desirable that a complete survey should be made.

REMARKS, REMARKS, AND REMARKS ON REMARKS

No extensive alterations have been made in the City of Peterborough  
 but some 30 houses have been repaired or rebuilt and some 20 new  
 water closets have been provided.  
 Mr. Powell reports that a electrical plant at the same place  
 station at which was made in last year's report in being  
 overhauled by Messrs. Smith and Co. The electrical plant at  
 constructed at the Station Pumping Station has also been found and  
 an additional cylinder and boiler has been fixed. The connection  
 were made at Nottingham, but owing to the continued condition of  
 the soil, the connection had to be made under water. The work  
 appeared to be satisfactory but shortly afterwards began to leak.  
 Mr. Powell considers that a plan of improvement work is necessary  
 in water-log and soil such as that of Peterborough and Nottingham.  
 In satisfactory regard has been kept of the amount of sewage pumped.  
 No progress has been made with the drainage of Peterborough and Nottingham.  
 During 1937 an outbreak of dysentery occurred at Peterborough, the number  
 of which was, to a certain extent, helped by the lack of sewerage

and faulty system of draining.

In the Barnack area seven privies have been converted to pails, 23 cesspools cleaned and 57 nuisances from drains have been rectified.

#### WATER SUPPLY.

The water supply to the City of Peterborough remains unchanged.

Mr. Noble, the Assistant Inspector, continues to assist in the waste water inspections.

Mr. Penwill reports that 594,000 gallons were purchased for Werrington. Permission has not yet been received to raise a loan to lay out the scheme to extend the supply throughout the village.

For Walton, 26,118,000 gallons were purchased, 22,373,000 gallons being used by Messrs Brotherhoods and Sages.

At Dogsthorpe, Newark and Fengate, Eye, Longthorpe, Gunthorpe and Paston, 7,337,000 gallons were supplied by the Corporation of the City of Peterborough. The Corporation of the City of Peterborough now charges 9d per 1000 gallons which will cause the Peterborough Rural District a loss of £200 per annum.

No steps have been taken to provide Castor, Ailsworth, Newborough and Borough Fen with a suitable supply of water.

#### SALE OF FOOD AND DRUGS ACT.

In the City of Peterborough 68 samples were taken during the year, 35 of which were taken formally. The 68 samples were composed as follows: milk 35, coffee 2, rice 3, bread 1, butter 9, spirits of nitro 1, quinine wine 2, saffron 2, Ipecacuanha wine 3, Paregoric 2, ammoniated tincture of quinine 2, self raising flour 3, arrowroot 2, baking powder 2. Only one sample of milk was adulterated, being deficient in fat to the extent of 6%. Mr. Sedon remarks that the genuine samples of milk give an average composition of 3.24 of milk fat and 8.89 solids not fat. In spite of the shortage of cattle cake the composition varies little from that of previous years and is well above the Government standard.

| <u>Year.</u> | <u>No. of samples.</u> | <u>Milk fat.</u> | <u>Solids not fat.</u> |
|--------------|------------------------|------------------|------------------------|
| 1917.        | 41                     | 3.42             | 8.74                   |
| 1918.        | 27                     | 3.34             | 8.75                   |
| 1915.        | 29                     | 3.32             | 9.52                   |
| 1914.        | 23                     | 3.25             | 9.12                   |
| 1913.        | 27                     | 3.32             | 8.99                   |
| 1912.        | 33                     | 3.39             | 8.99                   |





In the Rural Districts 54 samples were submitted to Mr. Elborne, only four of which were taken formally. They comprised 36 samples of milk, 5 of cocoa, 3 of coffee, 3 of rice, 3 of ground rice, 3 of bread and 5 of pearl barley. 5 of the 36 samples of milk were adulterated.

#### PUBLIC HEALTH (Milk and Cream) REGULATIONS.

Mr. Seden remarks that the sale of cream, except in authorised cases has been prohibited so that these regulations are temporarily in abeyance. No samples of preserved cream were analysed during the year and in the Rural Districts the Inspector has never been able to find that any of the well-known preparations are sold.

#### SLAUGHTERHOUSES.

There are now 19 slaughterhouses in the City of Peterborough. Three slaughterhouses are situated in the Darnack Rural District. No note is made in the Peterborough Rural District report as to the number, condition, and situation of the slaughterhouses, although most of the meat consumed by the Citizens of Peterborough is prepared at a large slaughterhouse at Newark. 17 of the 19 licences in the City of Peterborough are subject to annual renewal. 581 visits were paid by the Sanitary Staff. One formal notice was served and several cautions were given, concerning the removal of offal. On the whole the slaughterhouses have been kept as well as possible in view of the shortage of labour. Mr. Seden remarks that in the early part of the autumn, Mr. Gant's slaughterhouse on the Eastfield Road was taken over as a Government Slaughterhouse for low grade animals, emergency cases, animals sold on the dead weight basis, and calves. The area supplying this establishment extended for several miles around the City. Here were concentrated all the doubtful animals in the District - a distinct advantage on the old plan of surreptitiously slaughtering these animals in out of the way slaughterhouses. It is not surprising to learn that at Mr. Gant's slaughterhouse, 5 cows, 2 heifers, 1 small ox beast, 1 calf, 9 carcasses of mutton, 1 pig and a quantity of edible offal were condemned. The cows, heifers and ox beast were all affected with generalized tuberculosis and all the carcasses of mutton were unfit for human food.

Apart from this slaughterhouse the following amount of food was condemned:-





3 cows. )  
 2 heifers. ( affected with generalized tuberculosis.  
 1 beast. )  
 2 pigs.  
 2 calves.  
 Forequarters of two beasts.  
 1 forequarter of frozen beef.  
 21 stones of beef.  
 2 stones of mutton.  
 9 lbs. of pork.  
 4 boxes of cooled tripe.  
 46 seven pound boxes of jelly cuttings.  
 5 lbs of corned beef.  
 1 tin of ox tongue.  
 Small quantities of ham and fish offal.

Mr. Seden remarks that under the Government Scheme, the sale of fat cattle by auction and otherwise has ceased, and all cattle have been graded and distributed according to the requirements of each butcher. Compensation was arranged by the Government for any graded animal condemned for tuberculosis. In spite of this the numbers condemned have in no way exceeded those in previous years - a striking testimony to the success of voluntary notification.

It is interesting to record, now that the Country has emerged victorious, the dire straits to which the Government was put to obtain a supply of meat. Two consignments of very poor frozen meat were assigned to the City during the height of the submarine campaign. This meat was of extremely poor quality and as it was not actually diseased no official action could be taken. It would appear that much of this meat has been derived from animals used for draft purposes. It was frequently soiled, dirty and slimy looking due to faulty methods of packing and conveyance.

Mr. Seden again emphasises that the ideal system of controlling the Empire's meat supply is by the setting up of public abattoirs. If this scheme is to be successful it must be universal. It is of no use establishing an abattoir in the City of Peterborough if private slaughterhouses can be erected immediately outside the Borough Boundary. It is only by inspection in an abattoir before and after slaughter, by skilled inspectors, of all animals intended for the food of man, that a safe supply of meat can be obtained. The recently issued report By the Ministry of Health confirms all that has been quoted from Mr. Seden's report. In addition, stress is laid upon the exceedingly unsatisfactory conditions which prevail in many places where prepared foods, e.g., sausages, pork pies, etc., are manufactured. Such foods, it appears, are often prepared in





small slaughterhouses and are insufficiently protected from the droppings of rats and mice.

#### BAKEHOUSES.

At the beginning of the year there were 41 bakehouses on the Register in the City of Peterborough. One disused bakehouse was re-opened in February 1918 and during the year two small bakehouses were closed. 48 visits were paid but nothing of importance was discovered which calls for comment. No remarks are made in the reports of the Medical Officers of Health for the Peterborough and Barnack Rural Districts.

#### DAIRIES, COWSHEDS & MILK SHOPS ORDERS.

In the City of Peterborough 34 persons were on the Register. 10 cowkeepers, 13 purveyors of milk and 11 shopkeepers who sell milk. 49 visits were paid. Mr. Seden remarks that one or two of the cowsheds are not up to the mark. Nearly the whole of the City's supply comes from farms situated in the surrounding Rural Districts. In this connection it is unfortunate to have to notice that Mr. Penwill states that nothing has been done in connection with dairies and cowsheds except the closure of one set of premises which were totally unfit for the purpose. It will be remembered that Mr. Penwill has reported that the access to the sheds is bad, that the sheds are faulty in construction and that the cows are usually in a filthy condition.

In the Barnack Rural District it is reported that there are 14 dairymen in the District and that 23 visits of inspection were made. Five required cleansing and one sanitary improvement. All of them derived their water from wells.

It is most essential that this industry should be brought up to the standard of modern day requirements. Inevitable injury is done to infants and invalids who have to depend largely on this impure fluid for their daily nutriment. If a surgeon were to operate in the same surroundings and in the same state of uncleanness as the average milkman, his patients would succumb to putrefactive diseases in exactly a similar manner to the infant who ingests daily a quantity of filthy milk. Lord Lister explained the errors of old time surgery and the methods of its prevention-cleanliness.

It is high time that the purveyors of milk and food learnt the same





losson. The prevention of disease is largely the application of Listerism to everyday life.

#### COMMON LODGING HOUSES.

Nine common lodging houses are on the Register, all in the City of Peterborough. Speaking generally they have been kept in a cleanly condition. Some of them are very old and hardly suitable for their purpose, and in one the quarters for married couples are very unsatisfactory. Two notices were served and two cautions given for contravention of the bye-laws. 67 visits of inspection were made.

#### HOUSES LET IN LODGINGS.

There are 12 houses let in lodgings on the Register. 23 visits of inspection were paid.

#### FACTORY AND WORKSHOPS ACT.

There are 142 workshops in the City of Peterborough and Mr. Sedon reports that 39 visits were paid. New water closets were built at two workshops. In the Peterborough Rural District, Government control has only just been relaxed and inspections have not been resumed by the Local Staff.

#### OFFENSIVE TRADES.

A knackers yard was reported to be in an unsatisfactory condition both as regards cleanliness and structural conditions. Up to the time of writing his report, Mr. Penwill remarks that these conditions had not been rectified. Two other businesses of a similar nature are kept as well as can be expected.

#### CANAL BOATS

Six barges were inspected during the year and no contravention of the Regulations was discovered. No cases of infectious disease occurred. No women or children live in the boats plying in the District.

CHRISTOPHER ROLLISTON.



lenses. The prevention of disease is largely the question

of habits in everyday life.

#### GENERAL FINDINGS

Five persons lodging houses are on the Harbor, all in the city of Portsmouth. Speaking generally they have been kept in a sanitary condition. Some of them are very old and hardly suitable for their purpose, and in one the sanitary conditions are very unsatisfactory. The houses were visited and the conditions given for consideration of the Board. At visits of inspection were made.

#### HOUSE NO. 12

There are 12 persons in the house on the Harbor. The visit of inspection was made.

#### HOUSE NO. 13

There are 13 persons in the house on the Harbor. The visit of inspection was made. The house is in a very poor condition. The sanitary conditions are very unsatisfactory. The house is in a very poor condition. The sanitary conditions are very unsatisfactory. The house is in a very poor condition. The sanitary conditions are very unsatisfactory.

#### HOUSE NO. 14

A person was reported to be in no sanitary condition. The person was in a very poor condition. The sanitary conditions are very unsatisfactory. The person was in a very poor condition. The sanitary conditions are very unsatisfactory. The person was in a very poor condition. The sanitary conditions are very unsatisfactory.

#### HOUSE NO. 15

The person was in a very poor condition. The sanitary conditions are very unsatisfactory. The person was in a very poor condition. The sanitary conditions are very unsatisfactory. The person was in a very poor condition. The sanitary conditions are very unsatisfactory. The person was in a very poor condition. The sanitary conditions are very unsatisfactory.

#### HOUSE NO. 16