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SOKE OF PETERBOROUGH COUNTY COUNCIL

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER
FOR THE YEAR

1946
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COUNTY COUNCIL FOR THE SOKE OF PETERBOROUGH

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER

FOR THE YEAR 1946.
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List of Members of the Public Health and Housing and Mental Deficiency, Mental Treatment, Maternity & Child Welfare, and Midwives Act Committee.

County Alderman J.T. Briggs,
The Most Noble the Marquess of Exeter;

County Councillors

P. Adams,	A.J. Nutt,
Mrs M.C. Cook,	Mrs A. Philpot,
C. Greenwood,	G.T. Vawser,
J.R. Horrell,	Mrs N.M. Winfrey,
G.P. Little,	G. Wren
H. Mitchell,	

Mrs Mansfield	}	Members of Maternity & Child Welfare, Midwives Act, and Mental Deficiency Act Committees
The Hon. Mrs Pelham		
Mrs Slater		

Since my last Report the National Health Service Act has become law, and with its introduction an entirely new objective in County Council public health work has been foreshadowed.

Since the passage of the Midwives Act in 1905 more and more work of a clinical and curative character has been entrusted to County Councils, which now includes the examination and treatment of school children, the examination and treatment of persons suffering from tuberculosis, the ascertainment and organisation of the life of the mentally defective, the treatment of persons suffering from venereal disease, the treatment of expectant, parturient, and nursing mothers, and the treatment of those afflicted with cancer.

In the future the institutional and ambulant treatment of patients included in these categories will be undertaken by the Hospital Boards, but the prevention of these diseases (and implied in this is the promotion of health in its widest sense) will be the work of the Local Health Authority.

To enter into some details, it will mean that the Local Health Authority will have to notify the Hospital Board of cases requiring institutional treatment for their confinements and diseases of pregnancy, and after this has been successfully accomplished the following up of the patient will be required. Similar arrangements apply to tuberculosis and mental abnormalities. When a patient is discharged from a Sanatorium it will be the duty of the Tuberculosis Officer to keep him under medical supervision and to see that his house and work are suitable. The same meticulous after-care will be required for mental abnormalities.

It is obvious that the work of the new Local Health Authority will be an all absorbing task.

But there are several matters of great importance which up to the present have not been specifically mentioned in the circulars issued by the Ministry of Health. The first is the care of the elderly, and the second is the prevention and treatment of chronic rheumatism. Gerontology, or the problem of ageing, must be considered in all its aspects, medical, psychological, social, and economic.

Formerly old age has been regarded with horror. David, King of Israel, says " Their strength is labour and sorrow," and Ecclesiastes tell us that he has no pleasure in them. Cicero regards old age as a disease. Pessimists of a more recent date are Stanley Hall, who wrote a book on the last half of life but warned his wife and son not to read it, and Aldous Huxley regards old age as more appalling than death.

Among the optimists is found Havelock Ellis, who says that all anxieties and responsibilities have become lighter, and even if work remains practice has made it easy.

What then should be done by the Local Health Authorities through their officers and the new Hospital Boards ?

The question of old age is becoming one of enormous importance.

The duration of life is increasing and consequently the number of old persons in the country by 1961 is estimated as eight millions - nearly a quarter of the population.

The actual figures are as follows for every 1000 of the population :-

	<u>In 1901</u>		<u>In 1935</u>
Between 0- 25	-	520	388
" 25- 45	-	284	307
" 45- 65	-	149	224
65 years and over	-	47	81
<u>Total :-</u>	<u>1000</u>		<u>1,000</u>

In the first place local authorities should provide accommodation suitable for the elderly. It is generally accepted that houses should be built on level ground, and as warmth is essential to the elderly the houses should be built in rows. The access to the coal and fuel stores should be from the inside of the house. The front door should not open into the living room but into a small hall. An indoor bathroom and water closet are absolutely essential, and a handrail should be provided close to the bath to allow of easy access and egress.

Others advocate the establishment of hostels or colonies for the elderly. Each person would have one or two rooms which would be furnished by their own belongings, so much cherished by the elderly. Meals would be served in a central hall, and arrangements should be made for recreation and entertainment. Although elderly persons prefer the company of their coevals every effort should be made to encourage their younger relatives to visit them.

The health visitor of the future will have much to do in looking after the elderly, and much will no doubt be accomplished by voluntary organisations in providing entertainments and outings.

Old people are prone to sudden illness, and for this they should not be sent to large chronic hospitals. Your one Hospital is superior to those of other areas, and considerable improvement may be anticipated by the removal of maternity to " The Gables".

In most of these institutions the staff is bored, and there are no opportunities for consultation with specialists, and the ancillary services, such as massage and physical methods of treatment, are lacking.

The elderly are nursed but not treated. The patient despairs but has nowhere else to go. He remains bedridden till he dies.

Dr Waren considers that massage, ultra-violet radiation heat, and graduated exercises will do much to help the bedridden. She mentions 42 patients. 5 were up and walking about as well as ever they did; 3 more were walking with assistance, and 17 were out of bed sitting in chairs.

There should be close co-operation between the general hospital and the Public Assistance Institutions. A preliminary course of treatment in the general hospital is advised. The patients might then be removed to special gerontological ground floor wards situated in the grounds of the acute hospital.

Institutions should be divided into those for restless patients, those for incontinent cases, and those for other kind of cases.

It is hoped by these means to discharge 30 per cent of the patients to their own homes.

Closely connected with the problem of the aged is the prevention and cure of rheumatism which in the form of osteo-arthritis attacks most people in their sixties. As far as we know this disease antedates the existence of man, for it has been found in the spine of that prehistoric animal the mastodon, which flourished ten million years ago. The earliest human case is that of the Neanderthal man of La Chappelle who lived 40,000 years before the birth of Christ. In his case the 5th to 7th cervical spines were affected, and the 3rd thoracic spines.

Chronic arthritis was as prevalent in the pre-historic dwellers of Nubia and Syria as among our Saxon forefathers of the Heptarchy. In spite of its long history it is not treated with much interest by the profession. Both in and out-patient facilities for treatment are unsatisfactory.

The Chief Medical Officer of the Ministry of Health stated in his Report on six years of war, published in 1946, that a substantial increase in long stay residential treatment accommodation is required. At present there are about 3,000 beds in the whole country, and at least 9,000 are required.

Satisfactory results have been obtained in the prevention of the acute disease by prolonged minimal doses of the Sulphonamide group of drugs. This has been tried out by workers in the U.S.A., and should be applied forthwith in this country. But in a later report it is stated that it is thought that further investigation is required, which is being carried out in Bristol, Birmingham, Liverpool, and London.

Concerning chronic rheumatic disease, a Committee appointed in 1944 concluded that the chief obstacle to effective control was lack of sufficient knowledge as regards causation. It was advised that any development of facilities for treatment should be provided in teaching hospitals so that the needed research could be conducted under University auspices. An approach was made to these institutions by the Principal Regional Medical Officers of the Ministry, but all were unable to help owing to shortage of nurses and doctors.

Experience in Sweden - a country which has done most for the treatment of this disease - suggests that the best solution for in-patient treatment is specialised units of 80 to 100 cases dispersed over several hospitals rather than a few large special hospitals. Long stay beds of a semi-convalescent type are necessary to ensure the best use of specialised beds in general hospitals.

As regards out-patient treatment, two whole time physiotherapists can be fully and usefully occupied in treating chronic rheumatic disorders in an urban industrial population of about 50,000.

In his report for the year ending March 1946 the Chief Medical Officer mentions a scheme for the setting up of diagnostic and research stations at teaching hospitals with a small number of short stay beds linked up with a number of long stay beds located at E.M.S. base hospitals, with facilities for physiotherapy and rehabilitation. Considerable progress along these lines at Leeds, Liverpool and Manchester has been made.

Trevor Howell in a recent article in "The Practitioner" (June 1947) shows what can be done for the chronic rheumatic who is all too often told that he has an incurable disease for which nothing can be done. He is condemned to imprisonment for life, either in his own home or in an institution.

A mobile physiotherapy Unit is essential for a rural county. The vital principle is to conserve what movement remains in the joints and to increase it if possible. For this purpose a combination of heat and joint exercise is necessary.

Heat may be employed in the form of wax baths, a radiant heat, or infra-red lamp and hot saline baths. Not less than half-an-hour thrice weekly gives adequate relief of pain and temporary increased mobility. When a joint is warmed it must be put through its complete range of movement at least twice before the period of treatment is considered finished for the day. Once a week 2-20 c.c. of procain lactic acid should be injected into or around the joint.

It allows of manipulation while the joint is insensitive.

It diminishes pain and increases mobility. Drugs to lessen pain are advised. Veganin, codein, and the Vitamins C. and D. are useful. Iron is needed for the anaemic.

Wasted muscles can be built up by the Faradic current, and if fibrosis is present deep massage is helpful. When gross deformity is present the advice of an orthopaedic surgeon should be sought for the manipulation of a large joint, and the application of suitable splints or plasters, and the use of some form of extension.

He concludes "There is much that a resolute general practitioner can do. Nil desperandum must be his constant watchword." and I might add what a magnificent prospect of useful service does this programme offer to the district nurse and to the staff of the public assistance institutions.

The medical profession is, in this department of its activities, marshalled under the distinguished leadership of Lord Horder, who advocates a series of special centres manned by specialists, and closely connected with them a series of local treatment centres.

But the question arises: can we afford it?

Ignoring the toll of pain and suffering, the answer is Yes, for at present the cost of medical treatment of insured persons alone suffering from rheumatism amounts to £17,000,000, and this amount was spent before the War. To-day that figure must be at least double, apart from the fact that every man-hour of labour is doubly or trebly precious. If we could reduce that figure we would far more than cover the cost of our effort. If we deducted it by three-quarters we should show a handsome profit.

Look what has been accomplished by the prevention of diphtheria. In 1935 the treatment of diphtheria cost £250,000; in 1945 only £25,000. In 1941 there were 50,797 notifications of diphtheria and 2,641 deaths. In 1945 there were only 18,596 notifications and only 722 deaths. In 1941 the number of immunised children was 2,365,398, and in 1945 5,979,284.

In view of the amount of money spent on non-essentials such as gambling, which is said to cost £885,000,000; the £50,000,000 expended on football pools, the rise of totalisator receipts from nine millions in 1935 to fourteen millions in 1945, and the fact that every backer at the greyhound races loses as much as 30/- per evening, it is obvious that the money is there and its distribution should be diverted into useful channels.

EXTRACT FROM VITAL STATISTICS

<u>Live Births</u>	Legitimate	Males	524	Females	502	Total	1026
	Illegitimate	"	62	"	71	"	133
	Total	"	586	"	573	"	1159

BIRTH RATE 19.5

<u>Stillbirths</u>	Males	14	Females	11	Total	25
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Rate per 1000 live births	21.5
Rate per 1000 of population	0.42

<u>Deaths</u>	Males	368	Females	334	Total	702
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DEATH RATE 11.8

Deaths of infants under 1 year of age per 1000 live births :-

Legitimate	35	Rate	34.1
Illegitimate	4	"	30.0
Total	39	"	33.6

Number of women dying in, or in consequence of, childbirth :-

From sepsis	1
From other causes	3

Deaths from Measles (all ages)	0
" " Whooping Cough "	0
" " Diarrhoea (under 2 yrs)	4

The rateable value of the County on April 1st 1946 was £383,889.

The sum represented by a penny rate is :- £1538.

POPULATION AND BIRTHS

The population of the County of the Soke of Peterborough as given by the Registrar-General is :-

City of Peterborough	50,540
Peterborough Rural District	6,498
Barnack Rural District	2,112
Administrative County	59,150

In 1945 the estimated population was 57,520.

The number of births was 1,159 (as compared with 1027 in 1945) distributed as follows :-

<u>District</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>	<u>Rate</u>
City of Peterborough	488	481	969	19.1
Peterborough Rural District	73	66	139	21.3
Barnack Rural District	25	26	51	24.1
Administrative County	586	573	1159	19.5

Included in these total births are the following illegitimate births :-

<u>District</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
City of Peterborough	52	61	113
Peterborough Rural District	8	5	13
Barnack Rural District	2	5	7
Administrative County	62	71	133

In England and Wales as a whole the birth rate per 1000 of the population was 19.1; for the 126 Great Towns 22.2; for the 148 smaller towns 21.3, and for London 21.5

You have arranged that every possible help should be extended to the unmarried mother and her child. Every effort is made to reconcile the unmarried mother with her parents so that she may remain at home both before and after her confinement.

You are also contemplating an approach to the Peterborough Diocesan Moral Welfare Association for the welfare of the unmarried mother; the mother and child would stay for some months at St Saviour's home, Northampton.

In the City of Birmingham a list of suitable lodgings for the unmarried mother and her child is kept; the mother goes out to work during the day leaving the baby in the Day Nursery provided by the Local Authority. Where the mother does not wish to keep the child some Health Authorities advertise for foster mothers, offering 15/- to 20/- per week exclusive of clothes, perambulators and doctors' bills. Such a payment has been found too low and excludes the better class of home. The mother does not lose all responsibility, but is advised to visit her child as often as she can.

Residential nurseries are not favoured, according to Dr Taylor of the Ministry of Health, because of the unnatural and institutional background of even the best run nursery. If the mother cannot keep her baby the child must be adopted. The blood of the mother and child must be tested by the Wassermann and Kahn tests.

Information regarding the father's health, nationality, and occupation must be given. A personal interview between the adoption officer and the adopters must be arranged, and information obtained as to age, health, occupation, and reason for adopting a child.

A report as to the suitability of the home has to be obtained.

All babies are placed with the adopters for a trial period of three months. Either party may refuse to continue the provisional arrangements. The Medical Officer of Health, if the child is placed outside the area, may be asked to submit a report on the progress and care of the child. Both mother and adopter must appear before a Court of Summary Jurisdiction. The mother must give her written consent. But in spite of these elaborate safeguards the official view seems to be that it would be far better for the mother to keep her child in such an institution as a working mother's club or hostel.

Stillbirths

There were 25 stillbirths in the County, 14 being males and 11 females. 10 males and 10 females were born in the City of Peterborough; 2 males and 1 female in the Rural District of Peterborough, and 2 males in the Barnack Rural District. In the City 10 males and 8 females were legitimate, and 2 females illegitimate. In the Peterborough Rural District 1 male and 1 female were legitimate, and 1 male illegitimate: in the Barnack Rural District the two males were legitimate. The stillbirth rate for the County was 0.42 per 1000 of the population, as compared with 0.53 for England and Wales; 0.67 for the 126 Great Towns; 0.59 for the 148 smaller towns, and 0.54 for London.

MIDWIVES

The number of cases attended by each midwife in 1946 was as follows :-
Cases attended as :-

<u>Midwife</u>	<u>Address</u>	<u>Midwife</u>	<u>Maternity Nurse</u>
A.V. Sydee	1 Summerfield Rd, Peterboro'	46	28
E. Evans,	2, London Road	" 54	43
D.M. Battson,	5, Marholm Road	" 35	50
H.M. Ranson	100, North St, Crowland	" 30	33
E.G. French,	142, Mayors Walk	" 25	74
M. Yarham,	28, Pipe Lane	" 2	7
G.S. Clement.	60, Russell Street	" 3	2
E.R. Notley	54, St Martin's Street	" -	4
N.I. Bland,	Walcot House, Eye	" 3	0
M. Wood	St John's Hospital	" 110	0
F.M. Lamplugh	" " "	" 49	7
A. Hayre	" " "	" 90	0
G.S. Clement	" " "	" 10	0
P.M. Hunt	" " "	" 16	0
S.F. Fowler	" " "	" 44	0
G.M. Jones	" " "	" 30	0
K. Mann	Thorpe Hall Annexe	" 0	13
M. Yarham	" " "	" 0	1
M.E. Stimpson	" " "	" 1	9
M.E. Owen	" " "	" 10	81
A. Sellars	" " "	" 7	75
E.L. Clayton	" " "	" 11	96
M.S. Gray,	Stuart Nursing Home	" 3	143
H. Brandwood	The Elms Nursing Home, Stamford	-	13
N.I. Bland	Walcot Nursing Home, Eye	5	0
<u>Totals :-</u>		<u>584</u>	<u>679</u>

The County Council Midwives attended 165 midwifery and 154 maternity cases - a total of 319: midwives in private practice attended 33 midwifery and 87 maternity cases - a total of 120: 378 midwifery and 282 maternity cases were attended by midwives in Institutions, and 8 midwifery and 156 maternity cases were attended in private Nursing Homes. 660 cases were confined in institutions, 356 being attended by the midwives of St John's Hospital, and 304 in the Thorpe Hall Annexe.

It will be noted that two Nursing Homes were approved by you in the current year. One of these (The Elms Nursing Home) has already closed, and the Stuart Nursing Home ceased to admit patients since May 1947.

1,384 births were notified to the County Medical Officer during the year, but it should be remembered that a certain number of cases occurring in Institutions were patients admitted from places outside the County.

For some time past painless midwifery by gas and air analgesia has been provided by the County Council, but so far few requests have been made, and only 8 mothers were so treated during 1946 in domiciliary practice. 145 mothers received gas and air analgesia in institutions during the year.

Medical aid was summoned by midwives in domiciliary practice on 40 occasions for the following reasons :- ruptured perineum 14; prolonged and difficult labour 6; abnormal presentation 4; rise of temperature 3; ante-partum haemorrhage 3; prematurity and feebleness of infant 3; retained placenta 2; and for one of each of the following conditions :- ~~hypertoxia~~ phimosis ~~protopox~~ (baby); skin eruption of breast; inflamed breast; uterine inertia, and eclampsia.

24 claims were paid to Doctors under the Midwives Act 1918: In 10 cases the amounts so paid were wholly recovered; in 5 cases they were partially recovered, and in 9 cases no recovery was considered advisable.

ANTE-NATAL EXAMINATIONS

Ante-natal reports on 26 women were received during the year, as compared with 8 last year. Little was found amiss. An ante-partum haemorrhage was discovered in one: varicose veins in 3; bad domestic circumstances in 3; albuminuria in 2; minor pelvic contraction in 2, and one each of the following defects was noted in the following :- a bad tear in previous confinement; pyorrhoea; pyelitis; breech presentation. The number of ante-natal reports received is still unsatisfactory.

"THE GABLES" MATERNITY HOME

"The Gables" Thorpe Road, Peterborough, which had previously been suggested as a suitable home for advanced consumptives has, owing to the objection of neighbouring residents, been adapted as a Maternity Home.

It affords accommodation for 24 mothers.

Entering a spacious hall one is met by a kindly and charming receptionist who directs us to the left to view a spacious ward containing 5 beds, and provided with a lavatory basin. Leaving this ward and turning to the left again one sees the excellent arrangements for sterilizing bed-pans, bowls, and instruments. Passing along a narrow passage one comes to the room for sterilizing the infant feeding bottles, and last of all there is a two bedded isolation ward with a separate sanitary convenience. Crossing to the right there is another ward holding 6 beds, and further down the Baby Ward provided with three baths. When fully occupied the floor space seems very small.

Upstairs there are 3 maternity wards and 2 labour wards, and a box-like office for the Matron.

Ward No. 1 had 3 beds, and has an adjoining lavatory and bed-pan sterilizer.

The other two wards contain 4 beds each, and close to them is a patient's lavatory and bathroom and two water closets.

All the wards are provided with lavatory basins.

There are two labour wards. In close connection with them is a room containing the necessary sterilizer for instruments, bowls, and bed-pans.

To the right of the main entrance there is an admission annexe furnished with a sanitary convenience and bath room.

The professional staff consists of a Matron, Deputy Matron, a night sister, one fully qualified midwife, and another will be engaged in December. There are 3 assistant nurses, and 1 female ward maid. There are also two part-time midwives.

"THE CAREER" MATERNITY HOME

The Career Maternity Home is a small building located at 1234 Main Street, New York City. It was founded in 1912 by Mrs. J. M. Smith, who had previously been engaged in a similar work for advanced domestic science. The object of the institution is to provide a home for expectant mothers, and to afford them the best of medical and nursing care. It is a non-profit organization, and its funds are derived from the contributions of the public.

The building is situated in a quiet residential neighborhood, and is easily accessible by public transportation. It consists of a main building and a separate building for the maternity ward. The main building contains the office, the kitchen, and the living quarters for the staff. The maternity ward is a two-story building, and is equipped with the latest in medical and nursing facilities. It is a comfortable and pleasant place for expectant mothers to stay, and it is a place where they can receive the best of care.

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THE WORK OF THE CONSULTANT OBSTETRICIAN
AND CONFINEMENTS IN INSTITUTIONS

- Mrs K.B. Was admitted to Stamford Infirmary from St John's Hospital. She had severe progressive vomiting from early pregnancy. Her normal weight was 9 st, and she was on admission under 4 st. in weight. She was grossly jaundiced and her pulse rate was 140 and of very feeble strength. Her whole appearance suggested prolonged starvation. A cannula was at once tied into a vein and eleven pints of glucose saline were run in, together with adequate injections of vitamins A.C.D. and B. complex. Small injections of insulin 8 hourly were given. Drip rectal salines helped to bring about improvement, but her condition was still extremely serious. Two months later Dr Till wrote to me: her weight had then risen to 5 st. 10 lbs, and all symptoms of toxæmia had disappeared. She was re-admitted on 30-8-46 for her confinement, and now weighed 8 st. She had an acute attack of gastro-enteritis. She was delivered of a premature female weighing 4 lbs 3 ozs. Dr Till was congratulated by you for his successful dealing with this very serious case.
- Mrs P. Was admitted to Stamford Infirmary for malpresentation. A forceps delivery was undertaken. She developed infection with B. Coli. Sulphonamide was administered. Subsequently she developed an infection with Group A. Haemolytic Streptococcus.
- Mrs M. Was admitted to Stamford Infirmary 5 hours after an ante-partum hæmorrhage of 10 ounces. A Caesarean section was performed.
- Mrs A.F. Was admitted for eclamptic fits. She was treated by morphia and did well.
- Mrs C.E. Was admitted on account of toxæmia of pregnancy. She greatly improved, and was discharged after a week.
- Mrs J.S. Was admitted on account of ante-partum hæmorrhage and albuminuria. She was delivered of a stillborn infant.
- D.L. Was admitted for hypertension and albuminuria. She was delivered of a boy weighing 7 lbs 2 ozs. She had eclamptic fits after delivery, which yielded to vigorous treatment.
- Mrs S.C. Was admitted on account of albuminuria and hypertension. Labour was induced and a male was delivered weighing 7 lbs 3 ozs.

Three patients were seen by Dr Till in consultation. Two of the three have been described above, and one (Miss G) was seen for abortion, which was successfully dealt with at home.

DENTAL TREATMENT

During the year 2 expectant and 5 nursing mothers were treated under the Council's Scheme. One mother was fitted with full upper and lower dentures in 1946, and the remainder were fitted with their dentures in 1947.

Three pre-school children also received dental treatment.

CHILD LIFE PROTECTION ACT

The work of health visiting under this Act is performed by Nurse Mc'Phillips.

* Two persons were receiving children for reward at the end of the year, and the number of children on the Register was 9.

VACCINATION

Summary of Vaccination Officers' Returns

	<u>Peterboro' District</u>	<u>Wansford District</u>	<u>Eye District</u>	<u>Barhock District</u>	<u>Maxey District</u>
<u>Number of successful Primary Vaccinations</u>					
Under 1 year	198	3	8	9	22
1 year and upwards	54	0	0	5	11
<u>Number of successful Re-vaccinations --</u>	21	0	0	0	0
<u>Total</u>	273	3	8	14	33

HEALTH VISITING

During the year the health visiting in the Soke of Peterborough (outside the City) was efficiently performed by Miss M. Mc'Phillips. She made 201 first visits to infants under one year of age, and the total number of visits to infants amounted to 476. 270 visits were paid to expectant mothers, 146 of these being first visits. 799 visits were paid to children between 1 and 5 years of age. Altogether 1,545 visits were made, as compared with 1,592 last year. It should be noted that Nurse Mc'Phillips is School Nurse and Visitor to mental defectives in the rural areas.

The record cards of the 201 infants visited for the first time during the year were examined in detail.

Four of these were stillborn; all were born in Institutions.

In one case the stillbirth was due to placenta praevia; in the others the cause was unknown.

Of the 197 live births, 106 of the babies were brought up on the breast, 72 on the bottle, and 19 were first fed on the breast and then on the bottle. Of the bottle fed infants, 26 were brought up on cows' milk (supplemented in some cases with Sister Laura's Food); 32 on National Dried Milk; 6 on Ostermilk; 2 on Nestle's milk; 3 on "Cow and Gate" milk; 2 on Trufood, and 1 on Virol.

190 of the infants were healthy, sturdy youngsters; 4 were not thriving, and 3 died. The three who died were all premature infants, who died aged 5 days, 6 days, and 7 days respectively.

In addition, another infant who was not thriving in 1946 died early in 1947 from broncho-pneumonia, aged 7 months.

Two of the non-thriving infants were breast fed, and two were bottle fed. One baby had an operation for pyloric stenosis at Stamford Infirmary and is now doing well. Five infants were circumcised, and several others were in need of this operation.

Nine of the infants were prematurely born, but all (with the exception of the three who died) did well.

Comforters or dummy teats were only used in 12 cases, and in only 3 instances was the baby found to be sleeping in the same bed as the parents. The infants' clothing was found to be satisfactory in all but 8 cases.

An enquiry was made into the state of the mothers' health, which was generally satisfactory. 6 mothers were in urgent need of dental treatment, and 5 of these availed themselves of the Council's arrangements. Seven mothers were anaemic, 1 suffered from varicose veins, 1 from a goitre, 1 from congenital dislocation of the hip (she was delivered by Caesarean section), 1 had an abscess of the breast, 1 mother had had an operation for tuberculous glands of the neck, and 1 mother was mentally defective.

Four of the mothers were described as dirty and slovenly.

The following scanty bedroom accommodation was noted :-

12 persons sleeping in 3 bedrooms in 1 case:
9 " " " 2 " " 1 "
7 " " " 2 " " 2 cases
6 " " " 1 bedroom " 1 case
6 " " " 2 bedrooms " 2 cases
5 " " " 1 bedroom " 2 cases

One house was very dark, two were in bad general repair, one was damp, and four houses were dirty and illkept.

Sanitary defects are brought to my notice by the Health Visitor and are reported by me to the Local Sanitary Authority.

Promotion of Cleanliness

The Health Visitor has been directed to pay special attention to cleanliness. She shows mothers how to clean and keep clean the heads of their children. The Nurse has been provided with "Samprolia" preparation for cleansing heads, and "Sacker" hair combs for removing nits, and these are available to the mothers where necessary.

In cases where the houses are dirty or verminous the matter is reported to the District Medical Officer.

The amount of uncleanness among pre-school children in the County is, however, very small, and during the year 1946 the Health Visitor did not find it necessary to cleanse any pre-school children.

I N F A N T M O R T A L I T Y

According to the Registrar-General there were 39 deaths in infants under 1 year of age in the County of the Soke of Peterborough, 35 being assigned to the City of Peterborough: 31 (15 males and 16 females) were legitimate, and 4 (2 males and 2 females) illegitimate. There were 3 deaths in the Peterborough Rural District (1 male and 2 females) all 3 being legitimate. There was one death in a legitimate male baby in the Barnack Rural District. The number and rates in each district and in the administrative County per 1000 births are :-

	<u>Number</u>	<u>Rate</u>
City of Peterborough	35	38.1
Peterborough Rural District	3	21.6
Barnack Rural District	1	19.6
Administrative County	39	33.6

In England and Wales as a whole the infant mortality rate was 43; for the 143 Great Towns 45; for the 148 smaller towns 37, and for London 41.

I have records of 40 infant deaths, one more than the Registrar-General, 15 being due to prematurity. 7 of these were males, one living for 15 minutes; two for 3 days; one for 4 days; two for 6 days; and one for 7 days. 8 were females, one living for 4 hours; one for 8 hours; one for 12 hours; and 1 for 24 hours: two lived for 3 days; one for 5 days, and the last for 14 days. There were 7 infant deaths from pneumonia, 3 in males from broncho-pneumonia, at ages of 2 months, 4 months, and 5 months respectively. Four deaths occurred in females, 2 being due to lobar pneumonia, aged 3 months, and 5 months, and two being due to broncho-pneumonia, aged 3 weeks and 7 months. Last year there were also 7 deaths from various forms of pneumonia in infants - rather disappointing considering the effective treatment available both by sulphonamides and penicillin. There were 5 deaths from gastro-enteritis, 3 in males aged 1 week, 3 weeks, and 7 months, and two in females aged 1 month and 5 months. It is noteworthy that three of the five cases occurred in infants of one month and under. There were two deaths in males from congenital heart disease, one aged 11 hours, and one aged 3 weeks, and one death in a female aged 18 hours. There were 3 deaths from congenital deformity. One female was born with the head and brain incomplete and lived for 2 days; one male and one female aged 3 days and 1 week respectively died from imperforate anus. Two deaths were due to accidents - a male at 10 months from burns, and one (a female) from asphyxiation from the inhalation of milk. Three deaths were due to injuries at birth, Two males living for 2 days only, and 1 female lived for 3 days. There was one death from oedema of the glottis in a female aged 1 month.

It will be seen that 25 of the 40 deaths occurred in infants under the age of 1 week, 12 being males and 13 females. 15 of the 25 were due to prematurity. It is obvious that infant welfare centres can have no effect upon loss of life at this period. What is required is increased and improved ante-natal care of the mother.

In the first place it must be confessed that prematurity is much commoner among the poor, the figures for the well-to-do being 105. as compared with 196 among the poor. It is therefore essential that free ante-natal care should be easily available for the poor and that an adequate diet be provided.

It is estimated that maternal ill health accounts for 32.5 per cent of the premature births. Toxaemia in the mother accounts for 16 to 29 per cent. Syphilis, which is now so well treated, accounts for only 0.8%, and the Rhesus factor for 3.1%.

I am glad to say that you are now considering the question of providing free blood examinations for the purpose of ascertaining the presence or absence of venereal disease, anaemia, and other blood conditions which tend to produce premature birth and congenital defect.

During delivery unnecessary interference during labour should be avoided. Vitamin K., and the operation known as episiotomy should be used.

After delivery the room and cot must be suitably heated, and the child exposed as little as possible during cleaning, changing, and weighing. This implies an adequate staff of nurses.

No premature baby must be nursed in an infected home, where there are skin diseases or sore throats. Masks must be worn by midwives.

The midwife must ensure that the room is cleaned and a separate bedroom provided for mother and child.

You are now considering the provision of special equipment for premature infants, including a special cot, hot water bottles, feeding bottles, thermometer and mucous catheter.

One thing more: an increase in home visiting by health visitors is essential and should take precedence over infant welfare centres.

This is the policy in New Zealand and Holland where the infant mortality rates are low.

Infant mortality accounts for the loss of 53,000 potential citizens in this country, viz:

- 18,000 under 4 weeks
- 15,000 between 4 weeks and a year;
- 20,000 stillbirths.

From 1910 onwards there has been a steady decline in the infant mortality rate. This has been attributed by some enthusiasts to the foundation of infant welfare centres, but this decline has been just as marked in Rutland, where there were no infant welfare centres, as in the rest of England.

But the decline is not equal at all periods of infant life.

There is a decline of 66 per cent in the period 3-12 months, a period in which infectious disease is well controlled, but only of 25 per cent in the neo-natal period. A decline in the stillbirth rate began in 1935 and was continued throughout the war period, due to better nutrition of the pregnant mother and more equal distribution of essential foods. But in 1910 the lower economic grades began to limit their families. Before 1910 the decline in the infant mortality rate in wealthy Hampstead was 28%, compared with only 8 per cent in poverty stricken Shoreditch. In the ensuing 30 years the decline in Hampstead is 42%, and 36% in Shoreditch - figures which are nearly the same - so the spacing of births for married women should be encouraged at all costs.

DEATHS

The number of deaths in 1946 in the County of the Soke of Peterborough was 702, 368 being males and 334 females, 597 (310 males and 287 females) being assigned to the City of Peterborough; 85 (46 males and 39 females) to the Rural District of Peterborough, and 20 (12 males and 8 females) to the Barnack Rural District.

The rates per 1000 of the population are :-

City of Peterborough	11.8
Peterborough Rural District	13.0
Barnack Rural District	9.4
Administrative County	11.8

In England and Wales as a whole the death rate was 11.5; for the 126 Great Towns 12.7; for the 148 smaller towns 11.7, and for London 12.7.

No deaths are recorded in the County in persons who lived to the age of 100 years.

Twenty deaths (5 males and 15 females) are recorded in persons who reached the age of 90 years and over, the oldest being a woman of 99. Two of the men over 90 died from myocarditis, and another from double mitral valvular disease. The cause of death in the other two men was senility. Six of the women died from senility, aged 99, 95, 93, 93, 92, and 90 years respectively. One died from bronchitis, one from mitral disease of the heart, one from coronary thrombosis, two from arterio-sclerosis, one from cerebral haemorrhage, one from cancer of the rectum, and two from fractured thigh.

123 persons (52 males and 71 females) lived to the age of 80 years and over. Five of the 52 males died from arterio-sclerosis, 5 from coronary thrombosis; 14 from myocarditis; 4 from cerebral haemorrhage; 1 from glycosuria; 4 from enlarged prostate; 1 from pneumonia; 3 from bronchitis; 8 from senility; 1 from mitral disease; 1 from nephritis; 1 from pernicious anaemia, and 4 from cancer, affecting the lip, liver, stomach, and colon.

23 of the 71 females succumbed to myocarditis or failure of the heart muscle: 1 to endocarditis; 3 to cardio-vascular disease; 3 to valvular disease of the heart; 2 to arterio-sclerosis. 3 died from broncho-pneumonia; 1 from lobar pneumonia; 4 from cerebral thrombosis; 4 from cerebral haemorrhage; 1 from asthma; 1 from hemiplegia; 1 from uraemia; and 1 from coronary thrombosis. Cancer accounted for only 8 of these deaths - cancer of the stomach 1; cancer of the colon 3; cancer of the tonsils 1; cancer of the bladder 1, and cancer of the breast 2. There were only 12 deaths from cancer in persons over 80 and over 90 as compared with 108 at other age periods.

The Registrar-General records 121 deaths from cancer, as compared with 96 in 1945, divided as follows :-

	<u>Males.</u>	<u>Females.</u>	<u>Total</u>
Buccal Cavity	4	7	11
Stomach and Duodenum	10	7	17
Breast	-	10	10
All other sites	40	43	83
Total :-	54	67	121

I have records of 120 deaths (one less than the Registrar-General's) distributed as follows :-

<u>Site</u>	<u>Males.</u>	<u>Females.</u>	<u>Total</u>
Colon	11	11	22
Breast	-	9	9
Stomach	9	7	16
Pancreas	2	-	2
Caecum	-	1	1
Rectum	7	3	10
Oesophagus	1	3	4
Lung	8	1	9
Brain	3	2	5
Liver	4	3	7
Bronchus	1	-	1
Bladder	2	2	4
Parotid	1	-	1
Tonsils	-	1	1
Uterus	-	7	7
Gall Bladder	-	2	2
Generalised	1	-	1
Lip	1	-	1
Ovary	-	8	8
Pharynx	-	1	1
Tongue	1	1	2
Pelvis Bone	-	1	1
Thoracic Gland	-	1	1
Larynx	1	-	1
Humerus	-	2	2
Glands of Neck	1	-	1
Totals :-	54	66	120

It is worthy of note that if we trace the disease from the lip to the back passage 71 of the 120 cases, or 59%, affect the alimentary system. Surely it must be some element in the food which leads to this constantly recurring holocaust.

The genito-urinary organs, including the breast, were affected in 24 persons (9 breast, 7 uterus, and 8 ovary). The lungs were affected in 8 men and 1 woman. This is a curious sex distribution of the disease if its causation depends upon inhalation of particles from tar dressed roads. The bronchus was affected in one man, and the larynx in one case. The brain was only affected in five cases, as compared with three last year. It must be remembered that the brain is well protected from external noxious influences, and in the majority of mankind is not used except on rare occasions as far as its intellectual activities are concerned.

The other cases were distributed among the following organs :- humerus 2; bones of pelvis 1; glands of the thorax 1; glands of the neck 1.

Since my last Report was published, much has been written concerning the improvement in the radium treatment of cancer with new methods, providing new and more powerful beams which do relatively little damage to superficial or overlying tissues.

The scope and effectiveness of ray therapy produces results in the deeper cancers as good as that produced in cancers of the skin and mucous membranes. Radio-active iodine has, for instance, been found to be of value in the treatment of certain forms of thyroid cancer. Radiotherapy produces its results by the chemical changes which it produces in the cancerous cells which constitute the cancerous growth. Various nitrogen compounds of mustard have a similar effect as radium. Good results have been obtained in that form of malignant disease of the glands of the neck described first by Hodgkin, and some improvement in lympho-sarcoma. But early diagnosis is of the greatest importance, since the earlier the diagnosis is made the easier the cure. Such early diagnosis is now obtainable in cases of cancer of the womb by comparatively simple methods of aspirating any fluid obtainable from the region of the neck of the womb and looking for cancer cells, which may be found before any visible tumour appears. These methods are applied in the cancer prevention clinics of America. Among 1000 women examined in Philadelphia, 3 had cancer of the neck of the womb, and among another 2105 examinations 5 breast cancers were discovered. It is essential that a cancer clinic should have at its disposal a Surgeon, a Radiotherapist, a general physician, a pathologist, and a biochemist. Surely with the rising toll of this disease clinics should be established.

But for some time to come there is the question of the relief of the dreadful pain of advanced cancer. This can be effected by removal of parts of the nervous system connected with the diseased organ.

An American surgeon has recently removed parts of the sympathetic nervous system connected with cancer of the womb, and in 5 out of 14 patients there was complete cessation of pain, and this is followed up by adequate treatment with radium and X-rays.

I would earnestly direct your attention to the possibility of initiating this service.

Since my last Report was written little has been accomplished in carrying out the scheme suggested by the Special Cancer Sub-Committee. Cancer, unfortunately, is, unlike tuberculosis, not a notifiable disease and I do not get to know of the existence of the disease till I receive the death certificate, and I have not received any request for help from the medical profession such as I get in connection with tuberculosis and venereal disease.

I have, however, arranged for the treatment of two cases of cancer of the chest, both of which had been considered by X-ray examination to be cases of tuberculous disease. In one of these cancer cells were discovered by Dr Fulton in the fluid which I had aspirated from the chest. Both cases were admitted to Addenbrooke's Hospital: one lived for some months after receiving treatment, and the other died in that Institution.

The Registrar-General records 166 deaths as being due to heart disease, 96 being males and 70 females. He records 23 cases of other diseases of the circulatory system, 13 being males and 10 females. My figures are more, amounting in all to 207 cases, distributed as follows :-

	<u>Males.</u>	<u>Females.</u>	<u>Total</u>
Myocarditis	66	61	127
Mitral Disease of the heart	8	9	17
Aortic disease of the heart	3	1	4
Valvular disease (inspecified)	2	3	5
Congenital heart disease	3	0	3
Heart disease	1	0	1
Coronary Thrombosis	25	10	35
Coronary Disease	2	0	2
Cardio-vascular disease	3	2	5
Hypertension	1	0	1
Angina	6	1	7
Total	120	87	207

The discrepancy in our figures probably arises from a few of the deaths from myocarditis being assigned to other diseases.

There were no deaths from aortic aneurism. The deaths from heart disease are chiefly among the aged, this being specially true of myocarditis, where the eldest was 94, but there was only one early death in a woman of 28. there was another at 31, and four deaths in persons suffering from myocarditis in persons aged 43, 44, 48, and 48 years respectively. The death in one of the women aged 48 was attributed to rheumatic fever.

According to the Registrar-General there were 8 deaths from suicide, and all were assigned by him to the City of Peterborough. 5 were males and 3 females. I have records of 5 males and 4 females.

The discrepancy may be due to a female who was found drowned and may not have been due to suicide. Three of the five men hanged themselves, aged 52, 62, and 67 years; one was run over by a train (aged 44) and the fifth poisoned himself with coal gas (aged 65). Three of the four females poisoned themselves with coal gas, aged 50, 32, and 65 years, and one was found drowned at the age of 78.

The Registrar-General records 6 deaths as being due to road traffic accidents. I have a similar number, but in my cases there was only one death among females. A boy of 15 collided with a lorry and fractured his skull; a youth of 19 fell from a car and fractured his skull; a man of 25 fell from a car; a man of 50 was killed by his car colliding with a motor lorry; a man of 72 was knocked down by a motor cycle - his skull was fractured. A female of 45 succumbed to injuries to her chest caused by a collision with a motor car.

The Registrar-General records 11 other violent deaths, and I have records of a similar number, 5 being males and 6 females.

A male infant aged 10 months was scalded by the overturning of a teapot. Two young men aged 20 were killed in aeroplane accidents.

A man of 44 was run over by a railway train, and a man of 66 drowned himself. An infant aged one month was asphyxiated by taking milk into its lung; another aged 16 months was murdered, and four elderly ladies aged 90, 90, 82, and 80 years succumbed to fractures of their thighs.

The Registrar-General records 9 deaths (7 males and 2 females) as being due to diabetes. I have only records of six, 2 males aged 64 and 74, and four females aged 59, 70, 74, and 78 years respectively.

Pneumonia is credited with 19 deaths. I have records of a similar number. There were 8 deaths in males, viz., one at 2 months from broncho-pneumonia; one at 4 months from broncho-pneumonia; one at 5 months. one at 40 years, and one at 70 years from broncho-pneumonia. 1 at 70 years from hypostatic pneumonia, and one at 75 years from lobar pneumonia. There were 11 deaths in females, viz., one at 3 weeks from broncho-pneumonia; one at 3 months from lobar pneumonia; one at 5 months from lobar pneumonia; one at 7 months from broncho-pneumonia; one at 45 years; one at 66 years; one at 67 years; one at 81 years, and one at 81 and one at 84 years from broncho-pneumonia. One died at 86 years from lobar pneumonia, and one at 89 from broncho-pneumonia.

There were 20 deaths (15 males and 5 females) in persons between the ages of 1 and 20 years. Three males died from tuberculous meningitis at 8, 13, and 12 years of age. Two males died from pneumococcal meningitis, aged 6 and 18 years. One boy of 7 died from miliary tuberculosis; a boy of 19 months died from water on the brain; a boy of 7 died from diphtheria; a boy of 3 was drowned in a gravel pit; a boy of 8 died from a kink of the gut, or volvulus; a boy of 10 died from bronchiectasis. he had been given institutional treatment by the Joint Education Board. A boy of 11 was treated by the same Authority for cerebellar tumour. Three youths aged 15, 19, and 20 died from accidental fractures of their skulls. A girl of 5 and a girl of 15 died from acute appendicitis; a girl of 13 from diphtheria; a girl of 16 from pulmonary tuberculosis, and a girl of 20 from ulcerative colitis.

The Registrar-General records 4 deaths occurring in pregnancy - one from sepsis and 3 from other causes. One was a case of eclampsia in a woman aged 24. She died in the Memorial Hospital. Another died from an extra-uterine pregnancy aged 39, and the others I cannot trace from my records.

I record 3 deaths from a blood disease known as leukaemia in two men aged 27 and 57, and in one woman aged 61.

Two deaths were due to rheumatism, one in a female aged 56, and another in a female aged 48.

There was one death from Friederich's Ataxia in a man aged 23, and one from Hodgkin's Disease of the glands in a female aged 63.

There was one death recorded by the Registrar-General from syphilis in a female aged between 15 and 45 years - this was a congenital case, death being assigned to cerebral haemorrhage. She had been treated by me and was apparently doing well.

There were two deaths from cerebro-spinal fever, and one death from polio-encephalitis. There were no deaths from typhoid and paratyphoid fevers, and no deaths from scarlet fever, whooping cough, or measles. Four deaths were attributed to influenza.

PULMONARY TUBERCULOSIS

The Registrar-General records 23 deaths from pulmonary tuberculosis, as compared with 20 last year. I have records of 27 deaths. Taking the Registrar-General's figure of 23, this gives a rate of 0.38 per 1000 of the population: on my figure of 27 the death rate is 0.41. The number of deaths in the County since 1912 are as follows :-

1912 - 31; 1913 - 30; 1914 - 48; 1915 - 37; 1916 - 36; 1917 - 48;
1918 - 52; 1919 - 33; 1920 - 38; 1921 - 45; 1922 - 32; 1923 - 32;
1924 - 24; 1925 - 30; 1926 - 21; 1927 - 32; 1928 - 26; 1929 - 27;
1930 - 19; 1931 - 23; 1932 - 27; 1933 - 17; 1934 - 24; 1935 - 13;
1936 - 21; 1937 - 31; 1938 - 18; 1939 - 24; 1940 - 8; 1941 - 18;
1942 - 22; 1943 - 21; 1944 - 11; 1945 - 20; 1946 - 23.

In my opinion a setback in the progress towards the conquest of this disease is to be expected of a far more serious nature than that experienced after the last War. Meat, the great standby against the disease, is so tasteless and so small in amount that little can be expected from it. Fats are reduced to a vanishing point, and the amount of rationed food obtained is less in caloric value than that obtained by the unemployed in the periods between 1920 and 1933. The frightful effect of food reduction in relation to tuberculosis is now seen in Germany, where the disease is assuming the form of an acute epidemic. The only way to stop the spread of tuberculosis is by getting extra food. The money is here to get it.

£18,000,000 were spent on films from America; £65,621,925 on tobacco; £4,432,693 on fruit of little nutritive value; £11,403,671 on wines and spirits, and £193,199 on American chewing gum. With the amount spent on fruit alone all the maize from the Argentine could have been acquired and the slaughter of 113,177,000 head of poultry last Autumn would have been prevented.

Unfortunately the proposed sickness benefit under the National Insurance Acts are no improvement on the present scales, and there is a complete absence of discretionary allowances. It is unfortunate that only 50% of those on the dispensary registers are in receipt of allowances under Memo. 266/T. in the country as a whole.

The impossibility of finding residential accommodation for the advanced case is a serious question, especially in this County. Cases which would have been accepted in previous years are now refused because they require nursing and, because as in all institutions where the curative rather than the preventive aim is visualised, these cases are dispiriting both to medical and nursing staff. I would most earnestly request you to reconsider your decision of not admitting cases to the Public Assistance Institution. If cases could be admitted for a few months prior to the establishment of the Hospital Boards much suffering would be avoided.

The Ministry of Health is anxious that Night Sanatoria should be provided in connection with industrial clinics where the consumptive would work for short periods of from 2- 8 hours a day, would sleep in the Night Sanatoria, and would thus be away from his or her home where they might infect other persons.

The following are brief notes on the cases who died during the year. Owing to an unfortunate error all the notes of those who died in 1946 have been mislaid, and I have had to rely on my memory for many of the details.

- A.N. Was first notified at the age of 19 on 10-11-1916. He died 30 years later on 28-10-46. He had disease in both lungs and in the testicle, and tubercle bacilli were present in the sputum in 1926. He had, as far as I remember, two periods of Sanatorium treatment, but no radical treatment was adopted other than prolonged periods of rest. He married and had one healthy daughter. Till about 6 years ago he remained under my observation.
- A.B. Was first notified on 2-3-29, when aged 23. Tubercle bacilli were not present in the sputum at that time. He went to Creaton Sanatorium on 23-3-29 and was discharged on 25-9-29. During this period one kidney had to be removed for a non-tuberculous condition. He married and had three living children, two of whom reacted positively to the Tuberculin test and showed X-ray evidence of pulmonary tuberculosis. He remained well till 1941 when tubercle bacilli were found in the sputum and acute disease in both lungs. He died on 7-2-46 - 17 years after first notification of disease.
- Mrs B. Was notified at the age of 48 on 14-5-45. She was then in a very advanced stage of the disease with tubercle bacilli in the sputum. She was treated by me in her home till her death on 8-1-46. She had nursed her son, who died from pulmonary tuberculosis some years before, and one of her nieces was also affected, but in spite of these warnings she put off consulting a doctor till too late.
- L.C. Aged 27. Was first notified on 5-10-42. He had disease in both lungs with tubercle bacilli in the sputum. He was sent to Creaton Sanatorium and was discharged on 3-4-43. He was able to work for some time as a motor driver. Laryngitis developed and he died on 9-6-46.
- C.F. Aged 46. Was first notified on 19-2-31. He had considerable effusion for which he was aspirated. I attempted afterwards to produce an artificial pneumothorax, but failed. He was then sent to a Sanatorium and returned much improved and for a time was able to work. He died on 3-1-46, nearly 15 years after his first notification.
- S.F. Aged 20. Was notified on 16-3-45 by the Army Authorities. He had very advanced disease with tubercle bacilli in the sputum. he was admitted to Papworth on 15-10-45, where he died on 16-7-46.
- R.S. Was aged 40 when first notified on 13-1-45. He had advanced disease in both lungs. Owing to the house being full with his own family and evacuees you pressed him to accept Sanatorium treatment, but he refused. He died on 2-11-46.
- M.A. A woman aged 25, a member of the W.R.E.N.S., who was sent by the Ministry of Health to Papworth and notified to me on 18-6-45. She died at Papworth on 20-4-46. I never saw her.
- F.N. Was a woman aged 39, when first notified on 17-9-45. She had been treated by her doctor for thyroid disease. She had signs of advanced disease in both lungs when I saw her, with tubercle bacilli in the sputum. She was put to bed but never rallied, and died on 10-3-46. She was attended by me till her death.

- F.H. Was a man aged 53 on the date of notification on 29-10-45. He had been treated for asthma and bronchitis for some time by another doctor, since deceased. He had disease in both lungs, had lost a large amount of flesh and had tubercle bacilli in the sputum. He died on 16-6-46, and was attended by me until he died.
- W.J. Was a man aged 58, and alluded to in the list of newly notified cases on another page.
- S.Mc. Was an Irish woman aged 33 when first notified in June 1946. She died two months later on 31-8-46. Her case is described in full among the cases notified during the year 1946.
- E.D. Was a man aged 59 at the date of notification. His case is alluded to among the cases notified during the year 1946.
- K.C. A girl of 15 when first notified on 22-7-46. She had advanced disease in both lungs, with tubercle bacilli in the sputum. She lived in a good home but the family was large. She was provided with an open-air shelter in which she died on 5-11-46. She was attended by me till her death.
- W.M. A man of 40 when first notified on 7-10-46. He died on 21-12-46. His case is described among the cases notified in 1946.
- A.M. Was a woman of 50 when first notified on 11-11-46. She died on 16-11-46, and her case is described among the cases notified in 1946.
- E.R. Was an imbecile woman aged 27 in the Public Assistance Institution. She was X-rayed some time previously when all the defectives were and was found to be free from disease. When I saw her she was very feverish, had extensive disease in both lungs, and tubercle bacilli in the sputum. She died on 16-11-46.
- L.C. Was an engineer aged 27 when first notified on 5-10-42, with disease in both lungs and tubercle bacilli in the sputum. He was treated at Creton Sanatorium from October 1942 to April 1943. He was much improved and returned to work as a motor driver. He relapsed, and the larynx became infected. He was attended by me till he died.
- W.H. Was a fitter aged 27 when first notified on 29-4-33, fairly extensive disease being present in one lung, with tubercle bacilli in the sputum. He was given Sanatorium treatment at Creton from 3-11-33 to 14-3-34, and returned to work for a time, but was troubled by frequent attacks of blood spitting. I attempted to produce an artificial pneumothorax, but failed. Treatment by gold injections was then tried but set up a troublesome neuritis. Treatment by thoracoplasty was offered but refused. I attended him till his death on 25-5-46 - 13 years after notification.
- G.H. Was a farm labourer aged 36 when first notified to me from Stamford Infirmary on 18-10-39. He had been treated at Stamford for an ischo-rectal abscess. He had very extensive disease with tubercle bacilli in the sputum. He insisted on keeping at work for some 3 years or so. He was provided with an open-air shelter. I attended him till his death in an open-air shelter erected in a farm yard on 16-7-46 - nearly 7 years after notification.

- F.H. Was a carpenter aged 23 when first notified on 9-6-34. He had considerable disease in the lungs with disease also in the larynx. He was put to bed and at rest and was able to return to work for a considerable time, the disease on X-ray examination appearing quiescent. Disease appeared again in the larynx and he died on 4-1-46, more than 11 years after notification. He was attended throughout that period by me.
- A.M. Was a fireman aged 34, when first notified on 26-1-42. He went to Creton Sanatorium on 28-1-42. He had tubercle bacilli in his sputum with disease in both lungs. For some years he was able to work as a taxi driver. He died on 17-2-46. He lived in an unsuitable home; he had a large family, one of whom had died from tuberculous meningitis in 1941. The remainder of his large family are kept under supervision. They all reacted positively to the tuberculin jelly patch test, but no evidence of active disease was found in the lungs.
- E.P. Was a transfer from Bedfordshire, where he had been treated in a Sanatorium. He was not cured, and I advised further Sanatorium treatment. This he refused. I then produced an artificial pneumothorax and for a time he did well and returned to work as a clerk. Fluid accumulated in the thorax and he at last consented to go to a Sanatorium, where he died.
- A.T. Was first notified to me on 31-8-35. Tubercle bacilli were present in the sputum and he had considerable disease in both lungs. He was sent to the Eversfield Chest Hospital, where he remained from 30-9-35 to 24-9-36. He died on 5-2-46, over ten years after notification, and was attended by me for that period.
- Mrs S. Was aged 22 when first notified on 21-5-38. She had extensive disease in both lungs, with tubercle bacilli in the sputum. She was at the Eversfield Chest Hospital from 9-6-38 to 23-11-38. She died on 8-1-46. She resolved to rely on Christian Science and finally refused examination and treatment, and I retired from the case after informing the Committee.
- D.A. A woman of 25 in the W.R.E.N.S. She was brought to my notice by the Ministry of Health. She died at Papworth on 20-4-46. I never saw her.
- J.B. Was a woman of 25, who was never seen by me or notified in this County. She died in a Mental hospital.

Notifications

Forty-three cases of pulmonary tuberculosis were notified to me during the year 1946, 13 being females and 30 males, as compared with 46 cases notified in 1945.

The details of the cases notified and the treatment given to them are as follows :-

- J.L. Aged 16. Was a transfer from Coventry, where she had had an artificial pneumothorax induced. She continued that form of treatment under me, and has since left the district.

- G.F. Aged 24. Was a case of tuberculous pleurisy which had subsided to a great extent when I saw him. He continues to do well.
- D.J.B. Aged 19. Was a case of bilateral tuberculosis associated with ichthyosis - a scale-like condition of the skin. He was sent to Creton first, and then to Papworth. He was discharged from Creton for breach of discipline and has now left the district. He had been a contact to relatives living in Huntingdonshire but no disease had been discovered in that County after several years of observation.
- F.J. Aged 33. Was an early case of pulmonary tuberculosis with tubercle bacilli in the sputum. After a short period of rest in bed he went to Creton Sanatorium. He did well and has resumed his ordinary work.
- A.D.A. Aged 25. Was notified by the Ministry of Health. The disease is now quiescent.
- W.J. Aged 58. Was in an advanced stage of the disease. He died on the same day as he was notified. I saw him on two occasions within a few days. On the first examination I could make out nothing definite as he was difficult to examine; subsequently I found extensive disease in both lungs with tubercle bacilli in the sputum. He was living in a good Council house in the Rural District.
- J.P. Was a girl of 20 in the N.A.A.F.I. She was notified and transferred to a Military Hospital immediately after notification. I never saw her.
- W.B. A man aged 57 who was notified in another County many years ago. He had chronic disease in both lungs, and was partially blind. He preferred to remain under his own Doctor. His wife wished to adopt a baby, but on my advice this project was abandoned.
- J.H. A man of 39, who during demobilisation leave was attacked with haemorrhage. He had slight disease in one lung and tubercle bacilli were found in the sputum. Some 30 years ago I had treated him as a child for juvenile tuberculosis - the diagnosis being substantiated by positive tuberculin skin test and eye tests. He did well, put on a great deal of weight after a period of rest in bed, and has since resumed his work as a postman.
- W.B. Was a man aged 57 with signs of old cavitation at the right apex. Tubercle bacilli were never found in the sputum, but the X-ray showed evidence of healing disease. He was put to bed in his own home, attended by me, put on much weight, and has since resumed work with his old firm on a less strenuous basis.
- J.O. Was a moulder aged 57. He presented signs of dullness in both lungs, with tubercle bacilli in the sputum. He was put to bed, did well, and subsequently returned to Durham.
- P.W.D. Was an engineer aged 25, with extensive disease in the left lung and some disease in the right. Tubercle bacilli were present in the sputum. He was put to bed for some months. An artificial pneumothorax on the left side was produced. He has now resumed work in another town where he is continuing his treatment.

- G.S. Was an ex-Colonial Civil Servant who was attacked with haemorrhage on a visit to his sister at Peterborough. He had been under observation by the Reading Tuberculosis Officer. The physical signs elicited by auscultation and percussion would, in pre-X-ray days, have justified the diagnosis of pulmonary tuberculosis. Tubercle bacilli were found by me and were subsequently discovered at Reading, and to this town he returned. He has done well and has recently had an operation for cataract. Since 1924 I have been attending his brother, aged at the time of notification 55, who has advanced tuberculosis. They had not been living in the same house.
- G.E.C. A man aged 40, with considerable disease of the right lung with tubercle bacilli in the sputum. He was treated by me at home by artificial pneumothorax. He is doing well.
- P.L. A girl of 20 - a typist. She presented signs of disease in both lungs. Tubercle bacilli were present in the sputum. She was treated by me at home and subsequently went to Creaton Sanatorium where an artificial pneumothorax was produced. The result is not satisfactory but is being continued at the Dispensary. Tubercle bacilli are still present in the sputum.
- S.S. A male clerk aged 20 - a transfer from another area. The disease appears quiescent. He is under Dispensary supervision.
- G.C. A female of 22, working at the Corset Factory. She had a large amount of disease on the left side with some disease on the right side. I produced an artificial pneumothorax at home, but full collapse of the lung was not obtained. She was admitted to Creaton Sanatorium where adhesions were cut, following by effusion of fluid. She is now at home. She will probably require a thoracoplasty.
- E.G. Aged 22. Was discharged from the Navy with advanced disease in the left lung. An artificial pneumothorax was induced while waiting for admission to Papworth. Unfortunately it was complicated by pleural effusion. He has now been admitted to Papworth, but the artificial pneumothorax has been abandoned.
- Mrs A. Aged 27. Was a transfer from another town. She was a contact to her sister J.L. The disease was quiescent. She has since left the district.
- Mrs McK. Was a married woman aged 33. She was notified on 17-6-46 and died on 31-8-46. When first seen she was in an advanced stage of the disease. She was living in an appalling slum, the house having been condemned. Satisfactory accommodation was found in a nursing home. The offer was refused by the husband. The children reacted positively to the tuberculin jelly patch test, but no consumption was found in the lungs on X-ray examination. The father refuses further supervision of these children.
- P.E. Was a widow aged 28. She came from another County where she had not been notified. She had advanced disease in the lungs. She was admitted to Creaton Sanatorium, as her friends could not keep her in their home. She died in May 1947.

- Mrs M. A housewife of 39. Clinically she appeared to have consumption of the right lung, but this was not confirmed either by X-ray or bacteriological examination. She has done well.
- A.E.D. Was a merchant of 59. I never saw him. He died on the same day as the notification reached my Office.
- K.C. A chemist's assistant aged 15. When I first saw her she had most advanced disease in both lungs. Tubercle bacilli were present in the sputum. She was treated at home in an open-air shelter. She died four months after notification.
- F.J. Was a Hospital Porter aged 26, with considerable disease in the lungs, complicated by a tuberculous arthritis. He refused to have any form of treatment.
- J.G. Was a case of chronic disease of both lungs in a man of 37. He was a transfer from another County. He is under Dispensary supervision.
- L/c B. Aged 29. Was notified from a Service hospital. I never saw him. he has since died.
- R.C.K. A male clerk aged 23. He was notified from a Military hospital by the Ministry of Health. I have not seen him. He is being retained in the services.
- W.N. Was a signwriter aged 50, with considerable disease of the lungs. He was admitted to Creaton Sanatorium. The lung condition is complicated by tuberculosis of the stomach, confirmed by the Authorities at Northampton General Hospital. He is now back at work. A phrenic operation has been performed at Creaton.
- F.C.M. Was a grinder aged 42 with considerable disease of the lungs. After a period of rest he was admitted to Creaton Sanatorium, where an artificial pneumothorax was produced.
- M.M.P. A female of 51, who was an accredited milk producer. She had advanced disease with cavitation on the left side. She went to Mundesley Sanatorium where an artificial pneumo-peritoneum was produced with an excellent result.
- W.C.M. Was a slaughter-house attendant aged 40. he had advanced disease of the lungs and throat, and died two months after notification. He was treated by me.
- L.G. Was a carpenter aged 38. He had advanced disease in both lungs complicated by diabetes. He was attended by me till he left for the Isle of Wight, where he died in 1947.
- Cpl.W. Aged 22. Was notified by the Army Authorities. He is now under Dispensary supervision. The disease appears quiescent.
- A.M.M. Aged 50. A case of tuberculosis of the lungs complicated by meningitis. I saw her once when she was comatose. She died 5 days after notification.

- G.H. An engineer aged 63 with disease in the upper third of both lungs. Tubercle bacilli were never found in his sputum. He did well at home and subsequently went to Creton. He is now back at work.
- P.C. A woman of 25 who was found by Mass Radiography in Wales. She had a patch of disease about the size of a sixpence. She went to Eversfield and has since returned in a good state of health.
- E.M.R. A female defective in the Public Assistance Institution aged 27. She had advanced disease in both lungs. A year or two ago she had been X-rayed with a negative result. She died a few weeks after notification. She was treated in an open-air shelter.
- B.H. Aged 7. A contact to his father who is a case of chronic tuberculosis with tubercle bacilli in the sputum. He was discovered by jelly patch test and X-ray examination. He was put to bed at home, which is a good Council House. He has since been admitted to Harpenden Sanatorium and is doing well.
- B.R. Aged 13. A contact to his father who was confined to bed in a not too good home. He had refused sanatorium accommodation. The boy had tuberculous pleurisy. He was treated at home, and subsequently went to Harpenden Sanatorium.
- J.B.C. A clerk aged 24 with considerable left sided lung disease, with tubercle bacilli in the sputum. He was put to bed and an artificial pneumothorax was induced. He has now gone back to work.
- E.T. Aged 24. Was notified by the Services. He had pulmonary disease complicated by a tuberculous testicle. He has done well, the disease is quiescent and he is back at work.
- E.C. Aged 42. Was a motor driver. He was first notified in 1920, was sent to Eversfield Chest Hospital, where he did well, and then returned to work. He left the City and I never saw him again till December 1946 when he was found to have advanced disease in both lungs. He died early in 1947, over 26 years after notification.

It is interesting to note that 7 of these notifications occurred in persons under 20 years of age, 12 in persons over 40; 5 in persons over 30, and the remainder in persons over 20. The number of persons who were breadwinners and with considerable responsibilities is remarkable.

In England as a whole there has been an increase in the notifications but a decrease in the mortality. The increase in notifications up to the present in your County has not been striking. There were 43 in 1946; 53 in 1945; 43 in 1944; 42 in 1942, and 43 in 1941. Mass X-ray campaigns were not in operation in this County till 1947, and I do not expect the numbers notified in 1947 to be above 55, if that. In England and Wales as a whole there has been an increase in middle aged and elderly persons.

NON-PULMONARY TUBERCULOSIS

The Registrar-General records 4 deaths from non-pulmonary tuberculosis, 3 in males and 1 in a woman. The female case was that of a woman aged 63 afflicted with hip joint disease, described below under "Notifications" as F.S.

The first male case was a boy of 13 who died of tuberculous meningitis. The second male case was also a case of tuberculous meningitis, described as D.L. among the cases notified in 1946. The third case occurred in a child who died from miliary tuberculosis less than two months after discharge from the Manfield Orthopaedic Hospital.

The following cases of non-pulmonary tuberculosis were notified during the year :-

- C.R. Aged 13. Was seen by me. I diagnosed tuberculous meningitis. He was admitted to the Peterborough Memorial Hospital and died there.
- F.S. Aged 63. Was not notified before death and was not seen by me. She was diagnosed as a case of tuberculous hip joint and died in March 1946.
- D.B. Aged 45. Was referred to me as a case of tuberculosis of the lumbar spine. A large abscess was found which discharged into the chest. Mr Noel Smith considered that she was a case for a thoracic surgeon. She was admitted to Creaton Sanatorium but operation was not considered justifiable. She returned to her home and died in April 1947.
- R.M. Was a case of tuberculous peritonitis notified from the Services. The disease appears arrested.
- R.S. Was a girl of 15 with tuberculous peritonitis. She was sent by her doctor to the Peterborough Hospital and subsequently by you to Stamford Infirmary. She did well and is back at work.
- R.W. A woman aged 42 who was operated on at Stamford Infirmary for tuberculous glands. She has left the district.
- P.H. Aged 15. Had previously been notified and treated as a case of hip joint disease. He was now notified as a case of disease of the shoulder joint, a diagnosis in which I agreed. He was re-admitted to the Manfield Orthopaedic Hospital where the diagnosis was considered to be a case of septic arthritis. He did well.
- C.G. Aged 27. Was notified from Wittering Aerodrome as a case of tuberculous disease of the bone. He was transferred at once to a R.A.F. Hospital and was never seen by me.
- J.S. Aged 21. Was a case of tuberculous peritonitis who had been operated on at Peterborough Hospital. The incision has not healed. He was sent by you to Stamford Infirmary. He did well and is now back at work.
- D.L. Was a boy of 17 who died from tuberculous meningitis before the notification reached me.
- B.M. Was a case who was not formally notified to me. He first came under my notice in June 1943 at the age of 4 years. He was a case of spinal disease at that period. He was sent by you to the Manfield Orthopaedic Hospital in June 1943 and remained there till 8-10-45. He did well up to September 1946 when he developed what appeared to be pneumonia. He was admitted to the Peterborough Memorial Hospital where he died on 6-12-46 - the cause of death being miliary tuberculosis.

DISPENSARY WORK

During the year 1946 211 new patients and 203 old patients were examined by me - a total of 414, as compared with 409 in 1945; 400 in 1944; 460 in 1943; 361 in 1942, and 370 in 1941.

I made 1,745 visits to the homes of the patients for the purpose of examination and treatment, and 1,433 visits were made by patients to the Dispensary for examination and treatment - a total of 3,178, as compared with 3,054 in 1945, and 3,103 in 1944.

678 artificial pneumothorax inductions and refills were performed by me, as compared with 773 in 1945; 733 in 1944, and 704 in 1943.

Five personal consultations were held with medical men at the homes of patients, and 95 otherwise - a total of 100, as compared with 98 in 1945, and 123 in 1944.

254 samples of sputum were examined by me for the tubercle bacillus; 54 were positive and 200 negative.

369 X-ray photographs were taken during the year.

At the end of the year 1946 94 men and 64 women - a total of 158 - were on the Dispensary Register suffering from pulmonary tuberculosis, and 10 children (4 boys and 6 girls) a total of 168 pulmonary cases. 22 adults (17 males and 5 females) were suffering from non-pulmonary tuberculosis, and 8 children (2 boys and 6 girls) a total of 30. Altogether then 198 persons were on the Dispensary Register at the end of the year, viz., 180 adults (111 men and 69 women), and 18 children (6 boys and 12 girls).

Allowances to Tuberculous Patients

During the year ended March 31st 1947 twenty-eight persons received grants under the terms of Memo. 266/T., and the amount paid was £1337- 0- 10d.

Institutional Treatment

On January 1st 1946 twelve persons were in Sanatoria, viz., 3 males and 2 females at Creaton Sanatorium; 2 at the Manfield Orthopaedic Hospital (1 male and 1 female); 3 males at Papworth, 1 female at Nayland Sanatorium, and 1 female at the Eversfield Chest Hospital.

During the year 1946 seventeen persons were admitted to the following institutions : -

- 12 to Creaton Sanatorium
- 2 to Papworth Colony
- 2 to Manfield Orthopaedic hospital
- 1 to Stamford Infirmary.

On December 31st 1946 ten persons were in the following institutions :-

- 6 at Creaton Sanatorium
- 3 at Papworth Colony
- 1 at Manfield Orthopaedic Hospital.

As I said in my last Report, so I say again, no outstanding advance has been made in the treatment of tuberculosis; in fact there seems to be a hark back to forms of treatment which in the past have proved valueless. For instant, K.R. Trail of Papworth says that Gold with properly controlled glucose has real value in those cases in which there is a recent exacerbation in an old standing case. Tuberculin again raises its Germanic head in the treatment of eye disease and genito-urinary disease. None of the sulphonamides are successful in controlled clinical trials. One of them - Promin - was tried on guinea pigs and found to inhibit the extension of disease, but in man it caused such severe anaemia that further experiments were abandoned. Its modification - Diazone - is said to inhibit the extension of disease in the larynx. Streptomycin was hailed as the sovereign cure, but its discoverer, Sir Alexander Fleming, is reported in the lay press to have declared it useless in pulmonary tuberculosis. The average strain of the bacillus tends to develop resistance to the drug. Some cases of tuberculous meningitis have recovered completely; others have relapsed, and some have shown severe cerebral complications.

In regard to immunisation, the B.C.G. vaccine has been successful in Oslo and will in all probability be tried out on a large scale in this country. Others pin their faith to testing with tuberculin up to the age of 14 years, and that all positive reactors between the ages of 12 and 14 should be X-rayed annually, and all above the age of 14 should be X-rayed every six months.

The results of mass radiography show that there is much more mortality and mortality than notification and death registrations would lead one to suspect. In the whole of England there are two peaks of incidence, one at 17-24 years, and at 29 to 35 years: after that age the incidence of active disease decreases rapidly. There is no doubt that large numbers of people with positive sputum are never diagnosed, or if diagnosed, not notified. Therefore it is suggested that every chronic bronchitic over the age of 35 should have the sputum examined repeatedly and X-ray pictures of the chest taken.

Mass Radiography

Although not a part of the work of 1946 I take the opportunity of describing the work of the Mass Radiography Unit.

The County of Northamptonshire sent at your request their Unit to Peterborough for 11 weeks in 1947.

It consisted of the Medical Director, Dr W.T. Bermingham; an Organising Secretary, Miss Van Zeller; two Radiographers, and a clerical staff. It was arranged that the Huntingdonshire County Council should pay 2/11ths of the total cost for patients coming from the Northern part of Huntingdonshire.

I recommended after inspection of various halls in the City that the Peterborough Co-operative Hall was the best suited for the purpose. The agreed charge was £120 plus the cost of lighting.

A separate telephone service was installed. Printing and stationery were provided at a cost of £48-1-8d. Messrs Baker Perkins wished for arrangements to be made at their own works for the examination of their employees from June 16th. Heat, light, and power were provided by the Firm.

Publicity.

A mass meeting was held in the Town Hall at which Mr Vawser presided, supported by the Mayor, the Bishop of Peterborough, and the Chairman of the Hunts County Council. The meeting was addressed by Mr Vawser, the County Medical Officer, Dr Lord, and Dr Bermingham.

Shop window displays were provided, announcements were made in the press, and meetings arranged with factory managers and employers. A special film was shown at the local cinemas, and a loud speaker van was obtained from Nottingham.

Two additional clerks had to be engaged; one was employed by the Unit and the other by the Soke of Peterborough County Council, the salary being £3 per week.

'Bus transport was undertaken by the Eastern Counties Omnibus Company. The 32 seater omnibuses were engaged for 2½ days a week to convey persons from the factories to the Unit, at a cost of £3-10-0 per 'Bus per day up to 35 miles, with additional mileage charge at 1/9d per mile and for half-days at £2 per 'Bus with additional mileage of 1/9d. The Staff of the Unit was accommodated as follows :-
3 at the Grand Hotel; 1 at the Dujon Café; 2 in lodgings in Geneva Street, and 1 at the Campbell Hotel.

On July 21st Dr Bermingham submitted an interim report on the work performed. He stated that the number of active cases of tuberculosis in the County was not excessive and will compare favourably with reports in other areas of the country.

The following groups were not included :

L.N.E. Railway - only a small proportion of the employees were organised in the short time at the disposal of the Unit.

The London Brick Company was not surveyed because employees were not paid for loss of time, and school children between the ages of 9 and 11 were not arranged for. The Education Committee at first refused, and later changed their mind: it was then too late.

The total number of miniature films taken was 13,747.

Large films taken numbered 242, and recalled for clinical examination 127. 61 cases were referred to the Dispensary or to their own doctors. Some 22 have been referred to me. 6 of the 22 had tubercle bacilli in the sputum and clinical signs of disease, and the great majority of the others had clinical signs of recent or arrested disease. Two persons did not come to the Dispensary for clinical examination. One case was referred as a doubtful case of tuberculous pleurisy, but was subsequently found to be a case of malignant disease. He was sent by you to Addenbrooke's Hospital, Cambridge, where he died.

Here, as in other parts of the country, cases have been passed as free from disease only to develop well marked disease within a month or two. I would attribute this to the unsatisfactory diet now available. Cases which, in my opinion, were quiescent have relapsed with terrible rapidity, and I anticipate the most distressing statistics during the next few years.

This deficient dietary is affecting every department of national life, resulting in decreased output. The miner requires 4,500 calories a day, which in part he derived from his well cooked morning steak, and the agricultural labourer is in much the same position, for where is his bacon for breakfast?

Long waiting in queues results in increasing female irritability. Does this explain the abnormal activity of the Divorce Courts? Up to a point and for quite a long time the health of the nation improved the less it eats, but the prolonged absence of essential foods affects the production of antibodies which combat the poisons of disease. Already poliomyelitis and measles - virus diseases - are on the increase, and this in face of the extraordinary value of penicillin and the sulphonamides. England is the only victorious country which is severely rationed. It is absolutely essential that protein and fats should be increased for all workers, and especially for the tuberculous.

VENEREAL DISEASES

422 patients attended your Clinic at 28, Fitzwilliam Street, Peterborough for the first time during 1946. In addition 31 patients attended your Clinic for the first time who had been transferred from other centres where they had been treated for the same infection. Altogether then, 453 patients were treated by me for the first time during 1946, as compared with 436 in 1945; 432 in 1944; 400 in 1943; 283 in 1942; 237 in 1941, and 144 in 1940.

54 of these 433 new patients were suffering from syphilis, 32 being males and 22 females. 23 (17 males and 6 females) were in the primary stage of the disease; 21 (9 males and 12 females) in the secondary stage; 6 (4 males and 2 females) were in the later stages of the disease, and 4 (2 males and 2 females) were cases of hereditary or congenital syphilis. 3 of these were over 15 years of age and only one was under 12 months. One male was suffering from soft chancre.

86 persons (71 males and 15 females) were suffering from gonorrhoea, and 281 (152 males and 129 females) were suffering from diseases of the genital or other organs other than venereal disease. Many of these were, in the male, cases of simple inflammatory processes of the male urethra, and in females were due to infection of the female genital tract by a flagellate organism, the Trichomona. All of these cases require much time and energy expended in diagnosis, and in the case of trichomonatous infection, much time in treatment.

On January 1st 1945 203 patients were under treatment. 143 (42 males and 101 females) for syphilis; 47 (12 males and 35 females) for gonorrhoea, and 13 (3 males and 10 females) for conditions other than venereal disease.

42 patients (18 males and 36 females) who had been classified as defaulters returned during the year for treatment or observation. Altogether then 698 patients passed through my hands during the year, as compared with 683 in 1945; 665 in 1944; 602 in 1943; 457 in 1942, and 387 in 1941.

The places of residence of the 422 new patients who had never before been treated at this or other Clinics were :-

		(1945)
Soke of Peterborough	233	191
Huntingdonshire	55	69
Isle of Ely	68	42
Kesteven (Lincs)	37	26
Holland "	5	6
Northamptonshire	19	10
Service Cases & Prisoners/War	15	57
Other Areas	0	6
Total	422	(407)

These figures do not hold forth much hope of a decline in the number of cases of venereal disease. The Peterborough cases still show an increase, as do those of huntingdonshire and the Isle of Ely. Towards the end of the year there was an increase in the number of cases of syphilis among men recently demobilised from Germany.

Now in the first nine months of 1947 I note a marked decrease, not only in cases of syphilis but in other forms of venereal disease. Gonorrhoea is now again in the ascendent. The sulphonamides were at first a magnificent success against the gonococcus, but with the accrued ingenuity of bacilli against disease it has developed an increasing immunity against "M & B. 760". Against the disease acquired in Italy it seems valueless, and I am reminded about a Jeu D'esprit published many years ago where the germs causing many diseases were the audience and members of the general public were the actors in a theatre. One line or two remain in my memory:

" The gonococci, funny chaps.

Gave the actors hearty claps. "

But the polite would, like Tennyson, say

" Our little systems have their day....

And thou disease art more than they. "

During the year 57 patients were transferred to other centres. 36 (17 men and 19 women) for syphilis, 19 (15 men and 4 women) for gonorrhoea, and 2 (1 male and 1 female) for non-venereal conditions. 402 were discharged after treatment and final tests of cure, or after diagnosis as non-venereal disease had been confirmed.

23 (10 males and 13 females) were cases of syphilis; 1 male was a case of soft chancre; and 90 (60 men and 30 women) were cases of gonorrhoea. 288 (153 males and 135 females) were suffering from non-venereal conditions.

Four cases of syphilis (3 males and 1 female) in the primary stage of the disease; 5 cases (1 male and 4 females) in the secondary stage; 21 (4 males and 17 females) in the later stages, and 11 (4 males and 7 females) congenital cases ceased to attend before completion of treatment.

26 cases of gonorrhoea (11 males and 15 females) absconded before completion of treatment, and 6 others (5 males and 1 female) after completion of treatment but before final tests of cure.

On December 31st 1946 129 cases of syphilis (56 males and 73 females), 32 cases of gonorrhoea (14 males and 18 females), and 4 non-venereal cases (1 male and 3 females) were still in attendance - a total of 165 patients (71 males and 94 females).

Five cases of syphilis (3 in the primary stage, 1 in the secondary, and 1 congenital case) failed to complete one course of treatment of either penicillin or of arsenic and bismuth.

The 698 patients who attended during the year made 6,614 attendances, as compared with 6,421 in 1945; 7,632 in 1944; 7,669 in 1943; 5,487 in 1942, and 5,638 in 1941. The attendances classified in counties are as follows :-

Soke of Peterborough	3,515
Huntingdonshire	1,304
Isle of Ely	955
Kesteven (Lines)	459
Holland "	77
Northamptonshire	209
Service Cases and P.O.W's	76
Travellers and others	19
<u>Total</u>	<u>6,614</u>

26 cases of syphilis (16 males and 10 females) were treated with penicillin. 69 cases of gonorrhoea (53 males and 16 females) were similarly treated; and 1 case of non-venereal disease - a total of 96.

2,607 doses of bismuth were administered intramuscularly, and 314 doses of sulfarsenol also intramuscularly; 1,679 doses of stabilarsan were administered intravenously, and 503 doses of marphaside. The total doses administered numbered 2,496.

The following report is made by Dr Fulton as to the number of pathological samples sent from the Clinic, Hospital, and by private practitioners. The numbers in brackets indicate service cases :-

<u>Microscopical</u>	<u>Clinic</u>	<u>Hospital.</u>	<u>Private Practitioners</u>	
For detection of spirochetes	57	-	-	
For detection of gonococci	1344	36	35	(9)
Pus for Trichomonas	288	2	3	
<u>Serum Tests</u>				
For Wassermann reaction	612	287	114	(64)
For Kahn Test	567	268	111	(63)
Gonococcal Complement Fixation	424	56	23	(9)
Kahn Verification	4	-	-	
Cerebro-Spinal Fluid Tests	84	124		
Total	3320	773	286	(145)

The total cost was £825 - 6- 9d.

Regulation 33. B.

During the year I received nine notices on Form 1. under Defence Regulations 33B.

Six of these cases were traced, three of whom came up for treatment; one was already attending the clinic; one disappeared, and one was reported to have been attending a London Clinic. The remaining three could not be traced for various reasons.

Work of the County Almoner

Miss M. Wilkinson was appointed in place of Miss E. Botting, who obtained a post as Almoner at Charing Cross hospital. She has done admirable work, and her report extending to September 30th 1947 is as follows :-

" My duties commenced on the 7th January last. The names of 268 "live" patients were already recorded for attention at 28, Fitzwilliam Street. 97 of these have been discharged; 2, it is recorded, were admitted to Hospital, whilst 84 patients continue to attend the Clinic at regular intervals; 3 have re-attended after having been discharged, and 8 have been transferred to other parts of the country.

The remaining 74 cases had defaulted for periods varying from 10 months to five weeks. 45 of these have been persuaded to re-attend but only 6 of them do so regularly. 39 have made very irregular attendances, and I have to remind them frequently that their presence is required at 28, Fitzwilliam Street.

These obstinate defaulters are never at a loss for an excuse for defaulting, and I agree with my predecessor's statement that about 10% appear to be borderline mental defectives.

6 more have failed to attend at the Clinic since January despite their many repeated promises to do so. 7 refused to attend for further treatment, and 16 could not be traced for various reasons.

Since the 7th January 196 new patients have attended the Clinic and their distribution among the counties is as follows :-

Soke 119; hunts 36; kesteven 22; Isle of Ely 14; Northants 4.

167 of these, including 20 transfer cases from clinics elsewhere, have been interviewed at the Clinic by me, and again I agree with my predecessor that the homely atmosphere of the Caretaker's sitting-room where such interviews are held does much to place first attenders at their ease, and in most cases they are relieved to find that they may talk in confidence about their troubles.

It is, in my opinion, a great comfort to the frightened when told that quite a large number of people who attend have, in fact, nothing the matter with them.

Tracing the contact of a newly infected patient is undoubtedly important. There is seldom any difficulty in obtaining information, the men respond more willingly than the women who, in some cases, may be too shy or ashamed to admit the number of their contacts.

In searching for contacts when the information given is vague, the Electors Register has proved useful, and the Police have also been helpful. 21 contacts have been prevailed upon to attend for examination, in some instances by the patients, and in others at my request.

Of these 196 patients, 114 have been discharged, whilst 10 have been transferred to clinics elsewhere. 2 refused to receive further treatment, 2 have died. 14 have left the district and their present whereabouts are unfortunately not known. 6 of these, however, are persons who continually move about the country and are in possession of Form V.15 (personal attendance cards). Of the remaining 54 patients 31 are regular attenders, whilst 5 attend irregularly, and 18 are at the present time defaulting. The last-mentioned 23 are frequently reminded that they should attend and it is often necessary to visit their homes, and in odd cases to actually convey them to the Clinic in order to secure their attendance.

During the period 240 V.D. home visits have been made and in addition 28 other enquiries, whilst 322 communications have been addressed to patients. Two first notifications under regulation 33.B. have been received, one being in respect of a young woman living in Huntingdonshire some 19 miles away from Peterborough, and to whom two letters were addressed and two visits were made to her home. These efforts were of no avail however, and she flatly refused to submit to medical examination. The other first notification referred to a girl said to be residing in the County of Rutland, but a visit revealed that she was unknown there, and further enquiries failed to elicit any information regarding her whereabouts.

Apart from visiting V.D. patients residing in Rutland, 72 other visits have been made on behalf of the Rutland County Council. Assistance has also been afforded in connection with an application for an Affiliation Order and in connection with the proposed legal adoption of illegitimate children.

It may be mentioned that among other duties performed, 34 home visits have been made in Peterborough at the request of the County Accountant for the purpose of obtaining information regarding the circumstances of applicants for, or recipients of, T.B. allowances. "

MENTAL DEFICIENCY ACTS 1913 - 1938

On January 1st 1947 seventy-six persons (44 males and 32 females) were under Statutory Supervision.

During the year 5 males and 9 females over 16 years of age were under Guardianship, and 1 girl under 16. Four of the men were under the Guardianship of their parents, and 1 was under the Brighton Guardianship Society. 8 of the females were under parental guardianship; one under the Brighton Guardianship Society, and one at a Home at Salisbury.

During the year 60 persons were in the following Institutions :-
38 (19 men and 19 women) in the Peterborough Public Assistance Institution. 18 (11 males and 7 females) in Stoke Park Colony; 3 women at Whittington Hall, and 1 male at Stallington Hall.

Ten patients (7 men and 3 women) were on Licence: one man to his parents, another to relatives where he is frequently visited by the County Medical Officer. two to the Redmarley Hostel: one to the Winterbourne Hostel; one to a Peterborough resident, and one to Princess Christian's Colony.

Two women were on licence to the Old Rectory Bath, and one (a child) to Stoke Park Colony.

Two males and one female are in State Institutions.

Turning to the cases under Guardianship, one man is working in the Brickyards, and another works for the Ministry of Food.

One is partially blind and is unable to do any useful work.

One youth aged 19 is employed as a kitchen hand in a good class hotel. He gets his board and lodging and £1 a week.

His recreations consist of swimming and cinemas. He is under the care of the Brighton Guardianship Society.

One man was under the Guardianship of his mother who lived with her married daughter on a farm on the outskirts of Peterborough. He blew the organ in church and did errands. Early in 1947 he became so violent that he was removed to the Peterborough Public Assistance Institution.

One female under Guardianship is in St Elizabeth's Home 131 Exeter Street, Salisbury. She is classified as mentally defective. She works in the laundry and goes to the cinema. Her relatives wanted her out for a holiday, but you thought it undesirable.

One woman is working on the land. Six of the others perform household duties and go out shopping.

One child aged 4 is under the Brighton Guardianship Society. She is imbecile and is unable to walk or speak. She is in a working class home. She is adequately clothed; she shares a bedroom but has her own bed.

One man is under voluntary supervision. He was formerly under Guardianship. He works in the Porter's Lodge of the Peterborough Public Assistance Institution.

Two women are detained as Poor Law patients.

Of the 76 cases under supervision I am glad to say that as many as 31 are doing useful domestic work in their own homes, and two are outdoor domestics. 3 are working in the Ordnance Factory; two do several hours at odd jobs. Three work in the Brickyards, one earning £5, one £6, and one over £4 per week. One is employed in a large engineering works. 3 work on allotments or gardens. 12 work on the land and on farms, and 1 assist a bricklayer. One has a bread round, one a milk round, and one is in the Army.

The remainder, owing to mental or physical defect, are unable to carry out any useful work.

The following reports have been received from Stoke Park Colony :-

- M.C. Aged 35. Is classified as feeble minded. She does general work at Nurse's Hostel, and has had a trial at a training hostel. She is making fair progress. She attends religious services.
- K.W. Aged 35. Is an imbecile in fair health. She does rag picking in a workroom. Her progress is stationary. She attends religious services.
- M.S. Aged 22. Is a feeble minded woman and is employed in the weaving room. Her health is fair. She attends religious services.

- A.S. Aged 13. Is an idiot in poor health. She does no work and does not attend religious services.
- D.P. Aged 14. Is a feeble minded school girl. She is making reasonable progress and attends religious services.
- A.R. Aged 13. Is an imbecile school girl in poor health. Her progress is poor. She does not attend religious services.
- F.G. Aged 46. Is a feeble minded woman, who dusts the hospital wards. Her health is fair. She makes very slight progress. She attends religious services.
- M.W. Aged 4. Is an idiot girl in poor health. She does nothing, makes very little progress and does not attend religious services. She is on Licence from Guardianship.
- G.K. Aged 22. Is a feeble minded man in fair health. He works as a presser in a tailor's shop. He is making good progress and attends religious services.
- C.G. Aged 19. Is a feeble minded imbecile youth. He repairs clothing and is making good progress, is in fair health, and attends religious services.
- H.R.W. Aged 26. Is a feeble minded man in fair health. He works on the land and in the gardens. He attends religious services.
- H.W. Aged 34. Is an imbecile man in fair health. He works in the kitchen and makes good progress, and attends religious services.
- J.F. Aged 25. Is a feeble minded man in fair health. He does domestic work and is making excellent progress. He attends religious services.
- G.S. Aged 14. Is an imbecile school boy in fair health. He attends school, makes no progress, and attends religious services.
- L.W. Aged 17. Is an imbecile school boy who is making slight progress. His health is poor. He attends religious services.
- R.M. Aged 16. Is a feeble minded school boy who is making very fair progress. He is the only one of the 18 persons whose health is described as good.
- H.M. Aged 21. Is a feeble minded youth in fair health. He repairs boots, is doing well, and attends religious services.
- A.T. Aged 8. Is a Mongolian imbecile in poor health. He attends school but is making very slight progress. He is destructive in his habits, and does not attend religious services.

Three women are at Whittington Hall, viz.,

- E.A. Aged 48. Is an imbecile woman, who is confined to Hospital with severe asthma.
- A.L. Aged 48. Is an imbecile woman. She does domestic work and attends church.
- A.E. Aged 60. An imbecile woman. She does domestic work, attends religious services, and enjoys the usual recreations of institutional life.

The Master reports on 26 males and 21 females in Thorpe Road house. Three of the men are on Licence, and one was discharged. Two of the females are on Licence. The man (L.G.) who was discharged is living with his parents, is working at the Brickyards, and earns £5 per week. Another (E.H.) is on Licence to his aunt and her husband in a good home. He is imbecile, partially blind, and suffers from endocrine disturbance, being very stout, and has no palpable thyroid gland. He has epileptic fits. He is under my supervision.

A.G. has been on Licence since 1943. He was first at Hazledon but is now at the Gloucester War Agricultural Committee's Hostel at Siddington Road, Cirencester. He is a good farm worker, and his wages are now £5 per week.

E.C. is still in the service of a local resident and is doing well. The two women are on Licence at The Old Rectory, Bathwick Hill, Bath.

E.H. Is well behaved and a very great help in the Home. She is happy.

F.W. Works as a housemaid and earns 16/8d per week. Her character and conduct are fair. Her health is good. She attends church services and as recreation goes shopping, walking, and attends cinemas. She takes no interest in her clothes, which she dislikes mending.

Of the other 28 men at Thorpe Road House, five were classified as high grade, 3 as medium grade, and 14 as of low grade.

8 are employed as wardsmen, 2 assist the painter, 1 acts as a messenger, 1 as a gardener, another works in the boiler house, and the others are too defective to do any useful work.

Of the 19 women, 10 are classified as of high grade, and 9 as low grade.

14 are doing domestic work, 1 works in the laundry, and another does needle work. 3 are doing no work, the first because she has pulmonary tuberculosis, and the other two because they are of too low a grade.

All the patients listen to the wireless. Outings with relatives are encouraged. An institutional training class is held weekly for the higher grade cases. All patients attend both Church of England and Nonconformist services.

During the year Miss White informed me that 20 persons attended her classes, 2 of the men and 18 women.

Of the others on Licence one (W.R.) is resident at the Cirencester Hostel, a mile from the town of Cirencester, where he is on Licence from Besford Court. He is employed at Jefferies Nurseries and earns £4 per week. He takes part in the recreations organised in the Hostel and visits Gloucester and Cheltenham.

J.F. is on Licence from Stoke Park Colony to Winterbourne Hostel, near Bristol. He does general farm work, and does his work well. He plays billiards and whist and has his own cycle. His wages on Oct. 6th 1946 were £3-8-0. He, like other residents, have been X-rayed and found to be normal.

There are two men patients at the State Institution at Rampton, viz.

J.F. Aged 41. A low grade case. He is at times violent and destructive. He is restless, irritable, aggressive and shows signs of mental deterioration. He does a little ward work.

L.S. Is imbecile. He is frequently obstinate, defiant, violent, and destructive. He is unemployable.

One patient is under voluntary supervision. He works at the Public Assistance Institution. Two boys were in "places of safety" Two (1 boy and 1 girl) were referred by the Local Education Authority. Four cases were, I am pleased to say, discharged during the year after being for many years in institutions.

There were two women in receipt of Poor Law Relief.

Mental Treatment Act

The number of patients chargeable to the Local Authority under the Lunacy and Mental Treatment Acts is 135 (including 4 at the Public Assistance Institution, and 3 voluntary patients under the Mental Treatment Act 1930).

BLIND PERSONS ACT

104 blind persons were on the Register on March 31st 1947, viz., 44 males and 60 females.

During the year ten new cases were registered locally, three came into the area from away, and four moved out of the County.

There were 17 deaths among blind persons, and 3 cases were decertified following successful operative treatment.

Three blind children are at Schools for the Blind.

One woman is employed as a machine knitter at a blind Institute, and one woman and six men are at work in the City.

Six men and eight women are in the Public Assistance Institution.

67 persons were in receipt of domiciliary grants on March 31st 1947, a decrease of 8 on last year's figure.

1,233 visits were paid to blind persons by the Secretary.

Braille and Moon type reading is taught, also various kinds of handicrafts. The subscription to the National Library for the Blind is paid by the Peterborough Association for 7 readers.

The Soke of Peterborough County Council made a grant of £2,650 (including £50 on account of mental defectives) to the Association during the year ended March 31st 1947.

FOOD AND DRUGS (ADULTERATION) ACT 1938.

The following samples were analysed from the Liberty of Peterborough (as distinct from the City) in 1946 :-

<u>Samples taken formally.</u>	Milk	8
	Butter	4
	Margarine	2
	Lard	2
	Cook Fat	1
	whisky	2
	<u>Total</u>	<u>19</u>

<u>Samples taken informally.</u>	Chocolate Cake Mixture	1
	Scone Mixture	1
	Semolina	1
	Sponge Mixture	1
	Meat Paste	1
	<u>Total</u>	<u>5</u>

No samples were reported against.

MILK AND DAIRIES ORDER

Captain Townson reports that there are 39 Accredited Producers and 3 Tuberculin Tested herds in the County.

I regret to have to inform you that 17 cows were slaughtered on account of tuberculosis - one more than last year.

17 bulk samples were examined for the tubercle bacillus, and in two of these tubercle bacilli were found after inoculation into a guinea pig. In one case where the owner was suffering from pulmonary tuberculosis no tubercle bacilli were found in the bulk samples of the cows' milk.

At the time of writing (October 1947) I have only received a galley proof of Dr Johnstone's Annual Report, which did not contain any reference to tubercle bacilli in milk.

Speaking generally the storage, handling, distribution, and methods of production are satisfactory.

One business at Ginton has had to be inspected repeatedly owing to the number of tests which were unsatisfactory as regards accredited standards. Thorough overhaul was undertaken, and a subsequent test was satisfactory. In one business the sterilizer was out of order and the defect was remedied. In another large concern a new sterilizer was installed.

INFECTIOUS DISEASES

The following infectious diseases were notified during the year :-

<u>Disease</u>	<u>City of Peterboro'</u>	<u>Peterboro' R.D.</u>	<u>Barnack R.D.</u>	<u>Total</u>
Scarlet Fever	62	3	3	68
Diphtheria	4	-	-	4
" (non-civilian)	-	-	1	1
Whooping Cough	76	6	3	85
Measles	295	6	3	304
" (non-civilian)	1	-	1	2
Pneumonia	27	2	-	29
" (non-civilian)	-	-	1	1
Dysentery	-	-	1	1
Erysipelas	14	-	1	15
Puerperal Pyrexia	1	-	2	3
Totals :-	480	17	16	513

The work of diphtheria immunisation is still continued by me in the Peterborough and Barnack Rural Districts, and in the Grammar Schools in the City.

The total numbers immunised by me up to December 31st 1946 were :-

<u>District</u>	<u>Under 5.</u>	<u>5-15 years</u>	<u>Total</u>
City of Peterborough	1	406	407
Peterborough Rural District	393	954	1347
Barnack Rural District	142	203	345
Totals :-	536	1563	2099

REPORTS OF THE DISTRICT MEDICAL OFFICERS

Dr Hawes, in his Report to the Peterborough Rural District Council, comments on the high birth rate, the very low infantile mortality rate of 22.3, and an exceptionally low incidence of infectious disease. Water is laid on to every village. 1430 or 75% of the houses occupied are supplied direct from the water mains, the population so served is estimated at 4,920. The remaining 25% obtain water from stand pipes.

Eye is the only village with a modern sewage disposal scheme, but plans are being prepared for the sewerage of the whole district.

Night soil is collected at Helpston, Etton, Glinton, Castor, Ailsworth, Peakirk, Northborough, and Maxey.

Disposal of house refuse is difficult owing to no site being available for the Bradford system.

There were only 3 cases of scarlet fever and none of diphtheria.

It has been found impossible to arrange for the clinic treatment of scabies.

Nothing is said about the number of houses built during the year.

Dr Hawes presents a similar favourable report as regards the health of the Barnack Rural District.

No new cases of tuberculosis were notified during the year.

Piped supplies of water serve the villages of Barnack and Thornhaugh. Wothorpe and St Martin's are supplied by the Stamford Water Company.

Wittering village without the Aerodrome is the only village without a conducted supply and plans have been made to obtain a supply from Stamford.

The dwelling houses attached to the Aerodrome, which are the property of the Air Ministry, obtain their supply from the Aerodrome. The Barnack and Thornhaugh supply is chlorinated at the source. The Thornhaugh supply is liable to surface pollution.

Plans are being made to supply Thornhaugh and Wansford from the Stamford Water Company's mains. 70% of the houses in the district are supplied direct from mains, and the remainder from stand pipes.

As regards housing, 5 new houses were completed by private enterprise and 3 houses are in course of erection.

Small-pox cases have now to go as far as Grimsby. It was found impossible to find staff for the Kesteven and Rutland Small-pox hospital.

Twelve persons were treated for scabies at the Stamford Scabies Clinic at a cost of 17/6d per case, and 5/- for preventive treatment.

There were only 3 cases of scarlet fever, and only one of diphtheria (in a non-civilian).

(in a non-civilian).

Dr Johnstone, in the preface to his Report for 1945 (which was not to hand when my last Public Health Report was written), says it has not been necessary to close beds in the Infectious Diseases hospital owing to shortage of staff, and expresses his thanks to his staff in all departments.

Scarlet fever was at a low ebb, only 31 cases were notified, and a similar number of cases of diphtheria. There was no fatal case among the scarlet fever and diphtheria patients.

The incidence of measles and scarlet fever were higher than in pre-war years.

In the section headed "The Corporation as hospital Authority" it appears that there was some difficulty with the domestic staff, but difficulty was surmounted owing to the loyalty of the old retainers. There has been some grumbling on the salary question, but the Committee had done everything possible to satisfy the demands, and unless marriage or illness supervene the outlook should be good.

6,090 of the 49,200 persons have been immunised; 1421 under 5, and 4660 between the ages of 5 and 15 years. 731 cases were immunised during the year, 608 being under 5, and 123 between 5-15 years. Under "Health Visiting" Dr Johnstone reports 307 visits to expectant mothers, 133 of which were first visits. This is a small number considering that there were 861 births.

831 first visits were made to children under 1 year of age, and the total number of visits was 2301; to children between the ages of 1 and 5 years 2889 visits were paid.

The attendance at the Infant Welfare Centres was as follows :-

Total number of individual children who attended the Centres for the first time during the year, and who on first attendance were :-

- (a) under one year of age - 529
- (b) over one year of age - 33

The total number of individual children who attended the centres during the year and at the end of the year were :-

- (a) under one year of age - 319
- (b) over one year of age - 599

There were 11 children adopted by 11 foster parents.

Ante-natal Clinic. 307 first pre-natal visits were made, but only 12 post-natal, and 397 pre-natal attendances for various purposes.

Consultant's Clinics. 418 total attendances were made at the 12 sessions held during the year. First visits numbered 147, and re-visits 258. Eleven patients were referred to me in my capacity as Tuberculosis Officer and Venereal Disease Officer, one being a suspected case of tuberculosis, which proved negative, and 10 suspected cases of venereal disease. One was a congenital syphilitic and another was a case of Trichomona infection. As regards dental conditions, 45 had good teeth, and 25 had artificial dentures. Minor measures such as fillings and scalings were required in 55, and 6 had very bad teeth. What was actually done for these cases is not stated.

Eight cases were referred to the Memorial Hospital for X-ray examination to help in the diagnosis of the child's position in the womb. 8 cases were sent to the Memorial Hospital for investigation, 2 for phlebitis, 1 for post-natal discharge, 1 for albuminuria and high blood pressure, 1 for hydramnios and hydrocephaly, 1 for the Rhesus factor, 1 for chronic bronchitis, and 1 for breathlessness and palpitation. The case of albuminuria and hypertension was treated by Caesarean section. The mother did well but the child was stillborn. The case of anencephaly and hydramnios was admitted to the Memorial Hospital for induction of labour. Two others were delivered naturally in St John's Hospital, and two others naturally in their own homes. One was still attending the Hospital.

The three Day Nurseries were ⁱⁿ full swing in 1945, the attendance being highest in the winter months. The actual number of infants who attended is not stated. 100% of the babies were immunised. Vitamin supplements are distributed thrice weekly at the Central Clinic in the Town Hall, and twice weekly at the Fitzwilliam Clinic at Walton. The figures for the central clinic are :-

Orange juice.	Cod liver oil.	Capsules
2340 bottles	376 bottles	16 bottles
and for the Fitzwilliam Clinic, Walton :-		
2437 bottles	341 bottles	59 bottles

Home Helps, were hard to find. Only one was found in October 1945. She looked after a chronic invalid from the time of her appointment till the end of the year.

Food Under the Section "Food" it is good to hear that 80% of the population are drinking safe or heat treated milk, and only 20% are taking the risk of indulging in raw or accredited milk.

I have in previous reports suggested that Peterborough should be an area in which only heat treated milk should be sold, but so far approval by the Central Authority has not been obtained.

All samples of heat treated milk were submitted to the methylene blue and phosphatase tests with satisfactory results in all.

Dr Johnstone refers to fraudulent egg substitutes, one of which contained 1½% baking soda, 2½% of gummy material, and not less than 96% of water. One teaspoonful of the ingredient, said the advertisement, was equal in nutritive value to one egg.

There are no standards for intoxicating liquor and soft drinks.

Water. In regard to water, modern Diesel raising plants have been installed both at Etton and Braceborough. Each station has five boreholes, each sunk to a depth of 120 feet. Chlorinating outfits provide an intensity of chlorification of 1 part in every million of water. Analyses both chemical and bacteriological show what an excellent water supply is available for a very large portion of the County.

In addition there is now an excellent Swimming Pool in the Bishop's Road. The Pool and surrounding gardens occupy an area of 2 acres. The main pool is 55 yards long and 60 feet wide. The water is changed every 6 hours, and the water is rendered sterile after filtration by means of a Chlorine Ammoniator Plant.

Housing As regards housing in 1945, 52 permanent houses were under construction, 16 prefabricated bungalows were already occupied, and 140 were under construction.

655 houses were inspected, and 247 found not to be in all respects reasonably fit for human habitation, but no houses were found to be in a state so dangerous or injurious to health as to be unfit for human habitation. 29 houses required repairs. After formal notices had been served in two the owners repaired the properties, and in 27 the local authority in default of the owners.

231 houses were rendered fit in consequence of informal action by the local authority's officers. In this connection Mr Seden says labour is in very short supply and materials difficult to obtain.

Meat and Food Inspection. The Government slaughtering and meat distribution scheme remains the same. There were two slaughter houses for general use and one for killing bacon pigs. A large number of injured and wasting animals are sent for slaughter. Swine fever was found on 12 occasions.

The total number of animals slaughtered was :-
 beasts and cows 4081; sheep 9767; calves 1096; pigs 5647, total 20-591.
 321 condemnation notices have been issued.
 39 cows, 25 beasts, 14 pigs, and 2 calves were condemned on account
 of tuberculosis, and portions of the carcasses for the same reason in
 (1) the forequarters of 7 cows; (2) the hindquarters of 2 cows;
 (3) the forequarters of 26 beasts. (4) the hindquarters of 1 beast;
 (5) the head and tongue of 315 beasts; (6) the lungs of 408 beasts.
 Actinomycosis of head and tongue was found in 44 cows.
 Tuberculosis of heads and tongues was found in 92 pigs. The
 percentage of animals affected with tuberculosis was 2.44%.

Foods and Drugs Act.

In the City of Peterborough in the year 1945 86 samples were
 taken (51 formal and 35 informal) consisting of :-

Milk	45
Butter	2
Medicine to prescription	6
Curry Powder	1
Baking Powder	2
Meat Paste	1
Iron Tonic Cup	1
Sausage	2
Sardines	4
Herrings in Tomato	2
Aspirin	1
Gin	1
Self-raising flour	1
Sild in Tomato Sauce	2
Ground Ginger	1
Coffee	1
Sponge Mixture	1
Lemon Flavour	1
Shredded Beef Suet	2
Camphorated Oil	2
Seidlitz Powder	2
Boracic Ointment	1
Iodized Salt	1
Jam	2
Malt Vinegar	1

Dirt and preservations were absent from all milk samples.

The genuine milk samples gave an average composition as follows :-

3.61 per cent of fat, 8.78 per cent solids, not fat.

The morning milks 3.33 per cent fats, and solids, not fat, 8.83%.

Two milk samples were reported against.

In milk 535, the first sample, was 10 per cent deficient in fat.

3 days later 5 samples were taken, and one gave a fat deficiency of
 15 per cent, and another of 10 per cent. All the samples were down
 in solids, not fat, from 1 to 4 per cent.

Appeal to the cow samples were taken at the farm. The bulk evening
 milk sample was normal. Two of the morning's milk were normal as
 regards fat content. Three were deficient in fat content to the
 extent of 6.20 and 20 per cent. Four of the samples were down in
 solids, not fat, from 1 to 3.5 per cent. The bulked morning's milk
 showed a 10 per cent deficiency in fat and 1 per cent in solids, not
 fat. A second sample was 6 per cent deficient in fat. 3 subsequent
 samples were genuine.

In all samples the freezing test showed that no water had been added.
 One sample of gin was 51 degrees under proof strength instead of the
 normal of 35. The vendor pleaded guilty and was fined 10/-

Dr Johnstone's Report for 1946.

I am indebted to Dr Johnstone for kindly sending me a galley proof of his Annual Report for 1946.

Of the 936 births in the City
248 are accredited to the East Ward;
258 " " " " West Ward;
90 " " " " South Ward
145 " " " " North Ward
195 " " " " Paston Ward

There were 77 City cases of infectious disease admitted to the Isolation hospital, viz.,
46 of scarlet fever; 21 of diphtheria; 1 of dysentery; 2 measles;
7 others.

From the Rural Districts 8 cases of scarlet fever and 1 of dysentery were admitted, and another 15 from H.M. Forces, comprising 2 of scarlet fever, 3 of diphtheria, 6 of measles, 2 dysentery, and 12 other.

8,671 persons have been immunised against diphtheria, viz.,
3,768 under the age of 5, and
4,903 between 5 and 15 years.

Three deaths were reported as associated with childbirth, but one of these was due to inflammation of the kidneys, and another to eclampsia which was admitted in a very advanced stage of the disease. The last was due to intestinal obstruction following an operation for the relief of ectopic gestation,

Health Visiting. The following visits were paid :-

To expectant mothers	107
Subsequent visits	62
Total	169

To children under 1 year of age	597
Subsequent visits	1249
Total	1846.

Infant Welfare Centres

Total number of children who attended the centres for the first time during the year (a) under 1 year of age 532
(b) over 1 year of age 11

Total number of children who attended the centres during the year and who at the end of the year were

(a) under 1 year of age	382
(b) over 1 year of age	468

In reading these figures the total births during the year - 856 - should be borne in mind.

Adoption of Children Regulations

22 children were supervised by the City's Child Protection Visitors.

Ante-Natal Clinic

169 pre-natal visits were made and 7 post-natal visits. The Ante-natal Clinic Nurse held clinics at Walton with 100 attendances, and at the Central Centre at the Town Hall with 144 attendances, 515 attendances were made pre-natally for various purposes. 398 priority dockets were issued, and 25 attendances were made at the Ministry of Health examination clinics.

Consultant's Clinic

Number of sessions	12
Total attendances	447
Pre-natal first visits numbered	164
re-visits	275
Gynaecologist visits	3
Post-natal	8
Patients suspected of V.D.	7
" " " " T.B.	1
Patients sent for X-ray	12
Patients sent to Memorial Hospital	6

Post-Natal Clinic

7 were normal, and 1 was relieved by a surgical appliance.

As regards the teeth of those who attended the Consultant's Clinic for the first time, 90 had good teeth, 20 had artificial dentures; 1 had pyorrhoea, and 2 had very bad teeth. 21 had treatment by their own dentists at their own expense. One who lived at Eye was treated by the County Council; another first consented to treatment, and then refused. 5 of the 12 X-rayed turned out to be without serious defect.

A twin pregnancy was confirmed by X-ray picture. Sinusitis was suspected but not found in one. Arthralgia of the left hip was suspected in another, but no bony lesion was found. Two breech presentations were suspected but not found. An extended vertex was suspected in another but not found. Pelvic disproportion was suspected but not found in the last.

Eight ante-natal cases were referred to the Memorial Hospital. One had ante-partum haemorrhage and was delivered by Caesarean section; 3 had contracted pelvis; 2 were treated by Caesarean section, and in one labour was successfully induced. One had an adherent pericardium, pregnancy being suspected but not found. In three a heart lesion was suspected but not found.

One case in which an artificial pneumothorax had been induced was X-rayed but showed no signs of activity. 7 were suspected of suffering from venereal disease, but were found to be negative.

Day Nurseries. Two of the Day Nurseries were closed and taken over by the Joint Education Board as Nursery Schools.

Domestic Helps. The City now has two full time home helps, and two part-time workers. One is a regular part-time worker and one is available for occasional part-time employment. Home Helps are for maternity cases only, and domestic helps are for invalids. Nine cases were assisted. One was a maternity case.

Supply of Vitamin Supplements (fur

	<u>Orange Juice</u>	<u>Cod Liver Oil.</u>	<u>Capsules</u>
Central Clinic	1986	492	33
Fitzwilliam Clinic	3628	623	115

Designated Milk

27 samples of pasteurised milk reacted satisfactorily to the methylene blue and phosphatase test, and 11 by the high temperature flash process. One sample of pasteurised milk was unsatisfactory when tested by the methylene blue test.

Dr Johnstone devotes one page of his Report to the National Service Act of 1946. He points out that tuberculosis and venereal diseases are being removed from the jurisdiction of the County Councils and County Borough Councils, while Infant and Maternal Welfare will be taken from the non-County Boroughs.

The ambulance service is then described and then the housing statistics are detailed. 19 houses were demolished. 13 squatters now occupy houses from which tenants were re-housed in 1946.

The report then ends.

GENERAL REMARKS ON HOUSING

I have personally inspected the following new houses :-

Birchfield Avenue, Peterborough

The entrance is through a small hall, which leads into a good large living room. There is a French window at the back. There is a small garden and covered passage outside leading to the W.C. and coal house. On entering the house from the back there is a scullery with ventilated larder on the right, with sink, copper, electric cooker, and Beeston domestic fireplace. Upstairs there are two bedrooms, one large with a fireplace, and a small bedroom heated by electric heater. There is a bathroom with W.C. and lavatory basin.

The rent is 10/- per week, rates 3/6d, and electricity 2/6d.

Other houses in the same locality have three instead of two bedrooms.

Elmfield Road, Peterborough

The new houses in Elmfield Road consist of kitchen, with stove, sink, dresser, and cooking boiler, but no refrigerator.

There is a coal place and lavatory downstairs, and a lavatory upstairs.

The pantry leads off the kitchen. There is an upstairs W.C. and bathroom. There are 3 bedrooms, viz., one is a good sized bedroom with electric bracket and built-in wardrobe; the second is a good bedroom with a fireplace, and the third is a small bedroom, with no heating.

Barnack Rural District

The Barnack Rural District Council, in full accordance with present day opinion that the rural worker should enjoy all the amenities of the urban dweller, have built six excellent properties at Pilsgate, each with a large garden on a fine site commanding a splendid view of the surrounding country from Pilsgate Hill. Water and electricity are laid on to each house.

Each house has a nice small parlour and a large living room, with a boiler for heating the water. Leading from the living room is a scullery with an electric cooker and a sink. There is a good ventilated larder. The coal house, wash-house, copper and water closet are situated outside, but can be reached under cover.

At the top of the stairs there is another water closet, and situated in the same apartment is a hot and cold water bath, and a lavatory basin. There are 3 bedrooms, one small, and two fair sized.

All have arrangements for heating by an electric stove and one has a fireplace. They are provided with built-in cupboards.

These houses are a great advance on those built immediately after the last War when baths and water closets were not provided.

The water closet in this country is a comparatively recent invention. It was not till the time of Queen Elizabeth that Sir John Harrington designed the first water flushed convenience.

It is fully described in his work on the metamorphosis of Ajax. The great palace of Versailles was built some 100 years later without any sanitary convenience of any sort, and even now the sanitary arrangements in France are deplorable.

Fifty years ago none of the Oxford Colleges possessed a bathroom.

Peterborough Rural District

At Eye a most splendid housing estate has been laid out on the Eyebury Road, with good concrete roads. Each house has a good large living room and leading from it is a smaller room used for meals, and provided with a stove for heating the water for the bath room.

There is a good scullery with a gas heated copper. Outside there is a coal cellar, water closet, and a cycle shed.

Upstairs there is a bathroom and lavatory basin, and in another apartment an indoor water closet.

There are four bedrooms, 3 of which are fair sized and one is small. They are provided with built-in cupboards. One bedroom has a fireplace and the others are provided with connections for heating by electric stoves.

Some 120 of these houses have been built and the four bed roomed houses are let at a rent of 14/- including water rate, but not the electric light.

In addition on the Crowland Road Swedish cottages have been erected.

On entering ~~by~~ a small hall there is on one side a downstairs bedroom with fireplace and built-in cupboard, and on the other side an apartment containing a water closet, hot and cold water bath, and a lavatory basin. There is a good large living room with a built-in cupboard. The kitchen is provided with a cooking stove, and an electric heater. Outside there is a washhouse with an electric copper and a coal place.

Upstairs there are two good bedrooms with fireplaces and built-in cupboards. There is a good airing cupboard.

The rent was said to be 7/6d, and if rates are included, 13/8d.

All the tenants expressed their gratitude for what the Peterborough Rural District Council has done for them.

Dr Hawes informs me that the housing contracts are as follows :-

Northam Road, Eye. Swedish Timber Houses - 20 (12 being bungalow type)

Bowberry Road Eye. 50 houses, viz., 2 bedroom type 8; 3 bedroom type 36; 4 bedroom type 6.

Bowberry Road, Eye - 2nd scheme: 2 bedroom type 6; 3 bedroom type 44; 4 bedroom type 3. Total 53

CHRISTOPHER ROLLESTON