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MEDICINE

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County of the Soke of Peterborough

ANNUAL REPORT

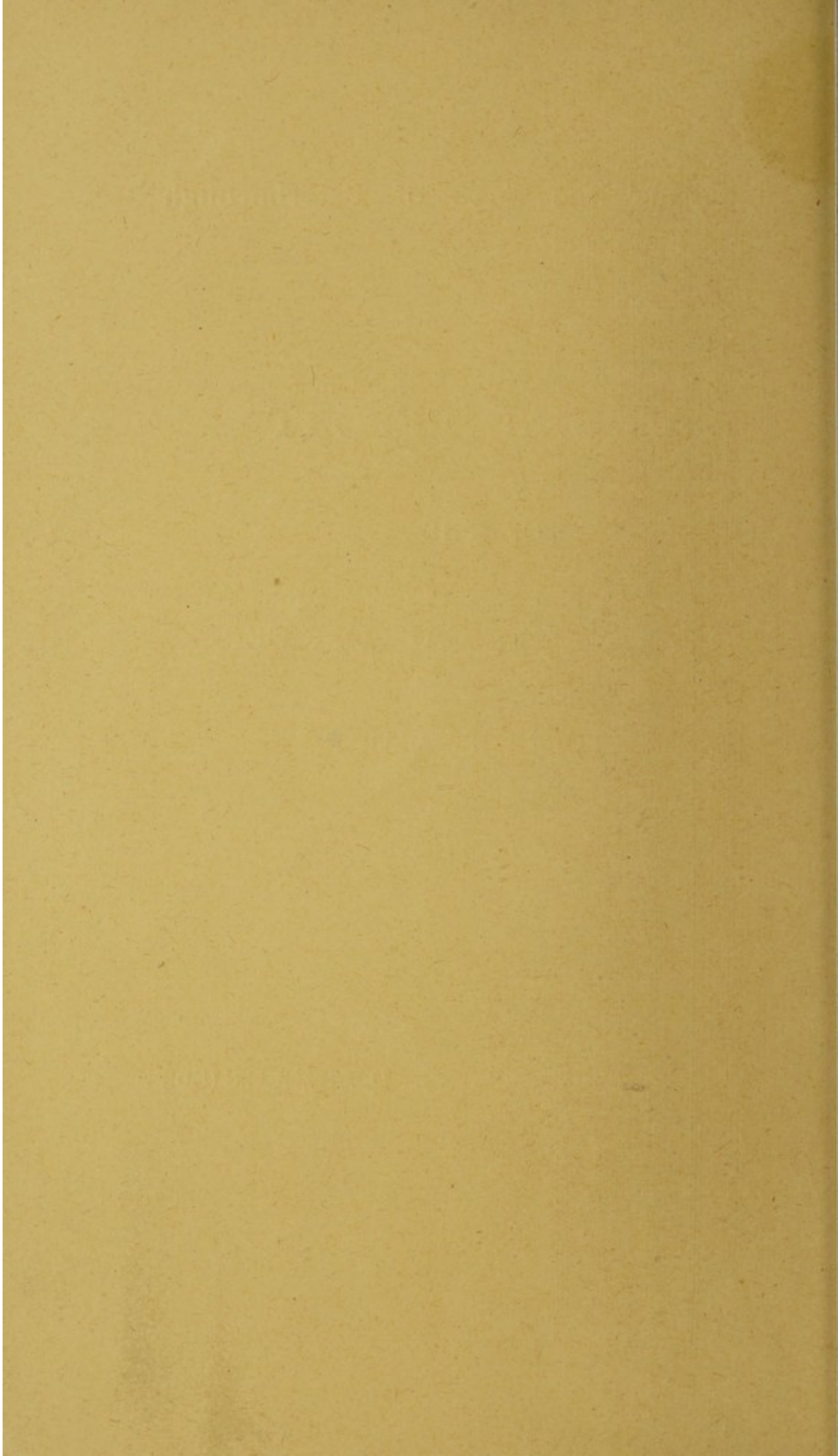
OF THE

COUNTY MEDICAL OFFICER

FOR THE YEAR

1951

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



County of the Soke of Peterborough

(As constituted at 31st March, 1952)

Sir ARTHUR CRAIG

(Chairman of the County Council)

ANNUAL REPORT

Chairman

COUNTY ALDERMAN

OF THE

COUNTY MEDICAL OFFICER

COUNTY COUNCILLOR P. ADAMS

FOR THE YEAR

COUNTY ALDERMAN Mrs. M. C. COOK

COUNTY ALDERMAN HUNT

1951

Mrs. E. M. AMES

The Hon. P. E. BRASSBY

C. W. S. BURNETT

Mrs. D. COX

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

Mrs. E. F. J. SAVAGE

C. E. WATSON

Mrs. F. WAIN

Co-opted Members:

Dr. M. E. Sayer

Dr. J. N. Collins

M. E. Phipps

J. N. Sayer

County of the Soke of Peterborough

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

FOR THE YEAR

1951

G. NISBET, M.B., 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 March, 1952)

SIR ARTHUR CRAIG
(Chairman of the County Council)

Chairman :—
COUNTY ALDERMAN G. T. VAWSER

Vice-Chairman :—
COUNTY COUNCILLOR P. ADAMS

COUNTY ALDERMAN MRS. M. C. COOK
COUNTY ALDERMAN DR. J. HUNT

COUNTY COUNCILLORS

MRS. E. M. AMIES	THE HON. P. E. BRASSEY
G. W. S. BURDETT	MRS. D. COX
S. G. GASCOINE	MRS. A. PHILPOT
MRS. E. E. J. SAVAGE	C. E. WATKINS
MRS. F. WREN	

Co-opted Members :—

DR. R. M. E. SMITH	DR. J. N. COLLINS
MISS M. E. PERCIVAL	J. N. STATON, L.D.S., R.C.S.(ENG.).

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HEALTH DEPARTMENT STAFF — 1951

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. Mc'PHILLIPS, S.R.N., C.M.B. MISS O. M. HOLLOWAY, S.R.N., S.C.M., (resigned 22.12.51) H.V. Cert. MISS H. M. CRAFT, S.R.N., S.C.M. H.V. Cert. (appointment terminated May 1951). MISS M. JULYAN, S.R.N., S.C.M., H.V. Cert.
<i>Clinic Nurse</i>	MRS. M. PARSON, S.R.N., S.C.M. (appointed 22.8.1951).
<i>Tuberculosis Health Visitor</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>Day Administrative Officer and Chief Clerk</i>	J. J. DUNFORD
<i>Fullly Authorised Officer</i>	J. A. WARREN

**DISTRICT MEDICAL OFFICERS OF HEALTH
AND SANITARY INSPECTORS**

District	Medical Officer of Health	Sanitary Inspector
City of Peterborough	DONALD G. CRAWSHAW, M.B., CH.B., M.R.C.S., L.R.C.P., D.C.H., D.P.H. (resigned 30.11.51)	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. (part-time appointment)	C. GREEN, M.S.I.A., A.R. SAN. I.
Arnack Rural District	W. ANLEY HAWES, M.B., D.P.H. (part-time appointment)	D. W. GRIFFITHS, 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 1951.

Once again the infant mortality rate for the County is extremely low, being 24.1 per 1000 live births, compared with a rate of 20.5 in 1950, and being 5.5 below that of the country as a whole.

There was an increase in the birth rate compared with last year. The birth rate in 1951 was 15.4, compared with 14.9 in 1950, although the birth rate for England and Wales decreased from 15.8 to 15.5.

The death rate shows little change, being 11.6, compared with 11.7 in 1950. 69% of the total deaths in the County in 1951 occurred in persons of 65 years or over. There was a slight rise in the death rate from pulmonary tuberculosis (0.21 per 1000 of the population, compared with 0.15 in 1950 and 1949), but our rate is again lower than that of the country as a whole which was 0.31.

The number of notifications of new cases of pulmonary tuberculosis was 58—again above the average. The number of deaths, expressed as percentage of this year's notifications, gives a figure of 24.3, which might demonstrate earlier notification of the disease, but does, I feel, reflect the benefit from the more recent medical treatment.

There was a great decrease in the number of cases of infectious disease notified during 1951—868 cases being notified compared with 161 in 1950. No cases of diphtheria, cerebro-spinal fever or typhoid fever occurred in the County in 1951, and only two cases of poliomyelitis, compared with 17 last year.

An increasing amount of my time and that of my staff is being taken up with the problems associated with aged persons. Almost every day some difficulty concerning the welfare of old people comes to my notice, and I am asked to make arrangements for home help service, home nursing, admission to hospital or Part III accommodation, etc. In a considerable number of cases there is mental deterioration, and I am often pressed to arrange for certification under the Lunacy Acts. This, however, is done only as a last resort, where violence is shown, as obviously mental hospitals are not the places for these cases of senile dementia if they can possibly be catered for otherwise.

This Authority has proceeded with the plans (and in 1952 the construction) for the building of a hostel for aged people, to accommodate 36 each of both sexes. My constant endeavour is to assist the elderly to continue to live in their own homes. It is a striking feature, however, how often this assistance has to be arranged through this department by district nurses, home helps, or by voluntary workers, and little effort made by sons and daughters or other relatives.

In previous generations, children getting married set up their household near to the parental home, and were therefore able to look after and care for their parents in old age. Now, with housing estates on the periphery of the town, distant from the parents' home, and with the smaller families, combined often, I am sad to say, with complete disinterest, and sometimes even with blatant cold-heartedness, many aged folk have to depend on assistance arranged by the local health authority. This is of material help, but will not solve the problem.

The days when granny or grandpa had an honoured place in the ingle-nook by the fireplace are truly gone. Too often, I find those aged parents seeking out a lonely existence in substandard surroundings, unaware themselves of the facilities which can be given to them in the way of help or nursing, and shy to make new friends at old people's clubs, etc., very frequently reluctant to accept any benefit they might consider as "charity." The position is different, however, in many instances in regard to their relatives. In my office, the services of the Welfare State are demanded, sometimes most uncharitably. It does give great pleasure, on occasion, to assist some of these old people and to know that, in the future, amidst the companionship of others of their own age, and sometimes in like circumstances, I shall be able to do more to make their declining years more comfortable.

To all my staff I tender my thanks for loyal co-operation during the year, and particularly to my Chief Clerk, Mr. J. Dunford, who has ably assisted me in compiling this report.

I have the honour to be,

Your obedient servant,

GEORGE NISBET,

County Medical Officer.

County Council Offices,
Bridge Street,
Peterborough.

STATISTICS AND SOCIAL CONDITIONS

General Statistics

Area of Administrative County (in acres)	53,46
Population (Census 1951)	63,784
Population (Registrar-General's estimate mid-1951)	64,160
Rateable Value (1st April, 1952)	£403,400
Estimated Product of a Penny Rate	£1,600

Population by Districts

	Census 1951	Estimate mid-1951
City of Peterborough	53,412	53,060
Peterborough Rural District	7,273	7,310
Barnack Rural District	3,099	3,784
Administrative County	63,784	64,160

The estimated population for mid-1950 was 65,011, while the Census of 1951 revealed a population of 63,784.

It will be noted that the Registrar-General estimates a decrease of 352 in the City of Peterborough in mid-1951, and increases of 35 and 683 respectively in the Peterborough and Barnack Rural Districts. The estimated increase of population in the Barnack Rural District is striking in so small an area.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1951

Live Births

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	470	457	927
Illegitimate	28	38	66
Total	498	495	993
Rate per 1,000 civilian population	15.4		
Birth Rate for England and Wales	15.5		

Stillbirths

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	13	11	24
Illegitimate	—	1	1
Total	13	12	25
Rate per 1,000 live births	25.0		
Rate per 1,000 of population	0.38		
Rate per 1,000 of population for England and Wales	0.36		

Deaths

	<i>Males</i>	<i>Females</i>	<i>Total</i>
.....	379	368	747
Rate per 1,000 of population	11.6		
Death rate for England and Wales	12.5		

Maternal Deaths (other complications)

.....	1
Rate per 1,000 total (live and still) births	0.09

Infant Mortality

	Males	Females	Total
Illegitimate	13	10	23
Legitimate	—	1	1
Total	13	11	24

Rate per 1,000 live births:—

Legitimate	24.7
Illegitimate	15.1
Total	24.1

Infant Mortality Rate

for England and Wales	29.6
-----------------------------	------

Deaths from Measles (all ages)	0
Deaths from Whooping Cough (all ages)	0
Deaths from infective and other parasitic diseases (under 2 years)	0

Chief Causes of Deaths—1951

Heart Disease	136
Vascular lesions of nervous system	119
Cancer	98
Coronary disease, angina	77
Bronchitis	50
Pneumonia	37
Other Circulatory diseases	30
Respiratory Tuberculosis	14
Suicide	9

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

0—1 years	24
1—5 "	2
5—15 "	4
15—25 "	7
25—45 "	36
45—65 "	155
65—75 "	191
75 " and over	328

Total	747
--------------	------------

Births

The total number of live births in the County in 1951 was 993, compared with 972 in 1950; 1,014 in 1949, and 1,073 in 1948. While the birth rate shows a slight increase (15.4 compared with 14.9 in 1950), it is still lower than the preceding eight years and (except for last year), the lowest since 1941.

498 of the 993 children born in 1951 were males, and 495 were females. 927 were legitimate and 66 illegitimate, compared with 7 illegitimate births in 1950.

The illegitimacy rate was 6.6 per 100 live births, compared with 7. in 1950.

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	407	378	785	14.7
Peterborough Rural District	63	83	146	19.9
Barnack Rural District	28	34	62	16.3
Administrative County	498	495	993	15.4

The live birth rate for England and Wales was 15.5; for the 12 County Boroughs and Great Towns 17.3; for the 148 smaller towns (of which Peterborough is one) 16.7; and for London 17.8.

Our rates are again lower than those of the country as a whole.

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

1930 — 15.8;	1937 — 14.3;	1944 — 20.2;
1931 — 15.1;	1938 — 15.2;	1945 — 17.8;
1932 — 14.1;	1939 — 14.1;	1946 — 19.5;
1933 — 13.1;	1940 — 14.2;	1947 — 19.8;
1934 — 13.8;	1941 — 14.1;	1948 — 17.2;
1935 — 14.1;	1942 — 15.6;	1949 — 15.8;
1936 — 15.1;	1943 — 16.5;	1950 — 14.9;
		1951 — 15.4.

It will be noted that the fall in the birth rate, which began in 1944 continues.

Stillbirths

The number of stillbirths in 1951 was 25 (21 in the City, 1 in the Barnack Rural District, and 3 in the Peterborough Rural District). The stillbirth rate is, therefore, 0.38 per 1,000 of the population.

The stillbirth rate for England and Wales in 1951 per 1,000 of the population was 0.36; for the 126 County Boroughs and Great Towns 0.4 and for the 148 smaller towns 0.38, and for London 0.37.

21 of the 25 stillbirths occurred in hospitals or maternity units attached to hospitals, and 4 occurred in domiciliary midwifery practice. Three of the latter were premature infants.

Infant Mortality

There were 24 deaths among infants under one year of age in the county of the Soke of Peterborough in 1951, 19 being assigned to the City of Peterborough, 2 to the Peterborough Rural District, and 3 to the Barnack Rural District.

Of the 24 deaths, 13 occurred in males and 11 in females. One of the infants who died was illegitimate.

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

City of Peterborough	.....	.....	.....	19	Rate	24.2
Peterborough Rural District	.....	.....	.....	2	„	13.7
Barnack Rural District	.....	.....	.....	3	„	48.4
Administrative County	.....	.....	.....	24	„	29.6

In England and Wales as a whole the infant mortality rate was 27.6; in the 126 County Boroughs and Great Towns 33.9; in the 148 smaller towns 27.6; and in London 26.4.

Our rate is, therefore, exactly that of the country as a whole.

I append a Table showing the live birth rates and infant mortality rates in England and Wales for the years 1941—1951 and, for comparison, similar rates for the Soke of Peterborough:—

England and Wales 1941—1951

Soke of Peterborough

Year.	Live Births per 1,000 population.	Infant Mortality Rate.	Live Births.	Infant Mortality.
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
1951	15.5	29	15.4	29

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

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

Under 1 year

Congenital malformations	.....	3	<i>Total Deaths in age groups</i>	
Pneumonia	.....	5		
Bronchitis	.....	1		24
Accidental	.....	1		
Other diseases	.....	14		(3.2%)
		24		

1 — 5 years

Leukæmia	.....	1	2
Congenital malformation	.....	1	
		2	(0.26%)

5 — 15 years

Motor vehicle accidents	.....	2	4
Disease of respiratory system	.....	1	
Congenital malformation	.....	1	
		4	(0.53%)

5 — 25 years

Ulcer of stomach and duodenum	2	7	
Tuberculosis	.....	1	
Coronary disease	.....	1	
Nephritis	1		(0.93%)
Pregnancy; childbirth	.....	1	
Motor vehicle accident	.....	1	
		7		

5 — 45 years

Malignant disease	8	36	
Respiratory tuberculosis	.....	5	
Other heart disease	.....	4	
Vascular lesions	3		(4.8%)
Influenza	.....	2	
		22		

Total Deaths
in age groups

Classifying All Deaths according to Age
the Main Causes are set out below:—

45 — 65 years

Malignant disease	31	
Coronary disease	26	
Vascular lesions	22	
Other heart disease	8	
Respiratory tuberculosis	7	155
Bronchitis	5	
Stomach ulcer and gastritis	5	(20.7%)
Suicide	6	
Other circulatory disease	7	
Other diseases	17	
	134	

65 — 75 years

Vascular lesions	33	
Malignant disease	28	
Coronary disease	27	191
Bronchitis	22	
Other heart disease	19	(25.5%)
Other circulatory disease	8	
Other causes	12	
	149	

75 years and over

Other heart disease	91	
Vascular lesions	61	
Malignant disease	32	328
Coronary disease	23	
Pneumonia	23	(44%)
Bronchitis	22	
Accidents	11	
Other causes	18	
	281	

Cancer Deaths

There were 98 deaths from cancer in the Soken of Peterborough during the year 1951 (50 males and 48 females), giving a rate of 1.4 per 1000 of the population, compared with a rate of 1.7 in 1950.

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;	1951 — 98.
1936 — 79;	1944 — 92;	
1937 — 83;	1945 — 96;	

There has been a decrease in the number of cancer deaths in 1951, the figure being the lowest since 1945.

It is satisfactory to note that there were only five deaths from cancer of the breast this year, compared with 14 in 1950. There were 1 death from malignant disease of the lung and bronchus, and 19 from malignant disease of the stomach.

General Remarks

There are only one or two general observations I should like to make with regard to the deaths in the Soke of Peterborough in 1951.

It is satisfactory to note that there has been a decrease in the number of deaths in young persons between the ages of 1—15 years. There were six deaths in this age group, compared with 15 last year. Two of these were due to accidental causes (motor vehicle accidents) compared with seven in 1950.

There was a decrease in the number of suicides—a total of nine, compared with 14 last year. Two were persons between the ages of 25 and 45 years, six persons between 45 and 65 years, and one a female aged between 65 and 75 years.

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, where so much can now be done for the acute and depressive type of patient.

No person who had reached the age of 100 years died in the County in 1951, but there were 28 deaths in persons between the ages of 90 and 100 years, the oldest being 99 years.

There was, unfortunately, one death attributable to pregnancy and child birth. This occurred in a young woman, aged 17 years, who died in a Maternity Unit, the cause of death being given as "Death by misadventure as a result of a blood embolism."

There were no deaths from diphtheria, poliomyelitis, whooping cough, or measles, and only 14 from respiratory tuberculosis. There were no deaths recorded as due to syphilitic disease.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Laboratory Facilities

Laboratory facilities for the whole area are 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 certain adjoining areas, e.g., Old Fletton U.D., Norman Cross R.I. Conington Parish (Hunts.), and Crowland District (Holland).

The responsibility is fulfilled by the County Ambulance Service assisted by the St. John Ambulance Brigade, Stamford, which responds to calls in the Barnack District, except infectious, mental, and sitting car cases.

A summary of these arrangements is given hereunder:—

<i>District</i>	<i>Type of Call</i>	<i>Responsible Service</i>
City of Peterborough	All calls.	County Ambulance Service.
Peterborough R.D.	All calls.	County Ambulance Service.
Barnack R.D.	Fever and mental and sitting car cases.	County Ambulance Service.
Barnack R.D.	All except infectious, mental and sitting car cases.	St. John's Ambulance Brigade, Stamford.
Old Fletton U.D.	All calls except infectious.	County Ambulance Service.
Norman Cross R.D.	All calls except infectious.	County Ambulance Service.
Conington Parish	All calls except infectious.	County Ambulance Service.
Crowland District	Emergency and infectious.	County Ambulance Service.

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

- 1 Daimler 27 h.p. Ambulance.
- 1 Chevrolet (1941) 30 h.p.
- 2 Austin "Welfarer" Ambulances (one of these has been converted into a sitting case ambulance capable of carrying seven patients in comfort).
- 1 Talbot (1937) 18 h.p. (on loan to Police).

Sitting Case Cars

- 2 Austin 16 h.p., Hire Cars.
- 1 Ford V8 (1935) 30 h.p. (This was sold in 1952.)

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 provision of this agreement allowed 6d. per mile, plus subsistence when incurred. On April 1st, 1952, this was increased to 7d. per mile per car, for the first 100 miles per month, any mileage in excess to be paid at the rate of 1s. per mile.

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 costs if incurred.

St. John Ambulance Brigade, Stamford

Two ambulances are continuously available for service in the Barnack Rural District for all stretcher, except infectious and mental patients, and sitting car cases. 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 four 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 the 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.

The Hospital Area Management Committee have appointed a 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 employed on a two-shift system, and these men annually qualify in the examination of the St. John Ambulance Brigade, or the British Red Cross Society.

**Patients Carried and Mileages during period
January 1st to December 31st, 1951**

	<i>Total patients carried.</i>	<i>Total miles during year.</i>
DIRECTLY PROVIDED SERVICE		
Ambulances	3,778	40,382
Sitting Cars	6,984	57,785
AGENCY SERVICES		
St. John Ambulance, Stamford	48	695
British Red Cross Society	84	2,640
SUPPLEMENTARY SERVICES		
St. John Ambulance, Peterborough	1	90
Hospital Car Service	736	50,868
TOTALS	11,631	152,460

Nursing in the Home

In the City of Peterborough home nursing is undertaken by the Florence Saunders Nursing Association, on an agency basis, six 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 continues to run smoothly and is able to cope with all demands made upon it.

It has not been found necessary to appoint an additional district nurse for the Eye and Newborough district, as envisaged in the Council's proposals under Section 25 of the National Health Service Act, as it has been found that the Glinton 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, 1951.

	<i>No. of Home Nurses employed at 31.12.51.</i>	<i>No. of cases attended by Home Nurses.</i>	<i>No. of visits by Home Nurses during the year.</i>
Local Health Authority	3	267	6,570
Voluntary Organisations by agreement with the Authority	6	400	14,233
Totals	9	667	20,803

An average of 31 visits were paid to each patient by the home nurses compared with an average of 28 visits last year.

During the year 1950, a total of 19,695 visits were paid to 707 patients

CLINICS AND TREATMENT CENTRES

Chest Clinic

There is one Chest Clinic, which is situated at 28, Fitzwilliam Street Peterborough.

The Chest 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 Centres 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 (weekly) 5.30 — 7.30 p.m.

FEMALE CLINICS

Wednesdays (weekly) 5.30 — 7.30 p.m.

Fridays (weekly) 5.30 — 7.30 p.m.

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 eleven 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) Mountsteven Ave., Walton | (Monday and Thursday afternoons). |
| (3) Dogsthorpe/Newark School | (Monday and Friday afternoons in 1951; now altered to Monday and Thursday afternoons). |
| (4) Barnack | (First Wednesday and third Thursday afternoons each month). |
| (5) Castor | (Second and Fourth Tuesday afternoons each month). |
| (6) Eye | (First and third Tuesday afternoons each month). |
| (7) Glinton | (First Thursday and third Wednesday afternoons each month). |
| (8) Helpston | (Second Thursday and fourth Wednesday afternoons each month). |
| (9) Maxey | (Fourth Thursday afternoon monthly). |
| (10) Newborough | (Second and fourth Tuesday afternoons each month). |
| (11) Wittering | (First and third Tuesday afternoons each month). |

Staff difficulties are gradually being overcome. The maternity and child welfare service has progressed smoothly and efficiently, and I should like to express my thanks to the Superintendent Nursing Officer (Miss Sylvia Sylvester, S.R.N., S.C.M., H.V. Cert.) and her staff for the continued smooth running of this important service.

I append statistical details of the work performed at the child welfare clinics during the year 1951:—

	1951	(1950)
Number of Centres provided at the end of the year	11	10
Number of Child Welfare Sessions held per month.....	50	39
Number of children who attended Centres during the year	1319	1328

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	.....	.....	.....	627	490
Over one year of age	.....	.....	.....	49	80

Number of children in attendance at the end of the year who were then:—

Under one year of age	.....	.....	.....	517	509
Between ages of 1 and 5 years	.....	.....	.....	802	819

Total number of attendances made by children during the year:—

Under one year of age	.....	.....	.....	8881	8401
Over one year of age	.....	.....	.....	2800	2695

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 Unit 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 midwives 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, 235 women attended these clinics, and the total attendances were 769, compared with 861 attendances made by 18 women in 1950.

Health Visiting

We have still experienced difficulty in getting trained health visitors although the situation has considerably improved, and at the time of writing this report the full establishment of health visitors (or student health visitors) has been made up.

Miss Holloway resigned her appointment on December 22nd, 1951. Miss Julyan (appointed as a Student Health Visitor) has now obtained her Health Visitor's Certificate, and Mrs. Parson (appointed on 22.8.52 as a Clinic Nurse) has now been appointed as a Student Health Visitor after a period of satisfactory service. A further Student Health Visitor was appointed on July 29th, 1952, and will commence duty in September 1952, and a further Clinic Nurse is taking up duties on August 11th 1952.

Therefore, for the first time since the National Health Service Act came into operation the full establishment of health visitors has been made up in this County.

The number of visits paid by the Council's health visitors during the period January 1st to December 31st, 1951, is as follows:—

To expectant mothers—		1951	(1950)
First visits	.....	111	135
Total visits	.....	178	229
To children under one year of age—			
First visits	.....	1235	1267
Total visits	.....	2231	3101
To children between the ages of 1—5 years—			
Total visits	.....	2197	3056
To other cases—			
First visits	.....	172	60
Total visits	.....	341	185

The total number of visits paid by health visitors during the year was, therefore, 4,947, compared with 6,571 in 1950.

It will be seen that, in spite of inadequacy of health visiting staff, all newly born babies are visited, as many as 1,235 first visits being paid to children under one year of age.

This is highly satisfactory, and I much appreciate the keenness and enthusiasm of my staff.

Care of Premature Infants

Babies weighing 5½lbs. 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 live infants born at home whose period of gestation was 28 weeks and over was 6. In addition, one was born in a private nursing home (the home address being outside the County). Three of the infants were transferred to hospitals and all survived 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, I have worked in close liaison with Miss A. M. Fyfe, M.A., the Moral Welfare Worker (appointed by the Peterborough Diocesan Moral Welfare Association) and we have been able to give much mutual assistance.

Applications were made during 1951 for the admission of three unmarried mothers to homes at the expense of the Local Health Authority, and arrangements made accordingly.

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 per 100 live births.</i>
1940	803	37	4.6
1941	836	52	6.2
1942	904	54	5.9
1943	945	94	9.9
1944	1157	124	10.0
1945	1027	140	13.0
1946	1159	133	11.0
1947	1197	79	6.5
1948	1073	79	7.3
1949	1014	66	6.5
1950	972	71	7.3
1951	993	66	6.6

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 five years.

Ophthalmia Neonatorum, Pemphigus Neonatorum, Puerperal Pyrexia

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

Thirty-seven cases of puerperal pyrexia were notified, compared with 7 in 1950. The increase in notifications is probably due to the new Puerperal Pyrexia Regulations which came into operation on August 1st 1951. In these regulations "puerperal pyrexia" is defined as meaning "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit or more has occurred within fourteen days after childbirth or miscarriage."

Twenty-nine of the 37 cases were notified after these Regulations came into force. All of them occurred in institutional confinements, the home address of 14 of the patients being outside the area of the Soke of Peterborough.

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 is:—

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	.....	25
Total	.....	40

The average daily attendance during the year was:—

Children aged 0—2 years	.....	11
Children aged 2—5 years	.....	18
Total	.....	29

In 1950, the average daily attendance was 35.

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.

On December 31st, 1951, there were two registered nursing homes in the County (one in the City and one at Eye). The small nursing home at Eye provides accommodation for three maternity cases. The other home provides accommodation for 14 chronic long-term medical cases.

There is one Home registered by the Local Health Authority under Section 37 of the National Assistance Act as a home for old persons. Early in 1952, this registration was cancelled and the home re-registered as a nursing home for the admission of maternity cases and chronic long-term cases.)

Midwives

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

During the period 1st February, 1951, to January 31st, 1952 (the notification period specified by the Central Midwives Board for the purpose of annual returns) 22 midwives notified their intention to practise in the area; in addition, two notified their intention to practise as maternity nurses only.

At the end of the year, 18 midwives were practising in the area of the Local Supervising Authority. Five were domiciliary midwives 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 December, 1951.

	<i>Domiciliary Cases.</i>	<i>Cases in Institutions.</i>	<i>Total</i>
(a) Midwives employed by the Authority—			
(i) as midwives	104	—	104
(ii) as maternity nurses	153	—	153
(b) Midwives employed by Hospital Management Committee—			
(i) as midwives	—	989	989
(ii) as maternity nurses	—	83	83
(c) Midwives in Private Practice—			
(i) as midwives	—	13	13
(ii) as maternity nurses	2	3	5
(d) No. of cases attended by domiciliary midwives after discharge from the hospital and before the 14th day	1	—	1
<i>Totals—</i>			
(i) as midwives	105	1002	1107
(ii) as maternity nurses	155	86	241

It will be noted that the County Council midwives attended 104 midwifery and 153 maternity cases—a total of 257, compared with 263 cases attended in 1950 and 335 in 1949. This represents 25.2 per cent. of the total live and stillbirths in the County in 1951, compared with 26.6 per cent. in 1950 and 32.1 per cent. in 1940.

Midwives in Institutions attended 989 midwifery and 83 maternity cases—a total of 1,072, compared with 1,017 cases attended in 1950. It must be remembered that 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 the Isle of Ely).

Administration of Analgesia

The number of midwives in the area on December 31st, 1951, qualified to administer analgesia in accordance with the requirements of the Central Midwives Board were:—

(i) Domiciliary	.....	.....	.....	.....	5
(ii) In Institutions	.....	.....	.....	.....	12
					<hr/> 17

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

(i) When acting as a midwife	.....	.....	84
(ii) When acting as a maternity nurse	.....	.....	136
			<hr/> Total
			220

Therefore, approximately 86 per cent. of the mothers attended by the County Council midwives received gas and air analgesia, compared with 82% in 1950. In 1947, only 10 per cent. of the mothers received gas and air analgesia.

In addition, the number of cases in which pethedine was administered by midwives in domiciliary practice during the year was:— (i) when acting as a midwife, 39; (ii) when acting as a maternity nurse, 50.

Most of the mothers who are confined in Maternity Units receive gas and air analgesia.

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

Vaccination and Diphtheria Immunisation

In this County, vaccination and diphtheria immunisation are carried out by general practitioners, the fees for completed record cards being paid by the Local Health Authority.

Every effort is made by persuasion and propaganda to get children vaccinated and immunised, and each year a special propaganda campaign is initiated. Health visitors impress upon parents the importance of immunisation and vaccination, posters are displayed in the welfare clinics, propaganda literature is sent from the County Health Office and is available for distribution at the child welfare clinics.

So far as diphtheria immunisation is concerned, the general practitioners co-operate by giving special times when parents can take their infants to the surgeries to avoid waiting, and, when notices are sent out from my office to the parents of infants who have reached the age of 8 months, the parents are informed of the special days and times when their own medical practitioner can carry out immunisation. If it is found that a child is not immunised when he reaches the age of one year, a "Birthday Greeting" card is sent, reminding parents of the importance of this.

The number of children at 31st December, 1951, who had completed a course of immunisation at any time before that date (i.e., at any time since 1st January, 1937) was as follows:—

	<i>Under 1</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5—9</i>	<i>10—14</i>	<i>Total</i>
Number immunised	50	459	474	614	596	3,078	2,816	8,087
Estimated mid-year child population 1951				<i>Children under 5 years.</i>		<i>Children 5—14 years.</i>		
				5,249		8,235		

Of the children under the age of five years, 41.7% had been immunised at the end of the year, compared with 39.9% at the end of 1950; 40.2% at the end of 1949, and 37.4% at the end of 1948.

70.3% of the children between the ages of 5—14 years had been immunised, compared with 69.0% in 1950; 71.3% in 1949, and 71.7% in 1948.

The total percentage of children under 15 years of age immunised at the end of 1951 was 59.9%, compared with 57.5% at the end of 1950; 59.0% at the end of 1949, and 57.8% at the end of 1948.

It is noted that the estimated mid-year child population (according to the Registrar-General) has decreased by 256, viz: from 13,740 to 13,484 in 1951.

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

The mortality and incidence of diphtheria continue to fall throughout the country. In 1951, deaths numbered 34 (provisional) against a yearly average of about 2,800 between 1930 and 1940. Notifications (uncorrected) were 1,983 compared with a yearly average of 55,000 in the same decade.

Since 1944, records have been kept of corrected diagnosis following notification; these show a decrease of over 22,000 in the past seven years. Following are figures for deaths and notifications for England and Wales since 1944:—

<i>Year.</i>	<i>Deaths.</i>	<i>Corrected Notifications.</i>
1944	934	23,199
1945	722	18,596
1946	472	11,986
1947	244	5,609
1948	156	3,575
1949	84	1,890
1950	49	962
1951	34†	699†

† *provisional.*

The figures quoted above are striking, and demonstrate in dramatic fashion the success of the diphtheria immunisation campaign. There are, however, two dangers. One is that the success of the immunisation campaign has in itself meant that fear of diphtheria has declined, and the frequent references and public utterances to the virtual disappearance of diphtheria have often been misunderstood by the general public as implying absolute elimination rather than elimination conditional upon the adequate level of immunisation. Further, as the occurrence of the disease diminishes, fewer and fewer parents have any direct knowledge, let alone first-hand experience, of diphtheria, which is apt to make them dangerously unmindful of the disease or mistakenly to believe that it has been almost got rid of in this country.

Sustained publicity is, therefore, essential if parents are to be helped to realise that diphtheria is still a deadly threat and to be persuaded to have their children immunised.

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 27 pre-school children during the year 1951. These children paid 42 visits to the Dental Clinic and had 34 teeth extracted; 8 temporary teeth filled, 29 temporary teeth treated with silver nitrate solution, and there were 2 other operations.

Home Help Service

This service continues to run smoothly and efficiently under the direction of a part-time Home Help Organiser (working—officially—24 hours a week).

During the year 1951, a home help was provided for 240 individual cases, viz: 24 maternity and 216 other cases, compared with 204 individuals assisted in 1950, and 123 in 1949. The service is, therefore, gradually expanding, and is much appreciated by those who are assisted.

Two whole-time and 22 part-time helps were employed at December 31st, 1951.

The rate of pay of the workers is 1/9 per hour, the 'bus fares being paid from the Public Health Department to the household. The maximum charges to the users of the service is 2/- per hour. During the 13 weeks from 1st December, 1951, to 29th February, 1952, the gross cost of the service per hour was 2/2½d., and the total cost to the rates during this period was £260, the number of individual cases assisted during the Quarter being 115, which means that each patient for whom home help was provided was subsidized by an average sum of about £2 5s. 0d.

MENTAL HEALTH

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 is constituted, as from April, 1952, as follows:—

Chairman—County Councillor Mrs. A. Philpot.

Members—County Aldermen Mrs. M. C. Cook, Sir Arthur Craig, Dr. J. Hunt, G. T. Vawser; County Councillors Mrs. E. M. Amies, S. G. Gascoine, Mrs. F. Wren.

Co-opted Members—Dr. J. N. Collins, Mr. H. Hipwell and Mrs. M. Pailing.

(b) Staff

The County Medical Officer is Medical Adviser to the Mental Health Sub-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.

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

Owing to the large number of mental defectives awaiting admission to Institutions, great difficulty is still being experienced in obtaining vacancies for such persons.

(d) Delegation of Duties

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

Account of Work undertaken in the Community**(a) Prevention, Care and After-Care**

A psychiatric clinic is held at the local hospital on at least one day per week and the general practitioners arrange for patients requiring psychiatric treatment or advice to attend there. The clinic is manned by Medical Officers from Rauceby Mental Hospital.

In consequence of this a good number of cases are dealt with in the early stages of the illness, thus reducing the number of certified patients entering mental hospitals and creating a more friendly attitude in relation to mental health.

The Duly Authorised Officer, at regular intervals, visits all mental defectives residing within the area of the Council, who are under Guardianship and Statutory Supervision. 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 these cases, and where necessary they are examined by him periodically.

(b) Lunacy and Mental Treatment Acts

A close and happy relationship is maintained between the medical, and other staff of the mental hospital and the staff of the local health authority. These officers assist, whenever necessary, in arranging the provision of transport for persons seeking treatment as Voluntary Patients and with the admission of temporary patients.

It has been the general policy to assist medical practitioners and the public in every aspect of the mental health service, whether the officers concerned have a statutory responsibility or not for the action required. In this way, admission of patients for Voluntary treatment is 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 or other institutions to obtain suitable employment through the medium of the Ministry of Labour and National Service, with whom there is the closest understanding.

The number of patients in mental hospitals under the Lunacy and Mental Treatment Acts on December 31st, 1951, was as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Bracebridge Heath Hospital	2	18	20
Cambridge (Fulbourn Hospital)	—	1	1
Derby Borough (Kingsway Hospital)	—	4	4
Leicester City (The Towers)	3	10	13
Leicester County (Carlton Hayes)	1	2	3
Leavesden	1	—	1
Northants. County	—	1	1
Nottingham City (Mapperley)	1	1	2
Rauceby Hospital	57	57	114
Storthes Hall, Nr. Huddersfield	—	1	1
Upton Mental Hospital, Chester	—	1	1
Roundway Hospital, Devizes	—	1	1
Totals	65	97	162

During the year 1951, the total number of admissions to Mental Hospitals was 91, of which 60 (or 66 %) were Voluntary Patients.

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

On December 31st, 1951, 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	18	15	33
Stoke Park Colony, Nr. Bristol	6	6	12
Whittington Hall, Nr. Chesterfield	—	4	4
St. Francis School, Buntingford	3	—	3
Little Plumstead Hall, Nr. Norwich.....	6	6	12
Heckington Institution, Nr. Norwich	—	1	1
Riversfield Home, St. Neots	1	1	2
Risbridge Home, Haverhill	2	—	2
Great Barr Colony, Nr. Birmingham	1	—	1
Rampton State Institution	2	2	4
Total	39	35	74

	<i>Males</i>	<i>Females</i>	<i>Total</i>
On Licence	6	4	10
Under Guardianship: At home	3	—	3
Not at home.....	—	1	1
Under Statutory Supervision	35	38	73
Cases awaiting admission to Institutions	4	3	7
New cases ascertained during the year	3	5	8

Of the eight cases ascertained during the year, one was admitted to an Institution and the remainder placed under Statutory Supervision.

Training

An occupation centre was opened at the Town Hall, Peterborough, in March, 1951, and classes are held there each Wednesday and Friday afternoon under the direction of Mrs. Cheney, a certificated teacher.

The patients derive much pleasure and satisfaction from attending these classes and their relatives are very appreciative of the training being afforded.

Ambulance Service

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

By arrangement with the Peterborough Hospital Management Committee, trained nurses are available from the local 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 126 cases on the register of blind persons in the Sok of Peterborough on March 31st., 1952, viz:

Age Group.	Males.	Females.	Total.
Under 4 years	1	—	1
5—10 "	1	2	3
11—15 "	1	1	2
16—20 "	1	—	1
21—30 "	—	2	2
31—39 "	3	2	5
40—49 "	4	—	4
50—59 "	9	3	12
60—64 "	11	2	13
65—69 "	—	11	11
70 and over	31	41	72
Totals	62	64	126

Twenty-one new cases were registered during the year, 8 men and 13 women. One man and one woman came to this area from away and three women and one man left Peterborough. One woman was decertified after operation on her eyes.

There were 18 blind people in St. John's Close, and two women in another residential home in Peterborough. 20 of the blind on the register have other handicaps, either physical or mental.

1,995 visits were paid by the Secretary to blind and partially sighted cases, compared with 1,932 in the previous year.

Ten men and three women are in full employment in the City, and handicrafts are taught to some of those who are not available for other employment.

Partially Sighted

The Ministry of Health now require that people with defective vision have their eyes examined so that they may be placed in one of four categories on the new Register of Partially Sighted persons.

Four men and four women in this area have been put on that register, and cases whose names were on the old Observation Register will be re-examined for the purpose of correct classification.

Welfare Work

76 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.

The Social Club has increased its membership since last year, and the fortnightly meetings are well attended.

The Harp Orchestra is now well known in Peterborough, and is frequently invited to play before sighted audiences.

Among other social events was a Garden Party, a Christmas Party, and a special anniversary tea-party and concert.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

868 cases of infectious disease were notified to the District Medical Officers of Health during 1951, compared with 1618 in 1950; 637 in 1949, and 898 in 1948.

It is satisfactory to note that the number of cases of infectious diseases notified was almost 50% less than in the previous year. This is accounted for by the decrease in the number of cases of measles, only 272 cases being notified in 1951, compared with 1,361 in 1950. There was again a decrease in the number of cases of scarlet fever, (41 against 57 last year). On the other hand, whooping cough notifications increased from 114 to 448 in 1951. 33 cases of food poisoning occurred in the City of Peterborough, compared with one case in 1950. These cases occurred in a residential Institution and were the subject of a detailed investigation.

It is satisfactory to report that no cases of diphtheria, cerebro-spinal fever or typhoid fever, occurred in the County in 1951, and only two cases of poliomyelitis, compared with 17 last year. The increase in the number of notifications of puerperal pyrexia (37 against 7 in 1950) has already been commented upon.

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

<i>Disease.</i>	<i>Peterboro'</i>		<i>Barnack</i>	<i>Total</i>
	<i>M.B.</i>	<i>R.D.</i>	<i>R.D.</i>	
Scarlet Fever	36	4	1	41
Whooping Cough	398	18	32	448
Measles	108	52	112	272
Poliomyelitis: Paralytic	—	—	—	1
Non-Para:	—	1	—	1
Pneumonia	21	—	12	33
Erysipelas	2	—	—	2
Puerperal Pyrexia	35	1	1	37
Food Poisoning	33	—	—	33
Totals	633	76	159	868

I think it is highly probable that a considerable number of cases of infectious disease are not notified, especially in the Peterborough Rural District. In 1951, only 76 cases were notified from the Peterborough Rural District, in 1950, 167 cases, and in 1949 only 21 cases.

Vaccination

From January 1st to December 31st, 1951, record cards were received from general practitioners of the following children vaccinated:—

Primary	391	} Total 494
Re-vaccination	103	

In 1950, a total of 493 children were vaccinated, and in 1949 a total of 300.

Only 266 children under one year of age were vaccinated, or approximately 27% of the children born in the County in 1951.

TUBERCULOSIS

The East Anglian Regional Hospital Board is now responsible for all clinical work in respect of tuberculosis, but 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 Health Visitor working under my direction.

Notifications

Sixty-four new cases of tuberculosis were notified in the County in the year 1951, compared with 77 in 1950. 58 of these were cases of pulmonary tuberculosis, and six of non-respiratory tuberculosis. In addition, 11 other cases of respiratory and 1 of non-respiratory 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 1.02 compared with 1.2 in 1950, and of 0.65 in 1949.

The following Table shows the age groups and sexes of the new cases notified in 1951:—

Age Period.	Respiratory.		Non-Respiratory.		Total	
	M.	F.	M.	F.	M.	F.
1—2	1	—	—	—	1	—
2—5	1	—	—	—	1	—
5—10	—	—	—	—	—	—
10—15	—	1	—	—	—	1
15—20	2	5	2	—	4	5
20—25	3	8	1	1	4	9
25—35	6	4	1	—	7	4
35—45	7	4	—	—	7	4
45—55	8	—	—	—	8	—
55—65	3	—	1	—	4	—
65—75	2	1	—	—	2	1
75 & over	1	1	—	—	1	1
Totals	34	24	5	1	39	25

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

	Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.
Death Returns from Local Registrars	1	—	—	1
“Transfers” from Other Areas	5	5	—	—
Total	6	5	—	1

The Ministry of Health during the year issued a circular defining the type of case to be notified in future, viz:—

“A person who, because of tuberculous infection, may infect others: or a person who is suffering from an active tuberculous lesion which calls for medical treatment or for some modification of the patient’s normal course of living.”

This may result in a slightly smaller number of notifications being received in future, as cases where the disease has become quiescent or arrested before a diagnosis is made will not be included.

The number of cases remaining on the Notification Register at December 31st, 1951, was **284**, viz: 259 cases of pulmonary tuberculosis (138 males and 121 females), and 25 cases of non-respiratory disease (16 males and 9 females).

At the end of 1950, 257 names were on the Register.

Deaths

There were 14 deaths from pulmonary tuberculosis in the County in 1951 (13 males and 1 female), four more than last year. This gives a death rate of 0.21 per 1,000 of the population, compared with 0.15 in 1950, 0.15 in 1949, and 0.30 in 1948.

The death rate for England and Wales in 1951 was 0.31, so that our rate is again lower than that of the country as a whole.

I append a table showing the number of notifications and deaths in the County since 1920, and the incidence of deaths to new notifications:—

<i>Year</i>	<i>New Notifications.</i>	<i>Deaths.</i>	<i>Percentage of deaths to Notifications.</i>
1920	81	26	32.1
1921	86	45	52.3
1922	64	32	50.0
1923	93	32	34.4
1924	73	24	32.8
1925	73	30	41.0
1926	57	21	38.6
1927	41	32	78.0
1928	38	26	68.4
1929	62	27	43.5
1930	31	19	61.3
1931	32	23	71.8
1932	35	27	77.1
1933	29	17	58.6
1934	18	24	75.0
1935	28	13	46.4
1936	39	21	53.8
1937	40	31	77.5
1938	29	18	62.0
1939	24	24	100.0
1940	25	8	32.0
1941	31	18	58.0
1942	43	22	51.1
1943	42	21	50.0
1944	43	11	25.8
1945	46	20	43.4
1946	43	23	53.4
1947	58	15	25.8
1948	28	19	67.8
1949	42	10	23.8
1950	73	10	13.7
1951	58	14	24.3

Although the number of new cases notified in 1951 was again higher than the average, the incidence of deaths to notifications remains low (24.3 against 13.7 in 1950).

It is interesting to compare the incidence of deaths to new notifications in ten year periods since 1922, which gives the following results:—

<i>Period.</i>	<i>New Notifications.</i>	<i>Deaths.</i>	<i>Incidence.</i>
1922—1931	564	266	47.5
1932—1941	298	201	67.4
1942—1951	476	165	34.6

An interesting fact is here revealed,—that although the number of new notifications was lowest in the period 1932—1941, the incidence of deaths was highest. This may be due, in part, to the war. During the war years 1939—1944, 208 new cases of respiratory tuberculosis were notified, and there were 104 deaths—an incidence of 50%.

Although the number of notifications has increased during the last three years, it appears that the cases are being discovered in the early and curable stage, for, whereas 173 cases have been notified during the years 1949—1951, there have been only 34 deaths, an incidence of 19%.

I would again urge, however, that we cannot afford to be complacent about the diminishing death rate of the last decade and to regard the tuberculosis battle as won. The death rate in this County was slightly higher in 1951 than in the previous year, and it is noteworthy that there were 13 deaths among males, compared with one only in females.

Five of the males who died were in the 25—45 age group, and seven in the 45—65 age group; one was over 65 years of age.

Non-Pulmonary Tuberculosis

There was one death from non-pulmonary tuberculosis in 1951. This was a female aged 22, who died of tuberculous peritonitis. The case was not notified before death.

Six cases of non-respiratory tuberculosis were notified during the year, viz: five males and one female. Two of the males were cases of spinal disease, one of renal disease, one of tuberculous adenitis, and one of tuberculous disease of the hip. The female was suffering from peritonitis.

Only one case of tuberculous glands has been notified in the last three years, whereas it was once usual to have ten or more of these cases notified annually. If these cases are occurring (which I presume they are) it is a pity that they are not notified, because, as the Authority responsible for the Prevention, Care and After-care, the knowledge of these cases gives an opportunity for tracing the source of infection. However, pasteurization of the major part of the milk supplied in the County may be reducing this incidence.

Residential Accommodation

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

We are in a particularly fortunate position in this area, 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 1951, a total of 69 patients from the Soke of Peterborough were admitted to Sanatoria, viz: 40 men, 28 women, and 1 child, compared with a total of 69 in 1950 and 49 in 1949.

At the end of the year, a total of 68 patients were accommodated in the following Institutions:—

<i>Sanatorium</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>
Kelling Sanatorium	19	1	—
Papworth Hall, Cambridge	3	8	—
Nayland Sanatorium, Colchester	—	13	—
Bramblewood Sanatorium, Colchester	—	2	—
Children's Sanatorium, Holt	—	—	1
Fletcher Convalescent Home, Cromer	—	—	2
Preston Hall, Maidstone	1	2	—
Manfield Orthopædic Hospital	3	—	3
John Greenwood Shipman Convalescent Home	—	—	1
Bourne Isolation Hospital	3	1	—
No. 4 Polish Hospital, Whitchurch	1	—	—
East Dereham Isolation Hospital	1	—	—
White Lodge, Newmarket	—	2	—
Ipswich Sanatorium	1	—	—
Totals	32	29	7

Five patients were awaiting admission to Sanatoria at the end of the year.

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 traces all who had been in contact with the case, and tries all methods of persuasion in getting them to attend at the Chest Clinic for examination, following them up if they change residence.

She inculcates into the patients how they have to amend their lives, not only for their own benefit, but also to prevent any spread of the infection. She educates the family in necessary preventive measures and instructs in the practical measures to be carried out.

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 are kept in a good state of repair.

I again express my thanks to Miss Wagstaff for the interest she takes in her patients, to whom it is now possible to give more individual care, due to the large proportion of the cases occurring in the County being admitted almost at once into Sanatoria. 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

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 (weekly)	at 5.30 p.m.

FEMALES

Wednesdays (weekly)	at 5.30 p.m.
Fridays (weekly)	at 10.30 a.m.

174 patients attended the Clinic for the first time during the year 1951, compared with 235 in 1950, and 211 in 1949. These were classified as follows:—

Suffering from:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	12	7	19
Gonorrhœa	26	8	34
Chancroid	2	—	2
Non-gonococcal urethritis (males)	25	—	25
Other conditions requiring treatment	24	24	48
Conditions not requiring treatment	20	17	37
Conditions undiagnosed at 31.12.52	6	3	9
Totals	115	59	174

On January 1st, 1951, 180 patients were already under treatment viz: 137 cases of syphilis (54 males and 83 females); 25 cases of gonorrhœa (17 men and 8 women); and 18 cases of other conditions (11 males and 6 females).

In addition, 26 patients, who had defaulted in previous years, returned to the Clinic for treatment or observation during the year under review, viz: 5 cases of syphilis, 2 of gonorrhœa, and 19 of other conditions. Therefore, a total of 380 patients were treated at the Peterborough Clinic during 1951, compared with 398 in 1950; 437 in 1949; 453 in 1948; 530 in 1947, and 698 in 1946, and 683 in 1945.

It will be observed that the number of cases seen at the Clinic has steadily decreased during the last six years (and, in fact, longer).

The places of residence of the 174 new patients who attended the Clinic during 1951 were:—

	1951	1950
Soke of Peterborough	94	(105)
Huntingdonshire	23	(35)
Isle of Ely	17	(34)
Kesteven (Lincs.)	18	(30)
Northamptonshire	8	(7)
Other areas	14	(24)
Totals	174	(235)

During the year, 183 patients were discharged after completion of treatment and final tests of cure, or after diagnosis as non-venereal disease had been confirmed, viz: 38 cases of syphilis, 22 of gonorrhœa and 123 cases of non-venereal conditions.

Fourteen patients suffering from syphilis defaulted after completion of treatment, but before final discharge. 12 patients with gonorrhœa defaulted after three months treatment but before final tests of cure. Ten patients suffering from syphilis ceased to attend before completion of treatment. 22 patients were transferred to other Centres or Institutions, or to the care of private practitioners, viz: 12 cases of syphilis, 4 of gonorrhœa, and 6 of other conditions.

On December 31st, 1951, 139 patients were remaining under treatment or observation, viz: 87 cases of syphilis (38 males and 49 females), 23 cases of gonorrhœa (15 men and 8 women), and 29 cases of other conditions (21 males and 8 females).

The 380 patients who attended the Clinic during the year made 2,413 attendances (an average of approximately 6 attendances per patient), as compared with 2,245 attendances in 1950; 2,118 in 1949; 3,176 in 1948; 4,606 in 1947, and 6,614 in 1946.

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

Contacts attending for examination through the agency of:—

Patients (1 syphilis 3 gonorrhœa, 5 other conditions) 9

Health Visitor or Social Service Worker (5 syphilis,
3 gonorrhœa, 3 other conditions) 11

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

	<i>Microscopical Serum</i>				<i>Cerebro- Spinal Fluid.</i>	<i>Others</i>
	<i>For Syph.</i>	<i>For G. C.</i>	<i>For Syph.</i>	<i>For G. C.</i>		
Examined at the Treatment Centre	4	82	—	—	—	—
Examined at Pathological Lab:	4	68	880	111	30	4

It is noted that nearly one-third of the new cases seen in 1951 were suffering from conditions other than venereal disease, and that there has been a considerable reduction (over 50%) in the number of new cases of syphilis—19, compared with 44 in 1950.

INSPECTION AND SUPERVISION OF FOOD

Food and Drugs Act, 1938

I have to thank Mr. J. J. Cole, the County Inspector of Food and Drugs, for the following report on the work carried out in the year 1951:—

“ 123 samples of foodstuffs were analysed during the year 1951 and all with the exception of four milks were reported on as being up to standard or otherwise complying with the Act, Orders or Regulations. The samples analysed were as follows:—

Anchovies, Essence of 1; Anchovy Paste 1; Baked Beans in Sauce 2; Beef Sausage 1; Beef and Vegetable Puree 1; Bloater Paste 1; Breakfast Spread 1; Bristling Paste 1; Butter (Flavour) Mints 1; Chicken Paste 1; Christmas Pudding 1; Coffee and Chicory Essence 2; Crab Paste 1; Gurry Powder 1; Custard Powder 1; Gin 1; Glace Cherries 1; Gravy Powder 1; Ground Almonds 1; Ground Coffee 1; Ham and Beef Paste 1; Ham and Tongue Paste 1; Ice Cream (Chemical Analysis) 10; Ice Cream (Bacteriological Examination) 11; Ice Lolly 1; Jam 4; Jelly Cream 1; Lobster Paste 1; Meat Paste 2; Meat Pie 1; Milk (Chemical Analysis) 40; Milk (Bacteriological Examination) 10; “Morfat” (Milk Whipping Compound) 1; Orangeade 1; Pepper 2; Pepper Flavoured Compound 1; Pilchards in Sauce 1; Pork Sausages 2; Prune Puree 1; Salad Cream 1; Sauce 3; Table Jelly 1; Tomato Ketchup 2; Tomato Sauce 1; Vinegar 1.

Milk. This formed the bulk of the samples, as it is such an important article of food and can be so easily adulterated. Forty samples taken from retailers, wholesalers and schools, were chemically analysed and four were found to have added water, due not to intention but to carelessness. The percentages of milk-fat ranged from 5.6 to 3.0 with an average of 3.8. The percentage of milk-solids were from 9.34 to 7.92, an average of 8.89. It will be noted that the milks were of high quality by comparison with the standards which are: milk-fat 3.0 per cent. and 8.5 per cent. milk-solids. In other areas a substantial proportion of milk samples was found to be sub-standard.

The adulterated samples came from two farmers who were selling by wholesale. In one case, two churns of milk ready for sale contained 8 per cent. added water and the other 4 per cent. The adulteration was due to a leaking cooler which the farmer neglected to repair, though notified some weeks earlier by his cow man. Legal proceedings were taken and fines imposed. The other farmer had 2 per cent. of added water in one churn and a minor quantity in the other. I believe the cause was through neglect to drain the churns, the milking buckets and the milking units. Having regard to the previous good character of this producer and all the circumstances, legal proceedings were not taken but a suitable caution was sent which had a very salutary effect.

Bacteriological Examination of Milk

Ten samples were examined: eight were reported on as being very satisfactory and two unsatisfactory. One of the latter was sold as

pasteurized and found to be undesignated milk. In both cases, the retailers and producers were urged to see that the utmost cleanliness was observed in the production, sale and storage of the milk, and particularly in the thorough sterilizing of cans and bottles being used.

This is a marked improvement as compared with, say five years ago, when the number of satisfactory samples was no more than 25 per cent.

Ice Cream. Ten samples were chemically analysed and were well above the standards of Fat 5 per cent., Sugar 10 per cent. and Milk Solids 7.5 per cent.

The percentage of fats found was from 20.96 to 9.05, average 12.78; Sugar from 13.88 to 10.19, average 12.2; Milk Solids 10.89 to 6.72, average 9.48.

One of the samples, a choc-ice, had 20.96 per cent. Fat, 12.83 per cent. Sugar, and 6.72 per cent. Milk Solids. The latter was somewhat below the standard required, but the analyst reported that if allowance were made for the chocolate coating there was no doubt that the underlying ice cream would contain at least 7.5 per cent. of milk solids.

Eleven samples of ice cream were bacteriologically examined and the results were:—

Grade I.	Grade II.	Grade III.	Grade IV.
Five	Four	Two	—

This is better than last year, but not yet quite good enough, and not in keeping with the very high compositional standard.

Pork Pie and Meat Pie

PORK PIE—The analyst's report was:—

Weight of Crust	88.0 grams.
Weight of Meat Portion	70.0 grams.
Meat Content of Meat Portion	80.9 per cent.

MEAT PIE—

Weight of Crust	100 grams.
Weight of Meat Portion	53 grams.
Meat Content of Meat Portion	95.4 per cent.

I think that a purchaser would and should expect a much higher proportion of meat in these two articles. It should be noted that the above percentages are definitely on the low side, as there will be inascertainable losses of moisture during cooking.

In a King's Bench Divisional Court in March 1950, the Lord Chief Justice held that there was no standard by which a meat pie could be defined, provided it contains meat. He dismissed an appeal against the magistrates' refusal to convict for selling meat pies containing only 5 per cent. meat.

It would seem that the only remedy is to make standards for the meat content of meat pies.

SANITARY CIRCUMSTANCES

Housing

Peterborough City

During the year 1951, a total of 300 new houses was completed, viz: 268 by the Council and 32 by other bodies or persons.

A total of 2,021 applicants were awaiting re-housing at the end of 1950.

Known overcrowding remedied during the year is summarised as under:—

Families re-housed in prefabs and permanent houses from overcrowded circumstances	87
Transferred from hutted accommodation to permanent houses	23
Housed in hutted accommodation	43
Transferred from existing Council Houses and prefabs. to larger type houses	55
Total 1951	208
(Total 1950	133)

447 dwelling-houses were inspected for housing defects (under Public Health or Housing Acts) and the number of inspections made for this purpose was 853.

Peterborough Rural District

Twenty-nine houses were completed by the Council during the year, viz: Glington 27, Eye 2, which brings the total number of permanent houses completed since the war to 214.

The number of houses in course of erection at the end of the year was 27, viz: Glington 13; Upton 6; Marholm 8.

A contract for a further 16 houses to be erected at Castor was signed towards the end of the year.

At the end of 1951, the Council owned 422 permanent houses and 2 temporary dwellings.

Hutment Camps

There are 20 occupied huts at Marholm and 1 hut that has been closed will not be re-let. Others will be closed and disposed of as they become empty.

An Agricultural Hostel Building at Borough Fen has been taken over by the Council and is being converted into 4 bungalows.

Barnack Rural District

During the year, the last 16 Council houses at Wansford and the first 8 at Ufford were completed and occupied, the last 4 at Ufford being in the final stages of completion. Towards the end of 1951, the erection of the block of 6 Elderly People's houses at Barnack was commenced and tenders were approved for the block of 4 Elderly People's houses at Wittering.

Plans for the erection of 6 houses by private enterprise and for 3 conversions of buildings into dwellings were approved. 4 houses were completed by private enterprise during the year (3 at Wothorpe and 1 at Barnack). Sixteen Building Licences were issued during the year, as follows:—

For new houses	5
For adaptations and repairs	10
Under Special Authority	1

Seven families from Barnack Rectory Camp were rehoused, and in November a public sale of huts and various items held on behalf of the Ministry of Health realised £260.

Water Supplies

Within the City boundary, 15,329 dwellings with an estimated population of 51,155 receive a direct water supply by taps in the home. 555 dwellings occupied by 1,852 persons have a supply by standpipes, and 16 dwellings in which live approximately 53 people have a private supply from wells and springs.

The Peterborough Corporation water undertaking continues to supply a daily quantity of some 3.5 million gallons, but has demonstrated its capacity to step up this figure to 5.25 millions in drought periods of peak demand.

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

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

The total amount purchased during the year has been 50,380,000 gallons, as against 50,346,000 gallons for the year 1950—an increase of 34,000 gallons.

28 new connections have been made to the main during the year, chiefly to fields and new houses.

In the Barnack Rural District, the two piped supplies at Barnack and Thornhaugh have been adequate in quantity. The Barnack supply has been of excellent quality, but the Thornhaugh supply is liable to surface contamination, and steps are being taken to remedy this. Both supplies are chlorinated at source.

With the increase of building and the proposed sewerage schemes at a later date, it will be necessary to augment water storage facilities. All the villages in the district have now a piped supply.

GEORGE NISBET