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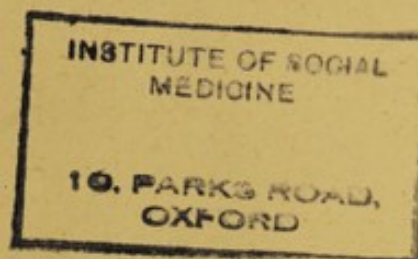
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County of the Soke of Peterborough



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# ANNUAL REPORT

OF THE

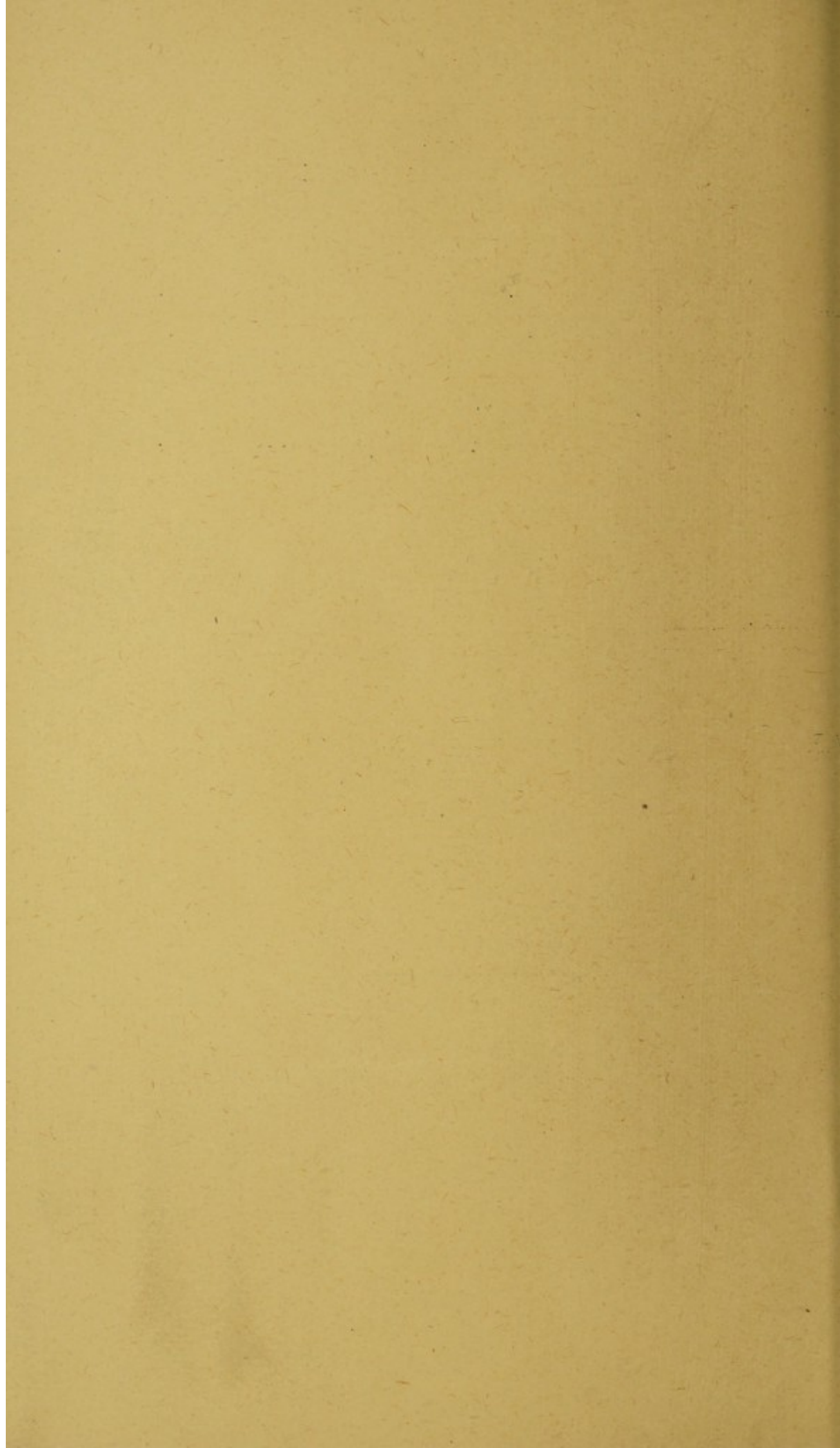
COUNTY MEDICAL OFFICER

FOR THE YEAR

1950

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G. NISBET, M.B., Ch.B.(Ed.), D.P.H., R.C.S.(Ed.)



INSTITUTE OF SOCIAL  
MEDICINE

10, PARKS ROAD,  
OXFORD

County of the Soke of Peterborough

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# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

FOR THE YEAR

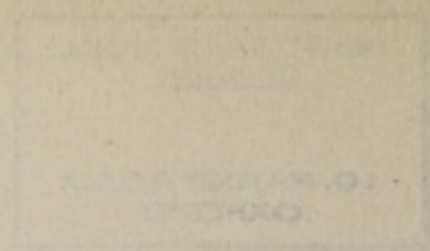
1950

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G. NISBET, M.B., Ch.B.(Ed.), D.P.H., R.C.S.(Ed.)





County of the Soke of Peterborough

# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

FOR THE YEAR

1930

G. NISBET, M.D., Ch.B.(Ed.), D.P.H. (R.C.S.Ed.)

# COUNTY OF THE SOKE OF PETERBOROUGH

## MEMBERS OF THE COUNTY HEALTH COMMITTEE

(As constituted at 31st December, 1950)

---

*Chairman :—*

COUNTY ALDERMAN G. T. VAWSER

---

*Vice-Chairman :—*

COUNTY COUNCILLOR P. ADAMS

---

COUNTY ALDERMAN A. J. NUTT

---

*County Councillors :—*

I. CLEMENT

C. R. HOLDICH

~~M.~~ MITCHELL

MRS. N. M. WINFREY

MRS. E. E. L. SAVAGE

MRS. M. C. COOK

T. A. LOVELL

MRS. A. PHILPOT

C. E. WATKINS

---

*Co-opted Members :—*

DR. J. N. COLLINS

THE HON. MRS. PELHAM

J. N. STATON, L.D.S., R.C.S. (Eng.)

DR. R. M. E. SMITH



## CONTENTS

	<i>page</i>
Preface .....	6
<b>Statistics</b>	
General Statistics .....	8
Extracts from Vital Statistics .....	8
Chief Causes of Death .....	9
Births .....	10
Stillbirths .....	11
Infant Mortality .....	11
Deaths .....	13
<b>General Provision of Health Services in the Area</b>	
Laboratory Facilities .....	17
Ambulance Facilities .....	17
Nursing in the Home .....	21
<b>Clinics and Treatment Centres</b>	
Tuberculosis Dispensary .....	21
Treatment Centre for Venereal Diseases .....	22
<b>Maternity and Child Welfare</b>	
Child Welfare Centres .....	22
Ante-Natal and Post-Natal Clinics .....	23
Health Visiting .....	24
Care of Premature Infants .....	24
Care of Unmarried Mothers .....	25
Ophthalmia Neonatorum, Pemphigus Neonatorum, Puerperal Pyrexia .....	26
Day Nursery .....	26
Nursing Homes .....	27
Midwives .....	28
Administration of Analgesia .....	29
Vaccination and Diphtheria Immunisation .....	29
Dental Treatment .....	30
Domestic Home Help Service .....	30
<b>Health Education</b> .....	31
<b>Mental Health</b> .....	32
<b>Blind Persons Act</b> .....	35
<b>Prevalence of, and Control over, Infectious Diseases</b> .....	36
<b>Tuberculosis</b> .....	37
<b>Venereal Diseases</b> .....	41
<b>Inspection and Supervision of Food</b> .....	44
<b>Sanitary Circumstances</b> .....	46

## HEALTH DEPARTMENT STAFF — 1950

### *County Medical Officer of Health*

GEORGE NISBET, M.B., CH.B.(ED.), D.P.H., R.C.S.(ED.)

<i>Superintendent Nursing Officer</i>	MISS I. SYLVESTER, S.R.N., S.C.M., H.V. Cert.
<i>Health Visitors</i>	MISS M. McPHILLIPS, S.R.N., C.M.B. MISS O. M. HOLLOWAY, S.R.N., S.C.M., H.V. Cert. MISS H. M. CRAFT, S.R.N., S.C.M., H.V. Cert.
<i>Tuberculosis Nurse</i>	MISS E. E. WAGSTAFF, S.R.N.
<i>Home Help Organiser (part-time)</i>	MISS JOAN WARWICK, T.D.
<i>Blind Welfare Visitor and Home Teacher (Peterborough Blind Association)</i>	MISS M. H. P. WHITE, S.R.N.
<i>Lay Administrative Officer and Chief Clerk</i>	J. J. DUNFORD
<i>Duly Authorised Officer</i>	J. A. WARREN

### DISTRICT MEDICAL OFFICERS OF HEALTH AND SANITARY INSPECTORS

<b>District</b>	<b>Medical Officer of Health</b>	<b>Sanitary Inspector</b>
City of Peterborough	DONALD G. CRAWSHAW, M.B., CH.B., M.R.C.S., L.R.C.P., D.C.H., D.P.H.	J. HALL, M.S.I.A., Cert. R. SAN. I., A.M.I.SAN.E.
Peterborough Rural District	W. ANLEY HAWES, M.B., D.P.H. ( <i>part-time appointment</i> )	C. GREEN, M.S.I.A., A.R.SAN.I. D. W. GRIFFITHS, M.S.I.A., A.R.SAN.I. (Assistant).
Barnack Rural District	W. ANLEY HAWES, M.B., D.P.H. ( <i>part-time appointment</i> )	C. GREEN, M.S.I.A., A.R.SAN.I.



## COUNTY OF THE SOKE OF PETERBOROUGH

To: The Chairman and Members of the County Council  
of the Soke of Peterborough.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of the County for the year 1950.

The most striking item in the health statistics is the extremely low infant mortality rate, which, in 1950, reached the all-time record for this area of 20.5 per 1,000 live births, being 9.3 below that of the country as a whole.

The stillbirth rate per 1,000 births was also very satisfactory, being 18.5. The rate per 1,000 of the population was 0.27, compared with 0.37 for England and Wales.

The death rate increased from 11.2 in 1949 to 11.7 in 1950, but I am happy to report that there were no maternal deaths in 1950, and approximately 66% of the total deaths occurred in persons of 65 years or over.

The death rate from pulmonary tuberculosis was only 0.15 per 1,000 of the population (the same as in 1949), compared with a rate of 0.36 for the country as a whole. It is, however, rather disturbing to note a large increase in the number of new cases of respiratory tuberculosis notified. 73 notifications were received in 1950, against 42 last year, and 28 in 1948. This is the highest number of notifications since 1925. This increase in respiratory tuberculosis notifications seems to be fairly general throughout the country. Improved diagnostic facilities, such as mass radiography, may play some part in contributing to the apparent increase in incidence, but it would be unwise to attribute it entirely to such a factor, and if the increase in notifications continues (as it has done in this County in 1951) we may expect an increase in the tuberculosis death rate in a few years time. In any case, we cannot afford to be complacent about the diminishing death rate of the last decade and to regard the tuberculosis battle as won.

Many people are concerned about the tuberculosis service generally since the inception of the National Health Service Act, which has caused a cleavage between Treatment and Care and Prevention. The treatment of tuberculosis is now the responsibility of the Regional Hospital Boards, while the Local Health Authorities are responsible for prevention, care, and after-care, and in Counties where there is not the closest co-operation between the officers of these two authorities (which I believe is the case in some areas, but not in this area), the unfortunate community may suffer, and sources of infection remain undiscovered.

Again, chest physicians are not responsible for the treatment of cases of non-respiratory tuberculosis, such as tuberculous glands, tuberculous peritonitis, spinal disease and so on. These cases are usually treated in hospitals, and it is suspected that many of them are never notified to the



local health authority, who cannot, therefore, investigate the source of infection, e.g. milk supply or an infectious "contact" who has remained undiagnosed. Tuberculosis is essentially a domiciliary problem, and in my opinion (which is shared by many) it is a wrong policy to divorce the treatment from the prevention of tuberculosis.

In common with the country as a whole, another outbreak of infantile paralysis occurred during the late summer and autumn, 17 cases being notified in the County. Seven of these were of the paralytic type, and unfortunately there were two deaths from this disease.

There was a great increase in the number of infectious diseases cases notified (1,618 compared with 637 in 1949). This increase was due to an outbreak of measles during the summer of 1950, as many as 1,361 cases being notified in the County. No cases of diphtheria were notified in 1950, and there was a reduction in notifications of scarlet fever (67 against 146 in 1949).

On the whole the various schemes of this Authority inaugurated under the National Health Service Act have worked smoothly and efficiently. We are still short of trained health visitors, and this has placed extra burdens upon the present staff, especially as the number of sessions at the child welfare clinics in the rural areas has been increased.

There have been no difficulties in regard to the domiciliary midwifery service or the domestic help service.

I should like to put on record the *esprit de corps* and enthusiasm of my staff, who, with a high degree of efficiency, work as a team.

Dr. D. G. Crawshaw, the Assistant County Medical Officer, has rendered me great assistance, and my thanks are due to him, with whom it has been a pleasure to work.

County Alderman G. T. Vawser continues as Chairman of the County Health Committee, and to him and to all members of the committee and sub-committees, I record my thanks for their invaluable assistance and able guidance.

I have the honour to be,

Your obedient servant,

GEORGE NISBET,

County Medical Officer.

County Council Offices,  
Bridge Street,  
Peterborough.

November, 1951.



## STATISTICS AND SOCIAL CONDITIONS

### General Statistics

Area of Administrative County in acres)	53,464
Population (Census 1951)	63,784
Population (Registrar-General's estimate mid-1950)	65,011
Rateable value (1st April, 1951)	£392,669
Estimated Product of a Penny Rate	£1,578

### Population by Districts

	Estimated mid-1950	Census 1951
City of Peterborough	54,700	53,412
Peterborough Rural District	7,374	7,273
Barnack Rural District	2,937	3,099
Administrative County	65,011	63,784

The estimated population for mid-1949 was 63,689, and this compared with the actual population as revealed by the 1951 Census shows a remarkable accuracy. At the last Census in 1931, the population was 51,839; in the last 20 years, therefore, the population of the County has increased by 11,945 or 22%.

### EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1950

Live Births	Males	Females	Total
Legitimate	436	465	901
Illegitimate	44	27	71
Total	480	492	972
Rate per 1,000 civilian population	14.9		
Birth Rate for England and Wales	15.8		

### Stillbirths

Legitimate	12	6	18
Illegitimate	—	—	—
Total	12	6	18
Rate per 1,000 live births	18.5		
Rate per 1,000 of population	0.27		
Rate per 1,000 of population for England and Wales	0.37		

Deaths	Males	Females	Total
	401	363	764
Rate per 1,000 of population	11.7		
Death Rate for England and Wales	11.6		



**Maternal Deaths**

Deaths from Puerperal Sepsis .....	0
Deaths from Other Causes .....	0
Rate per 1,000 total (live and still) births	0

## Rate for England and Wales:

Abortion with sepsis .....	0.09
Other abortion .....	0.05
Complication of pregnancy and delivery .....	0.54
Sepsis of childbirth and the puerperium .....	0.03
Other complications of the puerperium .....	0.15

**Infant Mortality**

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate .....	8	10	18
Illegitimate .....	2	—	2
Total .....	10	10	20

## Rate per 1,000 live births:

Legitimate .....	20.0
Illegitimate .....	28.1
Total .....	20.5

## Infant Mortality Rate for

England and Wales .....	29.8
-------------------------	------

Deaths from Measles (all ages) .....	0
Deaths from Whooping Cough (all ages) .....	0
Deaths from Diarrhoea (under 2 years) .....	1

**Chief Causes of Deaths—1950**

Heart Disease .....	155
Vascular lesions of nervous system .....	115
Cancer .....	121
Coronary disease, angina .....	82
Bronchitis .....	37
Other circulatory diseases .....	25
Accidents (including motor vehicle accidents) .....	27
Pneumonia .....	17
Suicide .....	14

The deaths in age periods are as follows (Registrar-General's figures) :

0 — 1 years .....	20
1 — 5 „ .....	8
5 — 15 „ .....	7
15 — 25 „ .....	7
25 — 45 „ .....	43
45 — 65 „ .....	170
65 — 75 „ .....	195
75 „ and over .....	314

Total	764
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## Births

The total number of live births in the County in 1950 was 972 compared with 1,014 in 1949; 1,073 in 1948, and 1,197 in 1947.

The birth rate has again decreased—from 15.8 in 1949 to 14.9 in 1950. 480 of the 972 children born in 1950 were males and 492 females. 901 were legitimate, and 71 illegitimate, compared with 66 illegitimate births in 1949.

The illegitimacy rate was 73 per 1,000 live births, compared with a rate of 65 in 1949.

The number of live births and the rates in each area of the County were :—

<i>Area</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i>
Peterborough City .....	401	410	811	14.8
Peterborough R.D. ....	56	58	114	15.4
Barnack R.D. ....	23	24	47	16.0
Administrative County .....	480	492	972	14.9

The live birth rate for England and Wales was 15.8; for the 126 County Boroughs and Great Towns 17.6; for the 148 smaller towns (of which Peterborough is one) 17.8; and for London 17.8. Our rates are therefore lower than those of the country as a whole, and the birth rates, both in this County and for England and Wales, were lower in 1950 than in 1949.

In the Soke of Peterborough in 1949 the birth rate was 15.8; for England and Wales 16.7; for the 126 County Boroughs and Great Towns 18.7; for the 148 smaller towns 18.0; and for London 20.1.

The birth rates in each year in the Soke of Peterborough since 1930 are as follows :—

1930 — 15.8;	1940 — 14.2;
1931 — 15.1;	1941 — 14.1;
1932 — 14.1;	1942 — 15.6;
1933 — 13.1;	1943 — 16.5;
1934 — 13.8;	1944 — 20.2;
1935 — 14.1;	1945 — 17.8;
1936 — 15.1;	1946 — 19.5;
1937 — 14.3	1947 — 19.8;
1938 — 15.2;	1948 — 17.2;
1939 — 14.1;	1949 — 15.8;
	1950 — 14.9.

It will be noted that during the last three years the birth rate has fallen, and this has occurred not only in this County, but in the country as a whole. Our birth rate for 1950 is the lowest since 1941.



## Stillbirths

The number of stillbirths in 1950 was 18 (16 in the City and 2 in the Barnack Rural District). The stillbirth rate is therefore 0.27 per 1,000 of the population.

The stillbirth rate for England and Wales in 1950 per 1,000 of the population was 0.37; for the 126 County Boroughs and Great Towns 0.45; for the 148 smaller towns 0.38; and for London 0.36. Our stillbirth rate, therefore, compares favourably with that of the country as a whole.

Twelve of the 18 stillbirths occurred in Hospitals or Maternity Units attached to Hospitals; 1 occurred in a private nursing home, and 5 in domiciliary midwifery practice.

## Infant Mortality

There were 20 deaths only in infants under one year of age in the County of the Soke of Peterborough in 1950, 19 being assigned to the City of Peterborough and 1 to the Barnack Rural District. No deaths occurred among the 114 children born in the Peterborough Rural District.

Of these 20 deaths, 10 occurred in males and 10 in females. Two of the infants who died were illegitimate.

The numbers and rates in each district of the Administrative County per 1,000 births were as follows:—

City of Peterborough	19	Rate	23.4
Peterborough R.D.	0	"	.0
Barnack R.D.	1	"	21.2
Administrative County	20	"	20.5

In England and Wales as a whole the infant mortality rate was 29.8; in the 126 County Boroughs and Great Towns 33.8; in the 148 smaller towns 29.4; and in London 26.3.

Our rate of 20.5 is therefore most satisfactory when compared with the country as a whole, and is the lowest rate ever recorded in the County, the previous lowest rate being last year, when it was 26.6. In 1919 the rate was as high as 93.8.

The following Table shows the infant mortality rates in the Soke of Peterborough since 1920:—

1920 — 62.1;	1930 — 69.5;	1940 — 52.3;
1921 — 70.3;	1931 — 69.9;	1941 — 57.1;
1922 — 66.1;	1932 — 40.6;	1942 — 36.5;
1923 — 44.2;	1933 — 49.4;	1943 — 44.5;
1924 — 60.0;	1934 — 51.4;	1944 — 42.3;
1925 — 63.0;	1935 — 59.2;	1945 — 41.8;
1926 — 49.4;	1936 — 59.2;	1946 — 33.6;
1927 — 60.6;	1937 — 64.0;	1947 — 30.0;
1928 — 48.6;	1938 — 44.9;	1948 — 38.2;
1929 — 57.3;	1939 — 56.9;	1949 — 26.6;
		1950 — 20.5.



I append a Table showing the live birth rates and infant mortality rates in England and Wales for the years 1940—1950, and for comparison similar rates for the Soke of Peterborough :—

England and Wales 1940—1950			Soke of Peterborough	
Year.	<i>Live Births per 1,000 population.</i>	<i>Infant Mortality Rates.</i>	<i>Live Births.</i>	<i>Infant Mortality.</i>
1940	14.5	57	14.2	52
1941	14.1	60	14.1	57
1942	15.6	51	15.6	36
1943	16.2	49	16.5	44
1944	17.5	45	20.2	42
1945	16.1	46	17.8	41
1946	19.2	43	19.5	33
1947	20.6	41	19.8	30
1948	17.9	34	17.2	38
1949	16.7	32	15.8	26
1950	15.8	29	14.9	20

It will be noted that, except for one year (1948), our infant mortality rates have been lower than those for the country as a whole.

Eleven of the 20 infants who died in 1950 succumbed under 4 weeks of age. Four died in under 24 hours, four at the age of one day; one at the age of three days; one at six days, and one at two weeks of age. Therefore, over 50% of the infants died before coming under the care of the maternity and child welfare service.

The causes of death of the 20 infants, as recorded on the death certificates, were as follows :—

Prematurity	5
Meningitis: Spina Bifida	3
Cerebral damage due to birth injuries	3
Acute broncho-pneumonia	2
Congenital morbus cordis	1
Peritonitis; congenital pyloric stenosis	1
Intussusception of small bowel	1
Hæmolytic disease (Rhesus incompatibility)	1
Suprarenal hæmorrhage; Septicæmia: Pneumonia	1
Operative shock and collapse of right lung (operation for teratoma)	1
Gastro-Enteritis	1



There was another infant death this year from teratoma—a complex embryonic tumour (a death from this cause was recorded in 1949). The child, aged four months, was operated on at Leeds General Infirmary for removal of the left lung, but died of operative shock and collapse of the right lung.

I am glad to note that no babies died in 1950 from suffocation caused through turning on their faces in their sleep. It may be remembered that there were three deaths from this cause in 1949, and in my last Report I emphasised particularly the dangers of soft feather pillows. This is a danger I again stress. There was only one death from gastro-enteritis or infantile diarrhoea, while three babies died from meningitis, each having been born with spina bifida.

Eighteen of the 20 infants died in Hospitals or Maternity Units attached to Hospitals, and two died at home, viz: one from bronchopneumonia, and one from gastro-enteritis.

## Deaths

There were 764 deaths in the County in the year 1950 (401 males and 363 females), giving a death rate per 1,000 of the population of 11.7, compared with a rate of 11.2 in 1949; 10.6 in 1948, and 12.1 in 1947. 509 of the deaths occurred in persons of 65 years or over, or approximately 66% of the total deaths.

The death rate for England and Wales in 1950 was 11.6 (11.7 in 1949); for the 126 County Boroughs and Great Towns 12.3 (12.5 in 1949); for the 148 smaller towns 11.6 (11.6 in 1949), and for London 11.8 (12.2 in 1949).

The following Table shows the death rates in the Soke of Peterborough since 1920:—

1920 — 12.6;	1930 — 11.2;	1940 — 13.0;
1921 — 11.0;	1931 — 11.9;	1941 — 11.3;
1922 — 11.0;	1932 — 12.1;	1942 — 11.4;
1923 — 10.4;	1933 — 13.4;	1943 — 12.7;
1924 — 11.3;	1934 — 12.8;	1944 — 11.3;
1925 — 10.9;	1935 — 10.9;	1945 — 11.6;
1926 — 13.0;	1936 — 11.3;	1946 — 11.8;
1927 — 13.0;	1937 — 12.0;	1947 — 12.1;
1928 — 11.7;	1938 — 11.1;	1948 — 10.6;
1929 — 11.2;	1939 — 12.4;	1949 — 11.2;
		1950 — 11.7.

During the last 31 years the highest death rate occurred in 1934 (13.4), and the lowest in the years 1925 and 1935 (10.9).



**Classifying All Deaths According to Age,  
the Main Causes are set out below:—**

<b>Under 1 year</b>				<i>Total Deaths in age groups</i>
Congenital Malformation and birth injuries .....	.....	.....	5	20  (2.7%)
Pneumonia .....	.....	.....	3	
Diarrhoea .....	.....	.....	1	
Malignant disease .....	.....	.....	1	
Other diseases .....	.....	.....	10	
			<hr/> 20	

<b>1 — 5 years</b>				
Congenital Malformation .....	.....	.....	1	8  (1.0%)
Accidents .....	.....	.....	3	
Road traffic accidents .....	.....	.....	1	
Infective diseases .....	.....	.....	2	
Meningococcal infection.....	.....	.....	1	
			<hr/> 8	

<b>5 — 15 years</b>				
Malignant disease .....	.....	.....	2	7  (0.91%)
Motor vehicle accident .....	.....	.....	1	
Other accidents .....	.....	.....	2	
Infective disease .....	.....	.....	1	
Leukæmia .....	.....	.....	1	
			<hr/> 7	

<b>15 — 25 years</b>				
Tuberculosis .....	.....	.....	2	7  (0.91%)
Diabetes .....	.....	.....	1	
Pneumonia .....	.....	.....	1	
Suicide .....	.....	.....	1	
Other diseases .....	.....	.....	2	
			<hr/> 7	

<b>25 — 45 years</b>				
Vascular and Coronary Disease.....	.....	.....	7	43  (5.7%)
Accidents .....	.....	.....	7	
Malignant disease .....	.....	.....	4	
Tuberculosis .....	.....	.....	3	
Acute Poliomyelitis .....	.....	.....	2	
Respiratory Disease .....	.....	.....	2	
Other diseases .....	.....	.....	8	
			<hr/> 33	

*Total Deaths  
in age groups***45 — 65 years**

Malignant disease .....	39	
Coronary disease, angina .....	28	
Heart disease .....	17	
Vascular lesions, nervous system .....	17	170
Suicide .....	10	
Respiratory disease .....	8	(22.2%)
Stomach ulcers and gastritis .....	6	
Accidents .....	5	
Pulmonary tuberculosis .....	3	
Other causes .....	20	
	<hr/> 153	

**65 — 75 years**

Vascular lesions of nervous system .....	43	
Heart disease .....	37	195
Malignant disease .....	33	
Coronary disease, angina .....	30	(25.5%)
Respiratory disease .....	9	
Tuberculosis .....	3	
Other diseases .....	13	
	<hr/> 168	

**75 years and over**

Heart disease .....	100	
Malignant disease .....	42	
Vascular lesions of nervous system .....	51	
Respiratory disease .....	24	314
Coronary disease, angina .....	22	
Other circulatory diseases .....	16	(41.1%)
Hyperplasia of prostate .....	11	
Accidents .....	5	
Other diseases .....	22	
	<hr/> 293	

**Cancer Deaths**

There were 121 deaths from cancer in the Soke of Peterborough during the year 1950—68 males and 53 females—giving a rate of 1.7 per 1,00 of the population, compared with a rate of 1.6 in 1949.



The number of deaths from cancer in each year since 1930 is as follows:—

1930 — 81;	1938 — 95;	1946 — 121;
1931 — 92;	1939 — 86;	1947 — 125;
1932 — 79;	1940 — 93;	1948 — 115;
1933 — 110;	1941 — 96;	1949 — 104;
1934 — 90;	1942 — 113;	1950 — 121.
1935 — 72;	1943 — 122;	
1936 — 79;	1944 — 92;	
1937 — 83;	1945 — 96;	

There has been a slight increase in the number of cancer deaths. It is disturbing to note that there were as many as 14 deaths from cancer of the breast, compared with three only last year.

### General Remarks

I should like to make several observations with regard to the deaths in the Soke of Peterborough in 1950.

It is disappointing to note that there were 15 deaths of young people between the age of 1—15 years, compared with but five in 1949 in these age groups, 7 being due to accidental causes. A child of three years died of streptococcal septicæmia, following a septic finger.

It is also observed that there has been an increase in the number of suicides—14 compared with 9 last year. Five persons killed themselves by coal gas poisoning, viz: males aged 45, 58 and 67 respectively, and females aged 51 and 77 years. Four persons hanged themselves—males aged 17, 50 and 60 years, and a female aged 49 years. Two men aged 52 and 58 years respectively cut their throats, and another man aged 58 put his head on a railway line and was killed by a train. A woman aged 35 and a man aged 47 drowned themselves. Eleven of these deaths occurred in persons under 60 years of age. I feel that in some of these cases death might have been prevented if the victims had been previously brought to notice with a view to their having treatment in a mental hospital.

No person who had reached the age of 100 years died in the County in 1950, but there were 23 deaths in persons between the ages of 90 and 100 years (13 men and 10 women). 66% of the total deaths occurred in persons over the age of 65 years.

There were two deaths from acute poliomyelitis (infantile paralysis) and one from Weil's disease—a rare disease—often carried by rats, the victims often being sewerage workers or others working in damp, rat-infested conditions. Whether bathing in a river, where the rats may be infected, might be a cause, is worthy of consideration.

It is satisfactory to record that there were no deaths due to child-birth, none from diphtheria or whooping cough, and 10 only from pulmonary tuberculosis. There were, rather surprisingly, four deaths from syphilitic disease.



## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

### Laboratory Facilities

Laboratory facilities for the whole area were provided by the Ministry of Health, Public Health Laboratory directed by the Medical Research Council, located at the Peterborough Memorial Hospital (Director Dr. C. C. Gilmour).

The laboratory work in connection with the V.D. Clinic was carried out by Dr. D. H. Fulton at the Peterborough Memorial Hospital (Pathological Department), and that in connection with the Tuberculosis Dispensary was undertaken by Dr. C. C. Gilmour, Director of the Public Health Laboratory.

### Ambulance Facilities

The County Council is responsible under Section 27 of the National Health Service Act, 1946, for arranging the conveyance of sick and injured persons who are unfit to travel by ordinary means of transport, where the necessity arises, inside the Soke of Peterborough, and in certain adjoining areas, e.g. Old Fletton U.D., Norman Cross R.D., Connington Parish (Hunts.) and Crowland District (Holland).

The Headquarters of the County Ambulance Service are at the Fire and Ambulance Station, Dogsthorpe, Peterborough (Telephone: Peterborough 2333, 4629, 4081).

The Service is equipped with the following vehicles:—

#### Ambulances

2 Austin "Welfare" Ambulances

1 Chevrolet (1941) 30 h.p.

1 Talbot (1937) 18 h.p.

One new Daimler Ambulance was delivered on 29.12.50, and one of the "Welfare" Ambulances was converted into a Sitting Case Clinic type ambulance.

(The Talbot Ambulance was transferred to the Police early in 1951).

#### Sitting Case Cars

2 Austin Saloon Cars, 16 h.p.

1 Ford V.8 (1935) 30 h.p.

Two New Austin Hire Cars were ordered in 1950 to replace the Austin Saloon cars. One was delivered on 14.12.50, and the other early in 1951.



The above service is augmented as follows:—

### **Hospital Car Service, Peterborough**

This Service, which is organised by the Women's Voluntary Service, has fifteen private cars available for long runs.

An agreement has been completed between the Hospital Car Service and the County Council, and the financial provisions of this agreement allow 6d. per mile, plus subsistence when incurred.

### **The St. John Ambulance Brigade, Peterborough**

One ambulance is available for long runs if 24 hours' notice is given. The financial arrangements are 1/6 per mile, plus overnight subsistence rates if incurred.

### **The St. John Ambulance Brigade, Stamford**

Two ambulances are continuously available for service in the Barnack Rural District for all stretcher and sitting car cases except infectious and mental patients. Prior notice is required for long runs.

A joint agreement has been concluded between this Organisation and the Kesteven, Northamptonshire, Rutland, and Soke of Peterborough County Councils, which provides for the sharing of the cost involved between the four named authorities.

### **British Red Cross, Stamford**

One light ambulance and six private cars are available through this Organisation for dealing with sitting cases in the Barnack Rural District. The financial arrangements allow for 6d. per mile plus subsistence if incurred.

### **The London Brick Co. Ltd., Old Fletton**

This Company owns an ambulance which is in use for their own employees. In case of difficulties, such as outbreaks of epidemic disease, the Company would be prepared to lend its one ambulance to the Authority free of charge.

### **General**

Arrangements have been made with all adjoining health authorities for mutual assistance in the event of major disasters.

With the exception of major work, all repairs to County Ambulance Service vehicles are carried out by the Fire Brigade mechanic.

The service operates under the supervision of the Chief Fire Officer acting as Ambulance Officer in conjunction with the County Medical Officer.

On November 1st, 1950, the Hospital Area Management Committee appointed an Ambulance Transport Officer to co-operate with the Ambulance Service to secure maximum economy in the use of ambulance vehicles.

### Personnel

The personnel consists of 15 Ambulance Driver/Attendants, who are engaged on a 44 hour week for the day and night manning of the ambulances and cars, but the average hours worked each week are 51.



The following Summary shows the total number of cases conveyed by the County Ambulance Service and Supplementary Services during the period 1st January to 31st December, 1950:—

(1)		(2)	(3)	(4)	(5)	(6)	(7)
		<i>Number of vehicles at 31st Dec., 1950</i>	<i>Total number of journeys during the year</i>	<i>Total number of patients carried during the year</i>	<i>Number of accident and other emergency journeys included in Col. (3) during the year</i>	<i>Total Mileage during the year</i>	<i>Number of paid whole- time drivers and attendants at 31st Dec., 1950</i>
Directly provided service .....	Ambulances	4	2,595	2,883	748	42,895	15
	Cars	3	6,558	7,286	93	75,221	—
Agency service(s) .....	Ambulances	1	50	50	35	769	—
	Cars	—	—	—	—	—	—
Supplementary service(s) .....	Ambulances	—	2	2	—	134	—
	Cars	—	423	531	—	35,570	—

## Nursing in the Home

In the City of Peterborough, home nursing is undertaken by the Florence Sanders Nursing Association, on an agency basis, five whole-time nurses being employed.

In the rural areas of the County, three full-time district nurses are employed by the Local Health Authority. Each nurse is provided with a car, so that the whole rural area is adequately covered by the three nurses, who reside at :—

(a) Barnack	(Nurse Latchford)	—Telephone Bainton 215
(b) Castor	(Nurse Baker)	—Telephone Castor 208
(c) Glinton	(Sister Babb)	—Telephone Glinton 262

When required, the Castor District Nurse assists with the nursing of patients at Walton and Werrington.

The home nursing service is running smoothly, and is able to cope with all demands made upon it.

In the Council's proposals under Section 25 of the National Health Service Act, it was envisaged that an additional district nurse would be required for the Eye and Newborough district, but it has been found that the Glinton District Nurse can cover this area quite adequately.

The following work was carried out by the Home Nursing Service during the year from January 1st to December 31st, 1950 :—

	<i>No. of Home Nurses employed at 31.12.50.</i>	<i>No. of cases attended by Home Nurses.</i>	<i>No. of visits paid by Home Nurses during the year.</i>
Local Health Authority	3	293	5,971
Voluntary Organisations by agreement with the Authority	5	414	13,724
Totals	8	707	19,695

An average of approximately 28 visits were paid to each patient by the Home Nurses, compared with an average of 26 visits last year.

During the year 1949, a total of 19,836 visits were paid to 773 patients.

## CLINICS AND TREATMENT CENTRES

### Tuberculosis Dispensary

There is one Tuberculosis Dispensary (or Chest Clinic, to use the new title) which is situated at 28, Fitzwilliam Street, Peterborough.



The Chief Physician is Dr. G. B. Royce, who is assisted by the After-care Tuberculosis Nurse—Miss Wagstaff, who is an employee of the Local Health Authority and who comes under my direction. She visits patients in their homes, and gives advice on the prevention of infection.

### **Treatment Centre for Venereal Diseases**

The Treatment Centre for Venereal Diseases is also situated at 28, Fitzwilliam Street, the Medical Officer in charge being Dr. N. A. Ross. Clinics are held as follows:—

#### **MALE CLINICS**

Mondays (weekly)	5.30 — 7.30 p.m.
Thursdays „	5.30 — 7.30 p.m.

#### **FEMALE CLINICS**

Wednesdays (weekly)	5.30 — 7.30 p.m.
Fridays „	10.30 a.m.

Full details of the work performed at the Clinic during the year are given in another section of this report.

## **MATERNITY AND CHILD WELFARE**

### **Child Welfare Centres**

There were ten child welfare centres maintained by the Local Health Authority at the end of the year. These were situated as follows:—

- |                               |  |
|-------------------------------|--|
| (1) Town Hall, Peterborough   | (Tuesday mornings and afternoons; Wednesday afternoons).   |
| (2) Mountstevens Ave., Walton | (Monday and Thursday afternoons).                          |
| (3) Barnack                   | (First Wednesday and third Thursday afternoons monthly).   |
| (4) Castor                    | (Second and Fourth Tuesday afternoons monthly).            |
| (5) Eye                       | (First and Third Tuesday afternoons monthly).              |
| (6) Glinton                   | (First Thursday and Third Wednesday afternoons monthly).   |
| (7) Helpston                  | (Second Thursday and Fourth Wednesday afternoons monthly). |
| (8) Maxey                     | (Fourth Thursday afternoon each month).                    |
| (9) Newborough                | (Second and Fourth Tuesday afternoons each month).         |
| (10) Wittering                | (First and Third Tuesday afternoons each month).           |



Early in 1951 a new centre was opened at Dogsthorpe/Newark County School, and clinics are held there on Monday and Friday afternoons each week. This centre serves the new housing estate at Dogsthorpe.

The maternity and child welfare service has run smoothly and efficiently during the year, in spite of difficulties due to shortage of trained staff. The work has been extended in the villages, and at all the rural centres (with the exception of Maxey) two clinics are now held monthly instead of one.

My thanks are due to the Superintendent Nursing Officer (Miss Ida Sylvester, S.R.N., S.C.M., H.V. Cert.), and her staff for the smooth running of this service.

I append statistical details of the work performed at the child welfare centres during the year 1950:—

	1950	(1949)
Number of Centres provided at the end of the year .....	10	(11)
Number of Infant Welfare Sessions held per month at the Centres .....	39	(33)
Number of children who attended Centres during the year .....	1328	(1355)
Number of children who first attended the centres during the year, and who on the date of their first attendance were:—		
Under one year of age .....	490	(550)
Over one year of age .....	80	(149)
Number of children in attendance at the end of the year who were then:—		
Under one year of age .....	509	(486)
Over one year of age .....	819	(869)
Total number of attendances made by children during the year:—		
Under one year of age .....	8401	(6854)
Over one year of age .....	2695	(1907)

### Ante-Natal and Post-Natal Clinics

Ante-Natal clinics are held at "The Gables" Maternity Hospital for patients who have booked for admission to the Maternity Units of the Regional Hospital Board. A large number of women are attended ante-natally by their own doctors. Therefore no doctor's ante-natal clinic is held under the auspices of the Local Health Authority. A midwife's ante-natal clinic is, however, held at the Town Hall on three afternoons a week for patients who have booked a domiciliary midwife for their confinement.

During the year 184 women attended these clinics, and the total number of attendances was 861.



## Health Visiting

Great difficulty has been experienced in getting trained health visitors. In spite of much advertising, both for student and fully trained health visitors, only one satisfactory application was received. To add to the difficulties, one of the health visitors was off duty owing to illness from September, and her services have since been terminated.

A student health visitor was appointed at the end of the year and took up her duties on January 1st, 1951.

The qualified health visitor who was appointed in 1950 met with an accident before commencing duties, and in spite of many letters and much patience on the part of the Local Health Authority, she never reported for duty or gave any explanation for not keeping her appointment.

At the end of the year three additional health visitors were required to make up the establishment.

The number of visits paid by the Council's Health visitors during the period January 1st to December 31st, 1950, is as follows:—

To expectant mothers—	1950	(1949)
First visits	135	(38)
Total visits	229	(188)
To children under one year of age—		
First visits	1267	(1175)
Total visits	3101	(3336)
To children between the ages of 1—5 years—		
First visits	—	(30)
Total visits	3056	(3012)
To other cases—		
First visits	60	(27)
Total visits	185	(179)

The total number of visits paid by health visitors during the year was, therefore, 6,571, compared with 6,715 in 1949.

It will be seen that in spite of inadequacy of health visiting staff, all newly born babies are visited, as many as 1,267 first visits being paid to children under one year of age. This is highly satisfactory and the keenness of my staff is much appreciated by me.

## Care of Premature Infants

Babies weighing 5½ lbs. or less at birth, irrespective of the period of gestation, are classified as premature, and arrangements are made for this information to be supplied by doctors and midwives when notifying the birth of a child.



The number of premature infants notified during the year (including transferred notifications) whose mothers normally reside in the Authority's area, was :—

(i)	born at home	.....	.....	.....	.....	9
(ii)	born in hospital or nursing home	.....	.....	.....	.....	36

Four of the babies born at home were transferred to hospital. Two of these weighed under 3lbs., and two weighed 4—5½lbs. All the infants survived for 28 days.

A specially equipped premature baby cot is provided by the Local Health Authority. It is held at the Ambulance Service Headquarters and is taken from there to any address where it may be required.

### Care of Unmarried Mothers

During the year a Moral Welfare Worker (Miss A. M. Fyfe) was appointed in Peterborough by the Peterborough Diocesan Moral Welfare Association. She has worked in close liaison with my department, and we have been able to give much mutual assistance.

Applications were made during the year for the admission of four unmarried mothers to homes at the expense of the Local Health Authority. Three of these expectant mothers were admitted to St. Saviour's Home, Northampton (where the mother normally stays for a minimum period of four months), and one was admitted to a Home at King's Lynn.

Special visits are made by the health visitors to all unmarried mothers and their children. The Children's Officer advises and assists in securing the adoption of illegitimate children into suitable homes where necessary.

I append a Table showing the number of total births, number of illegitimate births, and the illegitimate birth rates per 1,000 total births in each year since 1940 :—

<i>Year.</i>	<i>Total Births.</i>	<i>Illegitimate Births.</i>	<i>Illegitimate Birth Rates.</i>
1940	803	37	0.46
1941	836	52	0.62
1942	904	54	0.59
1943	945	94	0.99
1944	1157	124	1.0
1945	1027	140	1.3
1946	1159	133	1.1
1947	1197	79	0.65
1948	1073	79	0.73
1949	1014	66	0.65
1950	972	71	0.73

It will be observed that the highest percentage of illegitimate births occurred during the years 1943—46. It has remained fairly stable during the last four years.



### Ophthalmia Neonatorum, Pemphigus Neonatorum, Puerperal Pyrexia

No cases of ophthalmia neonatorum or pemphigus neonatorum were notified during the year.

Seven cases of puerperal pyrexia were notified—compared with one in 1949. All except one occurred in institutional confinements (Maternity Units), and facilities were available for all necessary treatment.

There were no deaths from puerperal pyrexia during the year.

### Day Nursery

One Day Nursery (situated in Granville Street, Peterborough) is maintained by the Local Health Authority.

The number of approved places are:—

Children aged 0—2 years	.....	15
Children aged 2—5 years	.....	30
Total	.....	45

The number of children on the Register at the end of the year was:—

Children aged 0—2 years	.....	15
Children aged 2—5 years	.....	30
Total	.....	45

The average daily attendance during the year was:—

Children aged 0—2 years	.....	12
Children aged 2—5 years	.....	23
Total	.....	35

Normally all the approved places are filled, and there is a waiting list for admission, but no undue delay has prevented a mother from taking up work.

During the year there was much criticism, both locally and nationally, of the whole idea of day nurseries, it being maintained (with, of course, much truth) that it would be financially cheaper to pay a mother £2 or £3 a week to stay at home to look after her child. But the matter is not so simple as that, and there is no doubt that day nurseries do fulfil a social need, by providing during the day care of illegitimate children and of children whose mothers have to go out to work (e.g. those separated from their husbands) who might otherwise have to be adopted or sent to a Home. By placing her child in a day nursery the mother is enabled to earn her own living, and she can still provide a certain home life for her infant.

In the Soke of Peterborough the cost per annum per child in average daily attendance at the day nursery during the year ended March 31st, 1951, was £94 13s. 0d., which is much cheaper than that of some other authorities, details of which are given on following page:—



## COUNTY BOROUGHES

*Cost per Annum per Child in  
Average Daily Attendance.*

	£	s.
Blackburn	241	9
Coventry	152	8
Derby	215	11
Kingston-upon-Hull	220	6
Leeds	166	15
Plymouth	179	9
Rotherham	229	18
Stockport	192	1
Wigan	136	0
York	181	17
Wolverhampton	158	5

## COUNTY COUNCILS

*Cost per Annum per Child in  
Average Daily Attendance.*

	£	s.
Bedford	139	14
Derby	128	9
Essex	167	12
Kent	138	18
Leicester	94	17
Lincoln, Holland Kesteven	133	18
Lindsey	56	11
Nottingham	108	19
Somerset	146	7
Warwick	125	12
Soke of Peterborough	117	15
	94	13

**Nursing Homes**

The arrangements for the registration of nursing homes (as required under Sections 187 to 194 of the Public Health Act, 1936) continue.

The homes are normally inspected by the County Medical Officer at quarterly intervals.

During the year, the Licence for one of the nursing homes was revoked by the Local Health Authority, following the conviction in the Police Court of the Proprietress for ill treatment of a patient.

On December 31st, 1950, there were three registered nursing homes in the County (two in the City and one at Eye). The small nursing home at Eye provides accommodation for three maternity cases. The other two homes provide accommodation for 24 chronic long-term cases. The proprietress of one of these homes (which provided accommodation for 10 chronic cases) died in tragic circumstances (following burns received while handling a sterilizer) at the end of the year, and early in 1951 this Home was registered by the Local Health Authority under Section 37 of the National Assistance Act as a home for old persons.



## Midwives

The County Council is the Local Supervising Authority for the whole of the administrative area.

Notifications were received from 24 midwives of their intention to practise in the area during the year 1950, although one of them did not, in fact, practise.

At the end of the year, 16 midwives were practising in the area of the Local Supervising Authority. Five were domiciliary midwives employed by the Local Health Authority, ten were employed by the Hospital Management Committee under the National Health Service Act and were engaged in institutional practice, and one was engaged in private practice (private nursing home).

### Number of Maternity Cases in the Area of the Local Supervising Authority attended by Midwives during the year ended 31st Dec., 1950.

	<i>Domiciliary Cases.</i>	<i>Cases in Institutions.</i>	<i>Total.</i>
(a) Midwives employed by the Authority			
(i) as midwives .....	147	—	147
(ii) as maternity nurses .....	116	—	116
(b) Midwives employed by Hospital Management Committee			
(i) as midwives .....		938	938
(ii) as maternity nurses .....		79	79
(c) Midwives in Private Practice			
(i) as midwives .....		16	16
(ii) as maternity nurses .....		3	3
<i>Totals—</i>			
(i) as midwives .....	147	954	1101
(ii) as maternity nurses .....	116	82	198

It will be noted that the County Council midwives attended 147 midwifery and 116 maternity cases—a total of 263, compared with 335 cases attended in 1949 and 305 in 1948. This represents 26.6 per cent of the total live and stillbirths in the County in 1950, compared with 32.1 per cent in 1949 and 27.7 per cent in 1948.

Midwives in Institutions attended 938 midwifery and 79 maternity cases—a total of 1,017, compared with 815 cases attended in 1949. A considerable number of the mothers admitted to Institutions (Maternity Units) came from places outside the area of the Soke of Peterborough (chiefly Huntingdonshire and Isle of Ely).



## Administration of Analgesia

The number of midwives in the area on December 31st, 1950, qualified to administer analgesia in accordance with the requirements of the Central Midwives Board were:—

(i)	Domiciliary	5
(ii)	In Institutions	10
	Total	15

The number of mothers to whom analgesia was administered by the County Council midwives during the year was:—

(i)	When acting as a midwife	121
(ii)	When acting as a maternity nurse	96
	Total	217

Therefore, 82% of the mothers attended by the County Council midwives received gas and air analgesia—the same percentage as in 1949. In 1947, only 10% of the mothers received gas and air analgesia.

Most of the mothers who are confined in Maternity Units receive gas and air analgesia. At one time, there was some prejudice among mothers against this form of analgesia in childbirth, but this has now been overcome and is welcomed by the majority of women.

Six sets of apparatus for the administration of gas and air are owned by the Local Health Authority, and these are serviced at regular intervals by the mechanics of the British Oxygen Company.

## Vaccination and Diphtheria Immunisation

In this County, vaccination and immunisation is carried out by general practitioners, and fees for completed record cards are paid by the County Council.

Every effort is made by persuasion and propaganda to get children vaccinated and immunised. Health visitors impress upon parents the importance of this, and if unimmunised children are discovered at school medical inspections, the parents are persuaded to get this done, or, if they are "anti-immunisers," it is suggested to the parents that, if their children get sore throats, they should take them to a doctor at once, as it may be the first signs of diphtheria. After the family doctor has been called in to see a child with a sore throat, his persuasive powers can generally be depended upon to add to those of the school medical officer!

In addition, propaganda literature is sent from the County Health Office, and is also available for distribution at the child welfare clinics.



The number of children at 31st December, 1950, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1936), was as follows:—

	<i>Age Periods</i>							<i>Total</i>
	<i>Under 1</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5—9</i>	<i>10—14</i>	
Number Immunised	23	380	598	565	591	2,923	2,830	7,910
Estimated mid-year child population 1950 .....				<i>Children under 5 years.</i> 5,413		<i>Children 5—14 years.</i> 8,327		

Of the children under the age of five years, 39.9% had been immunised at the end of the year 1950, compared with 40.2% at the end of 1949; 37.4% at the end of 1948, and 36.1% at the end of 1947.

69.0% of the children between the ages of 5—14 years had been immunised, compared with 71.3% in 1949; 71.7% in 1948, and 65.5% at the end of 1947.

The total percentage of children under 15 years of age immunised at the end of 1950 was 57.5%, compared with 59.0% at the end of 1949; 57.8% in 1948, and 54.7% at the end of 1947.

It is noted that the estimated mid-year child population (according to the Registrar-General) has increased by 205, viz: from 13,545 to 13,740 in 1950.

I am glad to report that for the second year in succession no cases of diphtheria were notified in the County.

### **Dental Treatment**

The County Council is not responsible for the school medical service, and, therefore, employs no Dental Officer.

A full-time Dental Officer is, however, employed by the Peterborough Joint Education Board, which is an independent Authority. This Officer does not undertake dental work for expectant or nursing mothers, but treated 19 pre-school children during the year 1950, who made 22 visits.

### **Domestic Home Help Service**

This service has continued to run smoothly and efficiently under the direction of a part-time Home Help Organiser (working 20 hours a week).

The service is much appreciated by those who are assisted. During the year, a domestic home help was provided for 204 individual cases, viz: 35 maternity, 2 tuberculosis, and 167 other cases, compared with 123 individuals assisted in 1949.



Four whole-time and 17 part-time helps were employed at December 31st, 1950.

The rate of pay of the workers is 1/9d. per hour, the 'bus fares being paid from the Public Health Department to the household. The maximum charged to the users of the service is 2/- per hour. During the 13 weeks from 25th November to 23rd February, 1951, the gross cost of the service per hour was 2/1½d. and the total cost to the rates during this period was £238, the number of individual cases assisted during the Quarter being 116, which means that each patient for whom home help was provided was subsidized by the average sum of approximately £2.

Generally speaking, we have been able to cope with most demands. The chief difficulty has been that in the summer and autumn months women tend to leave the service to earn higher wages on the land, e.g. fruit picking, pea pulling, etc.

Obviously, great care has to be taken in the selection of women for this work, and only those of the highest integrity and honesty are employed. As an example: one very clean, attractive, and apparently eminently suitable young woman applied for a post as a home help. With tears in her eyes, she told a pathetic story of having been deserted by her brutal husband, and said she was living with a maiden aunt just outside the City. She assured the Home Help Organiser that she was thoroughly domesticated and could be relied upon not to let the service down. The Organiser, being at that time hard pressed, promised her work almost immediately, but wisely said that she would have to take up references (merely as a formality).

The lady never turned up again, but a week later her former employers called to see if we knew her address as she had stolen various articles from them and (if their story was correct) far from living with a respectable aunt, she was living with a very disreputable old gentleman!

## HEALTH EDUCATION

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During the year, the County Medical Officer and other members of the Public Health staff have given talks and lectures on various health topics to social, religious and political organisations in the area. The County Medical Officer also took part in a well attended "Town Forum" when much interest was shown in health matters.

A Health Exhibit Stand (loaned by the Central Council for Health Education) was displayed in the Child Welfare Centre, Town Hall, Peterborough. Leaflets dealing with health matters are available free of charge. Leaflets are also sent out by post from the County Health Office to the mothers of all babies whose births are notified, dealing with infant feeding, vaccination and diphtheria immunisation.



## MENTAL HEALTH

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The Ministry of Health (Circular 2/50) requires information as to the Mental Health Service on the following lines:—

### 1. Administration

#### (a) **Constitution and Meetings of Mental Health Sub-Committee**

The Mental Health Sub-Committee meets on the third Tuesday of each month, and during 1950 it was constituted as follows:—

Chairman—County Councillor Mrs. A. Philpot.

Members—County Aldermen Sir Arthur Craig; G. T. Vawser.

County Councillors—C. R. Holdich, Mrs. N. M. Winfrey.

Co-opted Members—Mrs. M. Pailing and Dr. J. N. Collins.

#### (b) **Staff**

The County Medical Officer is Medical Adviser to the Mental Health Committee.

One Duly Authorised Officer and one Deputy Duly Authorised Officer are employed by the Local Health Authority.

#### (c) **Co-ordination with Regional Hospital Boards, etc.**

Close co-operation is maintained with the Regional Hospital Board and Hospital Management Committee and good liaison between the Hospital staffs and staff of the Local Health Authority.

There is still a great number of mentally defective patients awaiting admission to Institutions in the East Anglian Regional Hospital Board area, consequently great delay and difficulty is experienced in obtaining vacancies for these cases.

#### (d) **Delegation of Duties**

No duties under the mental health services are delegated to voluntary associations.

#### (e) **Training of Mental Health Workers**

The Duly Authorised Officer attended a Residential Course for Social Workers in Mental Health arranged by the University of Sheffield.

No other arrangements have been initiated for the training of mental health workers.



## 2. Account of Work undertaken in the Community

### (a) Prevention, Care and After-Care

The Duly Authorised Officer visits all patients under Statutory Supervision and Guardianship at regular intervals. He also supervises patients on licence or trial from mental hospitals and institutions for mental defectives. The County Medical Officer is kept in close touch with all cases under Statutory Supervision, and these patients are examined by him periodically.

### (b) Lunacy and Mental Treatment Acts

The closest liaison is maintained between the medical staff of the mental hospital and the Local Health Authority Officers. These Officers assist, whenever necessary, in arranging the provision of transport for persons seeking voluntary treatment and with the admission of temporary patients. It has been the policy to assist medical practitioners and the public in every aspect of the mental health service, whether they have a statutory responsibility or not for the action required. In this way, admission of patients for voluntary treatment is much encouraged and the medical practitioners look to the officers for guidance and advice as to the best method of dealing with patients.

Whenever necessary, the Duly Authorised Officer assists persons discharged from mental hospitals to obtain suitable employment through the medium of the Ministry of Labour, with whom there is the closest understanding.

The number of patients in mental hospitals under the Lunacy Acts on December 31st, 1950, was as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Bracebridge Heath Hospital .....	16	27	43
Cambridge (Fulbourn Hospital) .....	—	1	1
Derby Borough (Kingsway Hospital) .....	3	9	12
Leicester City (The Towers Hospital) .....	5	13	18
Leicester County (Carlton Hayes Hospital) .....	1	2	3
Leavesden .....	1	—	1
Northants. County .....	—	2	2
Nottingham City (Mapperley Hospital) .....	1	1	2
Rauceby .....	47	34	81
Storthes Hall .....	—	1	1
St. John's Close, Peterborough .....	1	—	1
Upton Mental Hospital, Chester .....	—	1	1
<b>Totals .....</b>	<b>75</b>	<b>91</b>	<b>166</b>



(c) **Mental Deficiency Acts, 1913—1938**

On December 31st, 1950, the following mental defectives were in Institutions, on Licence, under Guardianship, and under Statutory Supervision:—

**In Institutions**

	<i>Males</i>	<i>Females</i>	<i>Total</i>
St. John's Close, Peterborough .....	19	18	37
Stoke Park Colony, Bristol .....	8	7	15
Whittington Hall, Chesterfield .....	—	4	4
St. Francis School, Buntingford .....	3	—	3
Little Plumstead Hall, Norwich .....	4	3	7
Heckington Institution, Nr. Norwich .....	—	1	1
Riversfield Home, St. Neots .....	—	1	1
Risbridge Home, Haverhill .....	1	—	1
Rampton State Institution .....	2	2	4
<b>Total</b> .....	37	36	73

<b>On Licence</b> .....	5	4	9
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<b>Under Guardianship:</b> At Home .....	3	1	4
Not at Home.....	—	1	1

<b>Under Statutory Supervision</b> .....	36	36	72
--	----	----	----

<b>Cases awaiting vacancies in Institutions</b> .....	5	1	6
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<b>New Cases ascertained during the year</b> .....	4	5	9
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**Training**

By arrangement with the East Anglian Regional Hospital Board, training classes were held at St. John's Close, Peterborough, by the Home Teacher for the Blind, but these classes discontinued on June 30th, 1950.

The Local Health Authority have now opened an Occupation Centre at Room 38, Town Hall, Peterborough, and mental defectives attend at such Centre on Wednesday and Friday each week for training under the tuition of Mrs. Cheney, a certified teacher.

**3. Ambulance Services**

The Ambulance Service is available to convey patients to Mental Hospitals or to Institutions for mental defectives, and no difficulties have arisen in this connection.

By arrangement with the Peterborough Area Hospital Management Committee, trained nurses are available from the local General Hospital to accompany patients when necessary.



## BLIND PERSONS ACT

The welfare of the blind in the County of the Soke of Peterborough is undertaken by the Peterborough Association for the Blind, acting as agents of the County Council.

The Executive Committee consists of 16 members, 9 of whom are appointed by the County Health Committee and 7 by the Peterborough Blind Association.

This Committee, upon which the County Medical Officer serves, is responsible for the provision of welfare services to the blind. There is, in addition, a Social Committee, with representatives from many voluntary organisations in Peterborough, which deals with services to the blind which are outside the scope of the County Council.

The Ophthalmic Surgeon to the Peterborough Blind Association is Dr. J. Hurndall Gann, M.R.C.S., and the Secretary and Blind Teacher is Miss M. H. P. White, S.R.N.

### Registration

There were 122 cases on the register of blind persons in the Soke of Peterborough on March 31st 1951, viz :—

<i>Age Group.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
3 years	1	—	1
4 years	—	1	1
5—10	1	1	2
11—15	1	1	2
16—20	1	—	1
21—30	1	3	4
31—39	2	1	3
40—49	3	1	4
50—59	8	3	11
60—64	10	1	11
65—69	—	10	10
75 & over	33	39	72
Totals	61	61	122

Twenty-five new cases were registered during the year, 14 men and 11 women. Two women came into Peterborough from other areas and one woman and one man were transferred. One case was de-certified after medical treatment. There were 15 blind people at St. John's Close and two women at another residential Home in Peterborough.

Nineteen of the blind cases have other handicaps either physical or mental.

One thousand, nine hundred and thirty-two visits were paid during the year to blind persons, compared with 2,038 in the previous year.



## Prevention of Blindness

Nine new cases have been added to the Observation Register in the course of the year. No case is entered on this register unless, in the opinion of the examining surgeon, he or she is likely to become blind within four years from the date of the examination. These cases are visited at intervals by the Secretary and are re-examined by the Ophthalmic Surgeon when it appears necessary.

## Welfare Work

Thirty-seven blind persons have wireless sets supplied by the "British Wireless for the Blind Fund," and these sets are maintained by the Peterborough Association for the Blind through a voluntary fund.

A Social Club was opened on April 28th, 1950, and has now a large membership of blind people and their guides, who meet at the St. John Ambulance Hut in Cowgate, which is lent to the Association for the use of the Club.

The Harp Orchestra has made great strides, and has accepted several invitations to play before sighted audiences.

A Garden Party followed by a concert was held in the summer, and a Christmas Party given by the Welfare Committee was held in the Haig Hall.

## PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES

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One thousand, six hundred and eighteen cases of infectious disease were notified to the District Medical Officers of Health during 1950, compared with 637 in 1949; 898 in 1948, and 1,047 in 1947. The large increase in notifications is accounted for by an outbreak of measles during the summer of 1950—a total of 1,361 cases being notified, compared with 303 only in 1949.

There was a reduction in the number of cases of scarlet fever (67 against 146 last year) and of whooping cough (114 against 133). Seventeen cases of poliomyelitis were notified in the County during the year, but 10 of these were of the non-paralytic type.

It is satisfactory to report that no cases of diphtheria, cerebro-spinal fever, or typhoid fever occurred in the County in 1950. One case of dysentery was notified in the City of Peterborough. One case of food poisoning also occurred in the City area.



The following Table shows the number of cases of each disease notified from the various districts of the County:—

<i>Diseases.</i>	<i>Peterboro'</i> <i>M.B.</i>	<i>Peterboro'</i> <i>R.D.</i>	<i>Barnack</i> <i>R.D.</i>	<i>Total</i>
Scarlet Fever .....	58	7	2	67
Whooping Cough .....	88	14	12	114
Measles .....	1120	143	98	1361
Poliomyelitis: Paralytic .....	5	1	1	7
Non-Para: .....	9	1	—	10
Pneumonia .....	32	1	10	43
Dysentery .....	1	—	—	1
Erysipelas .....	6	—	—	6
Puerperal Pyrexia .....	5	—	2	7
Ophthalmia Neonatorum .....	2	—	—	2
<b>Totals .....</b>	<b>1326</b>	<b>167</b>	<b>125</b>	<b>1618</b>

### Vaccination

From January 1st to December 31st, 1950, record cards were received from general practitioners of the following children vaccinated:—

Primary	366	} Total
Re-vaccination	127	
		493

In 1949, a total of 300 children were vaccinated, so that there was a considerable increase (nearly 200) in the number of children vaccinated in 1950. The number of children vaccinated is, however, still disappointingly small, but the tendency throughout the country has been for less infant vaccinations since this is not now compulsory.

### TUBERCULOSIS

The East Anglian Regional Hospital Board is now responsible for all clinical work in respect of tuberculosis, but close personal contact is maintained between the Chest Physician appointed by the Regional Hospital Board and the County Medical Officer.

The care and after-care in the home still remains the duty of the Local Health Authority, the County Medical Officer being the responsible official. These duties are carried out by an After-Care Tuberculosis Nurse, working under my direction.

### Notifications

Seventy-seven new cases of tuberculosis were notified in the County in the year 1950, which is a considerable increase in the numbers notified in recent years. Seventy-three of the cases were of pulmonary tuberculosis, which is the highest number of notifications since 1923,



although in the years 1924 and 1925 a similar number were notified (73). In addition, 8 other cases of pulmonary tuberculosis came to the knowledge of the County Medical Officer otherwise than by formal notification. This gives an incidence of notifications per 1,000 of the population of 1.2, compared with an incidence of 0.65 in 1949.

The following Table shows the age groups and sexes of the new cases notified in 1950:—

<i>Age Period.</i>	<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0 — 1	—	1	—	—	—	1
1 — 2	—	2	—	—	—	2
2 — 5	—	1	1	—	1	1
5 — 10	1	—	—	—	1	—
10 — 15	1	1	1	—	2	1
15 — 20	7	6	1	—	8	6
20 — 25	4	5	—	—	4	5
25 — 35	16	10	1	—	17	10
35 — 45	2	3	—	—	2	3
45 — 55	5	—	—	—	5	—
55 — 65	6	—	—	—	6	—
65 — 75	2	—	—	—	2	—
Totals	44	29	4	—	48	29

New Cases of Tuberculosis coming to the knowledge of the County Medical Officer otherwise than by formal notification:—

	<i>Respiratory.</i>	
	<i>M.</i>	<i>F.</i>
Death Returns from Local Registrars .....	—	1
Death Returns from Registrar-General (Transferable Deaths) .....	1	—
"Transfers" from Other Areas .....	3	3
Total .....	4	4

The number of cases remaining on the Notification Register at December 31st, 1950, was **257**, viz: 234 cases of pulmonary tuberculosis (127 males and 107 females) and 23 cases of non-respiratory disease (14 males and 9 females).

## Deaths

There were ten deaths from pulmonary tuberculosis in the County in 1950 (7 men and 3 women)—the same number as last year. This gives a death rate of 0.15 per 1,000 of the population, compared with 0.15 in 1949; 0.30 in 1948, and 0.24 in 1947. The death rate for England and Wales in 1950 was 0.36, so that our rate, compared with that of the country as a whole, is very satisfactory, and is low in comparison with the number of new cases notified.



Although the mortality from tuberculosis has been declining steadily for the last hundred years, it still accounts for some 22,000 deaths a year in England and Wales alone, and in the age group 15—25 years tuberculosis is responsible for one half of the total deaths from all causes, although in the Soke of Peterborough in 1950 six of the ten deaths occurred in persons over 45 years of age.

The number of notifications and deaths in the County since 1920 are as follows:—

<i>Year.</i>	<i>Notifications of Pulmonary Tuberculosis.</i>						<i>Deaths.</i>
1920	.....	.....	.....	.....	.....	.....	26
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
1947	.....	.....	.....	.....	.....	.....	15
1948	.....	.....	.....	.....	.....	.....	19
1949	.....	.....	.....	.....	.....	.....	10
1950	.....	.....	.....	.....	.....	.....	10

It will be noted that the total number of deaths during the last ten years was 169, whereas the total during the previous ten-year period was 206.

### **Non-Pulmonary Tuberculosis**

There were two deaths from non-pulmonary tuberculosis in 1950—one male and one female. The male was a man of 75 years who died of Lupus (tuberculosis of the skin), and the female a young woman aged 23 who died of tuberculous meningitis while undergoing treatment at a Sanatorium for pulmonary tuberculosis.



Four cases of non-respiratory tuberculosis only were notified during the year—all in males. One was a case of tuberculosis of the genito-urinary tract occurring in a naval seaman, notified by the Naval Authorities, the second was a boy aged 11 years suffering from spinal tuberculosis, the third was a case of tuberculous glands of the neck in an Air Force Cadet, and the fourth was another case of spinal disease in a boy of 4 years.

There has been a very significant drop in the incidence of non-pulmonary tuberculosis notified during the last two years, but whether this is due entirely to there being less non-respiratory disease or whether cases are not being notified is a moot point. It is noteworthy that only one case of tuberculosis of the glands of the neck has been notified during the last two years, whereas it was once usual to have ten or more of these cases notified annually. Non-pulmonary tuberculosis does not appear to be within the province of the Chest Physician, who has taken charge of the Tuberculosis Dispensary.

### Residential Accommodation

All admissions to Sanatoria are now arranged by the East Anglian Regional Hospital Board.

So far as this area is concerned, we are in a particularly fortunate position, in that in East Anglia there are a number of large and well equipped Sanatoria, so that patients are usually admitted within a few weeks of their names being submitted to the Regional Hospital Board "Bed-finding" Bureau. This does not apply to the country as a whole, and in many places there are long lists of patients awaiting admission to Sanatoria.

During the year, a total of 69 patients from the Soke of Peterborough were admitted to Sanatoria, viz: 39 men, 26 women, and 4 children, compared with a total of 49 in 1949.

At the end of the year, 50 patients from this County were accommodated in the following Institutions:—

<i>Sanatorium.</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>
Kelling Sanatorium, Holt	14	—	—
Papworth Hall, Cambridge	3	5	—
Nayland Sanatorium, Colchester	—	13	—
Children's Sanatorium, Holt	—	—	1
Fletcher Convalescent Home, Cromer	—	—	1
Preston Hall, Maidstone	1	—	—
Manfield Orthopædic Hospital, Northampton	2	—	1
John Greenwood Shipman Convalescent Home	—	—	2
Bourne Isolation Hospital	2	—	—
Creton Sanatorium	—	1	—
Norwich Isolation Hospital	1	—	—
No. 4 Polish Hospital, Whitchurch	1	—	—
East Dereham Isolation Hospital	2	—	—
Totals	26	19	5



Two patients only were awaiting admission to Sanatoria at the end of the year, and it is unusual to have more than two or three waiting at any one time.

### **After-Care**

The After-Care Tuberculosis Nurse—Miss Wagstaff—visits tuberculous patients in their own homes for the purpose of home nursing and prevention of disease. She also persuades contacts of definite cases of tuberculosis to go to the Chest Clinic for examination, carries out testing for skin reactions, etc.

The Local Health Authority provides cod liver oil, malt, sputum flasks, disinfectant, thermometers and certain nursing requisites (on loan) such as air rings, blankets, bed pans, etc. Open-air shelters are also available for use of patients where necessary. Those not in use are erected in the paddock at St. John's Close, where they are used as "summer houses" by the inmates and are kept in a good state of repair.

My thanks are due to Miss Wagstaff for the interest she takes in her patients, to whom it is now possible to give more individual care. In addition to nursing and after-care work she assists the Chest Physician at the Chest Clinic.

### **Public Health (Prevention of Tuberculosis) Regulations**

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from pulmonary tuberculosis employed in the milk trade), or under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to hospital of persons suffering from tuberculosis).

## **VENEREAL DISEASES**

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There is one Venereal Diseases Clinic in the area of the Soke of Peterborough, which is situated at 28, Fitzwilliam Street, Peterborough. The East Anglian Regional Hospital Board is responsible for the clinical work and administration. The Consultant Venereologist in charge of the Centre is Dr. N. A. Ross, and clinics are held as follows:—

### **MALES**

Mondays (Weekly)	at 5.30 p.m.
Thursdays „	at 5.30 p.m.

### **FEMALES**

Wednesdays (Weekly)	at 5.30 p.m.
Fridays „	at 10.30 a.m.



Two hundred and thirty-five patients attended the Clinic for the first time during the year 1950, compared with 211 in 1949 and 261 in 1948. Fourteen of these patients had been previously treated at other centres for the same condition, so that the actual number of new patients treated during the year was 221. These were classified as follows:—

Suffering from :—	Males	Females	Total
Syphilis .....	16	28	44
Gonorrhoea .....	25	8	33
Chancroid .....	2	1	3
Other conditions requiring treatment .....	59	11	70
Conditions not requiring treatment .....	44	20	64
Conditions undiagnosed at 31.12.50 .....	3	4	7
Total .....	149	72	221

On January 1st, 1950, 163 patients were already under treatment, viz: 109 cases of syphilis (51 men and 58 women), 18 cases of gonorrhoea (15 men and 3 women) and 36 cases of other conditions (33 males and 3 females). Therefore, a total of 398 patients were treated at the Peterborough Clinic during the year, as compared with 437 in 1949, 453 in 1948, 530 in 1947, 665 in 1944, and 602 in 1943.

The places of residence of the 235 new patients who attended the Clinic during the year were:—

	1950	(1949)
Soke of Peterborough .....	105	(103)
Huntingdonshire .....	35	(55)
Isle of Ely .....	34	(31)
Kesteven (Lincs.) .....	30	(13)
Northamptonshire .....	7	(7)
Other Areas .....	24	(2)
Totals .....	235	(211)

During the year, 148 patients were discharged after completion of treatment and the final tests of cure, or after diagnosis as non-venereal disease had been confirmed, viz: 8 cases of syphilis, 13 of gonorrhoea, and 127 cases of non-venereal conditions.

Four patients suffering from syphilis defaulted after completion of treatment but before final discharge, 2 males with gonorrhoea defaulted before completing 3 months' treatment, another eight defaulted after three months' treatment. One male patient suffering from syphilis ceased to attend before completion of treatment, and one male patient died during the year. Fifty-four patients were transferred to other



Centres or Institutions or to the care of private practitioners, viz: 8 cases of syphilis, 3 of gonorrhoea, and 44 cases of "other conditions."

On December 31st, 1950, 178 patients were remaining under treatment or observation at the Clinic, viz: 138 cases of syphilis (53 males and 85 females), 24 cases of gonorrhoea (17 males and 7 females), and 16 cases of other conditions (12 males and 4 females).

The 398 patients who attended the Clinic during the year made 2,245 attendances (an average of less than 6 each patient), as compared with 2,118 in 1949; 3,176 in 1948; 4,606 in 1947; 6,614 in 1946; 6,421 in 1945 and 7,632 in 1944.

The following information is given in the return with regard to contact tracing:—

Contacts attending for examination through the agency of:—

Patients .....	30
(10 syphilis, 3 gonorrhoea, 17 other conditions).	
Health Visitor or Social Service Worker .....	8
(2 syphilis; 6 other conditions).	

The following pathological work was carried out in connection with the Treatment Centre:—

#### MICROSCOPICAL

For syphilis .....	22
For gonorrhoea .....	161

#### SERUM

For syphilis .....	769
For gonorrhoea .....	208

CEREBRO-SPINAL FLUID .....	32
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OTHERS .....	6
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Total .....	1198
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It is satisfactory to notice that of the 221 new patients (who had never before been treated at this or other Centres) a total of 80 only were found to be suffering from venereal disease. This is a great reduction in the number of cases who previously reported at the Clinic. In 1946, for instance, 140 new cases of syphilis or gonorrhoea were treated. Whether there has been a real reduction in the incidence of the disease, or whether more cases are now being treated privately, is a moot point.



## INSPECTION AND SUPERVISION OF FOOD

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### Food and Drugs Act, 1938

I am indebted to Mr. J. J. Cole, the County Food and Drugs Inspector, for the following report on the work carried out in the year 1950:—

“147 samples were taken for analysis and it was necessary to take legal proceedings in only one case. Other infringements were dealt with by cautionary letters and were followed up after a reasonable interval by the taking of further samples. It has always been borne in mind that the primary object is the prevention of offences, and it has been found that the mere taking of a sample followed by the report of the result of the analysis to the manufacturer and the trader helps greatly to achieve this. In addition, where the sample is taken in the presence of customers, the news quickly spreads about giving an assurance that the purchaser's interests are being looked after. The practice is to sample things which are most commonly used in this locality and giving least attention to foodstuffs which are mass produced and nationally advertised.

The samples analysed were:—

Apricot Puree, Baking Powder, Beef Sausage, Cake Fruit, Coffee and Chicory, Condensed Milk, Cough Sweets, Cream of Tartar, Crystallised Fruit, Custard Powder, Fish Paste, Fruit Sauce, Gin, Glauber Salts, Haslet, Ice-cream, Jam, Jam Tarts, Meat Paste, Milk, Mincemeat, Mushroom Ketchup, Pepper, Pork and Beef Loaf, Pork Pie, Pork Sausage, Pudding Mixture, Salad Cream, Salmon Spread, Sausage Roll, Stewed Steak, Tomato Ketchup, Vinegar, and Whisky.

**Milk.** 56 samples were obtained from retailers, wholesalers, and at the schools. The legal minimum standard is 3 per cent milk-fat and 8.5 per cent non-fatty solids. The percentage of fat found on analysis was from 2.4 to 4.9 (average 3.61) and the non-fatty solids ranged from 8.6 to 9.32 (average 8.82). Only two milks were below the requirements, and in one of these legal proceedings were taken against the retailer for a 20 per cent deficiency in fat, though his cows were giving quite good milk. In the other case, a small retailer went to do other work and overlooked locking the dairy door. Some of his customers who were in a hurry, and not finding the dairyman, helped themselves to the cream which had formed on the top of the churn with the result that the remainder of the milk was below standard. The milk in this locality is very rarely not up to standard, though I understand that in other parts of the country the tendency is for the natural fat content and non-fatty solids to be much lower than the required minimum standards.

**Bacteriological Examination of Milk.** Though it is most important that the constituents of milk should be as high as possible, it is just as



desirable that it should be produced and sold under hygienic conditions. To encourage this, 21 samples were sent for bacteriological examination. The results were as follows:—

<i>Very Satisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
10	4	7

During the summer, there was a mild outbreak of diarrhoea at the Royal Air Force Station, Wittering, and immediately samples of all milk entering the station and the adjoining area were taken and examined. Five of these were reported on as being unsatisfactory and the milk specialist officer and sanitary inspectors were notified. Investigations which were carried out disclosed that the milk when on the premises of the producers generally satisfied the required standard of cleanliness, but that the trouble arose either immediately before or after it was taken away for retail. After an interval the milks were again examined and found up to standard.

One retailer whose milk was frequently found to be not satisfactory has ceased to retail and disposes of it to a wholesaler to be pasteurized. Another milk which was at fault was wrongly described as pasteurized.

**Ice-Cream.** 14 samples were bacteriologically examined and reported on as follows:—

<i>Grade I.</i>	<i>Grade II.</i>	<i>Grade III.</i>	<i>Grade IV.</i>
8	2	3	1

Of 9 samples chemically analysed, the fat content was from 6.15 to 14.08 per cent (average 11.67). The percentage of sugar was 6.22 to 16.32 (average 12.07). The minimum interim standard which came into force on 1st April this year is 5 per cent fat and 10 per cent sugar.

**Apricot Puree.** The lacquer on the inside of the tin containing the puree was removed in patches though there was no contamination of the contents. This article is mostly used by infants and as the contents of other tins might be affected the retailer, his supplier and the manufacturer were communicated with and all existing stocks were withdrawn as far as possible in this area.

J. J. COLE."



## SANITARY CIRCUMSTANCES.

### Housing.

At the time of writing this Report the Annual Report of the Medical Officer of Health for the City of Peterborough for the year 1950 is not to hand. I am, therefore, unable to give housing statistics for the City.

I give figures for the Peterborough and Barnack Rural Districts :—

### Peterborough Rural District.

Fifty houses have been built by the Council and 12 by private enterprise during the year, but little has been done to the many sub-standard houses. In addition, three Police houses have been completed.

Work has commenced on six houses at Upton. and a further pair at Eye. The erection of houses at Castor, Marholm, Maxey and Newborough has not yet commenced.

Seventy complaints were received under the Housing Acts during the year. Of these, 39 were remedied by personal calls or letters to owners. Twenty-six were remedied by the serving of Informal Notices under Section 93 of the Public Health Act, 1936. Five Informal Notices were outstanding at the end of the year.

### Barnack Rural District

The first eight of the twenty-four houses at Wansford were completed and occupied at the end of the year. The erection of twelve houses at Ufford was commenced during the year.

Informal Notices under the Public Health Act, 1936, were served on owners of seventeen properties during the year.

A Rural Housing Survey was completed in the parishes of St. Martin's Without and Wansford during the year, and a brief summary is given hereunder:—

	Category					Total	Density	
	1	2	3	4	5		Pop.	per house.
St. Martin's Without	10	40	20	—	—	70	205	2.9
Wansford	22	23	13	—	—	59	200	3.4

One case of statutory overcrowding was revealed in St. Martin's Without.



## Water Supplies

In the Peterborough Rural District, the water supply for the whole district is purchased in bulk from the Peterborough Corporation and has been satisfactory in quantity and quality.

The necessary tests, bacteriological, chemical, etc., are carried out by the Peterborough Corporation.

The details of water supplies in the district are as follows:—

Total number of houses .....	2,195
Houses with taps indoors .....	1,401
Houses with stand-pipe supply .....	671
Supplied from wells .....	123

The total amount purchased during the year was 50,346,000 gallons as against 49,009,000 gallons in the year 1949, an increase of 1,337,000 gallons.

In the Barnack Rural District, the parishes of Wansford and Thornhaugh are supplied from a ram in Thornhaugh. The parishes of Wittering, Wothorpe, and St. Martin's Without take their supplies from the Stamford Waterworks, and the remaining parishes of Barnack, Bainton, Ashton, Ufford and Southorpe are supplied from a bore in Barnack.

GEORGE NISBET.



WATER SUPPLY

In the Peterborough Rural District the water supply for the whole district is purchased in bulk from the Peterborough Corporation and has been satisfactory in quantity and quality.

The details of water supplies in the district are as follows:

Supplied from wells	123
Houses with stand-pipe supply	1,401
Houses with taps indoors	2,195

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