[Report 1957] / Medical Officer of Health, County of the Soke of Peterborough.

Contributors

Peterborough (England). County Council.

Publication/Creation

1957

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County of the Soke of Peterborough

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

FOR THE YEAR

1957

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





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COUNTY OF THE SOKE OF PETERBOROUGH

MEMBERS OF THE COUNTY HEALTH COMMITTEE

(As constituted 30th April, 1958)

SIR ARTHUR CRAIG (Chairman of the County Council)

COUNTY ALDERMAN DR. J. HUNT
(Vice-Chairman of the County Council)

(ex-officio)

Chairman :-

COUNTY ALDERMAN G. T. VAWSER

Vice-Chairman :—
COUNTY ALDERMAN P. ADAMS

COUNTY ALDERMAN MRS. M. C. COOK

County Councillors :-

G. W. S. BURDETT MRS. A. PHILPOT
MRS. E. H. FEAR MRS. E. L. SAVAGE
S. G. GASCOINE G. TAYLOR
C. GREENWOOD W. YOUNG
G. MATTHEWS

Co-opted Members :-

DR. J. N. COLLINS DR. R. M. E. SMITH

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

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HEALTH DEPARTMENT STAFF — 1957

County Medical Officer of Health:—
GEORGE NISBET, M.B., CH.B.(ED.), D.P.H., R.C.S.(ED.)

Deputy County Medical Officer of Health:—
GERALD DISON, M.G., L.R.G.P., L.R.G.S.(ED.) AND S.(GLAS.),
D.OBST. R.C.O.G., D.P.H.(ED.)

Assistant Medical Officer of Health:— DIANA O. McKNIGHT, M.B., B.S., D.C.H.

Superintendent Nursing Officer

MISS I. SYLVESTER, S.R.N., S.C.M.,

H.V. CERT.

Health Visitors

Mrs. J. Bryson, S.R.N., B.T.A.,

H.V. CERT.

MISS F. COLES, S.R.N., S.C.M.,

H.V. CERT.

MISS M. GERRARD, S.R.N., H.V. CERT.

MISS P. GOODMAN, S.R.N., S.C.M.,

H.V. CERT.

MISS M. JULYAN, S.R.N., S.R.C.N.,

H.V. CERT.

Mrs. M. Parson, S.R.N., S.C.M.,

H.V. CERT.

Tuberculosis Health Visitor

Home Help Organiser

1ssistant Home Help Organiser

(part-time)

Home Teacher for the Blind

Administrative Assistant

Social Welfare Officer and Duly Authorised Officer MISS M. TOPP, S.R.N.

MRS. I. WINHAM

Mrs. M. Ambrose

MISS D. E. ELKINGTON

Mr. J. J. Dunford

MR. G. SMITH

DISTRICT MEDICAL OFFICERS OF HEALTH AND PUBLIC HEALTH INSPECTORS

Public Health District Medical Officer of Health Inspector City of GERALD DISON, M.C., L.R.C.P., J. HALL, M.S.I.A., Peterborough L.R.C.S.(ED.) AND S.(GLAS.), D.OBST. CERT. R. SAN. I., R.C.O.G., D.P.H. A.M.I. SAN. E. Peterborough W. ANLEY HAWES, M.B., D.P.H. C. GREEN, M.S.I.A., Rural District (part-time appointment) A.R. SAN. I. Barnack W. ANLEY HAWES, M.B., D.P.H. D. W. GRIFFITHS, Rural District (part-time appointment) M.S.I.A., A.R SAN. I.

COUNTY COUNCIL 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 Service for the year 1957, this being my tenth such report.

The usual facts and statistical tables will be found in the body of the report. In this preface I have endeavoured to give only the more essential statistics, with brief comments.

Population

The Registrar-General estimates the mid-1957 population of the Count as 68,270, which is an increase of 1,920 compared with mid-1956. An estimated increase of 9.2 per cent. in the Barnack Rural District is noteworthy.

Statistics

The following statistics show at a glance the Birth Rate, Death Rate Infant Mortality Rate, etc., for 1957, compared with recent years:—

	1957	1956	1955	1954.
Birth Rate	18.1	17.6	16.8	15.8
Death Rate	10.2	11.0	11.3	10.6
Infant Mortality Rate	24.1	29.0	27.1	22.1
Maternal Death Rate	0.08	0.08	0.0	0.0
Tuberculosis Death Rate	0.02	0.07	0.15	0.0
Cancer Death Rate	1.9	1.8	1.8	1.7

Comments

The death rate of 10.2 per 1,000 of the population is the lowest ever recorded in the County, being 1.3 lower than that of the country as a whole This year, for the first time, cancer heads the list of the principal causes of death, with a total of 134 deaths, while deaths from pulmonary tuberculosi (two) is the lowest number recorded in the annals of the County.

The crude birth rate is 18.1, compared with 17.6 in 1956, and 16.1 fo England and Wales. Since 1935 the birth rates in the Soke of Peterboroug have varied between 14.1 to 20.2 (in 1944). The 1957 birth rate is the higher in the County since 1947.

The infant mortality rate of 24.1 is 4.9 lower than in 1956, but is 1.1 higher than that of the country as a whole.

Asian Influenza was prevalent in the County in the Autumn, and reached its peak during the first two weeks in October 1957. The number of sickness benefit claims during this period was the highest since records were begun in 1953, reaching over a thousand in the area for the two weeks ended the 8th and 15th October.

The epidemic of Asian Influenza cost the National Insurance Fund an estimated £10 million, and sent the number of claims for sickness benefit up to 9,500,000, the highest since the scheme began in 1948. At the peak of the epidemic in the first week of October there were 567,000 claims. This was 130,000 more than the highest week's figure in the epidemic of 1951.

Measles was epidemic in the County, and during the year a total of 1,804 cases were notified, but I am happy to say no deaths were caused by this disease.

38 cases of food poisoning were notified, 22 of these occurring at a R.A.F. Station in the Barnack Rural District.

Vaccination against poliomyelitis continued without any untoward event, and during the year a total of 3,313 children were vaccinated with two njections, and 77 had received one injection only by the end of the year. The number of applicants awaiting vaccination at 31st December was 2,110.

I am pleased to report a satisfactory increase in the number of children accinated against smallpox. A total of 794 vaccinations were carried out n 1957, compared with 484 in 1956.

One of the great difficulties in the administration of the health services s the continued lack of accommodation for low grade mental defectives. Provision of accommodation for these cases is the responsibility of the Regional Hospital Board. We have in this area at least five defectives for whom the provision of institutional accommodation is a matter of desperate urgency, but in spite of repeated representations to the Regional Hospital Board not the case was offered institutional accommodation during the year, although a several instances a period of temporary care was granted to enable parents r relatives to have a holiday.

ummary of Work under the National Health Service Act

The following is a brief summary of the work of the County Health lepartment under the various sections of the National Health Service Act.

Fuller information will be found under the appropriate headings in the ody of this Report.

8
SECTION 22 — Care of Mothers and Young Children
Child Welfare Centres
Number of Centres at 31.12.57 1 Number of children under one year attending for the first time 79 (64% live births)
Attendances : Children under one year 8,77 Children one to five years 3,23
12,01
SECTION 23 — Midwifery
Domiciliary Confinements
Number of deliveries attended by County Council Midwives:
1953 395 1954 397
1955 444
1956 434 1957 475
Cost £77 1 0 per thousand population. £11 14 0 per case. SECTION 24 — Health Visiting
Details of Visits
Ante-natal
Total 14,29
Cost £53 17 0 per thousand population 8/9d. per home visit.
SECTION 25 — Home Nursing
Cases Medical. Surgical. Infectious. culosis. and Other. Total attended 653 106 0 8 36 80 Visits paid 21,546 3,393 0 182 257 25,3

Cost £93 9 0 per thousand population. 4/11d. per visit.

SECTION 26 - Vaccination and Immunisation

Number of Children Im	munised or Vaccir	nated against:
Diphtheria Poliomyelitis	341302 001	1,094
Smallpox Vaccination:	(mm, N, 19mm, N, 19mm	
B.C.G. Vaccination again	nst Tuberculosis:	

SECTION 27 — Ambulance Service

Number of full-time Ambulance	Drive	r/Atten	dants	et behandelt
employed by County Council				15
Number of patients carried	*****	*****		66 — 13,257 67 — 14,015
Number of miles travelled	*****			66 — 163,556 67 — 175,725
Cost £203 1 0 per thou	usand	popula	tion.	1115,125

SECTION 29 — Home Helps

Number of Cases attended by Domestic Helps during 1957:-

Type of Case.		to road	Number.	Perc	centage of	Total.
Maternity	1000	-	96	a printer	26.5	
Tuberculosis			9	3201-bim	2.8	
Chronic Sickness	******		202		55.9	
Others			54	stretoni fot	14.8	1
		al	361		100.0	
ON THE YEAR	4 5000	PETE.	10 10	FERRING V	2000	13

Cost £64 9 0 per thousand population. £17 13 0 per case per annum.

Staff

There were no staff changes during the year, although Dr. Dison, Deputy County Medical Officer, resigned to take up another appointment early in 1958.

I continue to receive a great deal of help from various sources, both within and without the departments of the County Council.

I take this opportunity to tender my thanks to all who have given me ussistance during the year, especially the staff of the Health Department, both professional and lay.

Finally, I would like to express my thanks to the Chairman and members of the County Health Committee for their continued support and help.

I have the honour to be,

Your obedient Servant,

GEORGE NISBET,

County Medical Officer.

vertical spring

SECTION I

STATISTICS AND SOCIAL CONDITIONS

General Statistics				
Area of Admini	istrative County (in acres)			53,464
Population (Cer	nsus 1951)			63,784
Population (Reg	gistrar-General's estimate mid-195	57)		68,270
Rateable Value	(1st April, 1958)		£	2892,834
Estimated Produ	uct of a Penny Rate			£3,619
		Ce	ensus E	stimated
Population by Dis	stricts	19	951 n	nid-1957
City of Peterbo	rough	53,	,412	55,730
Peterborough R	ural District	7,	,273	7,680
Barnack Rural			,099	4,860
Administrative (County	63,	,784	68,270
Barnack Rural Di compared with m		in the C	ounty as	a whole
	d increase of 9.2 per cent. in the	population	on in the	Barnacl
Rural District is	noteworthy.			
	ROM VITAL STATISTICS FO	OR THI	E YEAR	1957
EXTRACTS F	ROM VITAL STATISTICS FO			
EXTRACTS F	ROM VITAL STATISTICS FO	Tales.	Females.	Total
EXTRACTS F Live Births Legitimate	ROM VITAL STATISTICS FO			Total 1,18
EXTRACTS F Live Births Legitimate Illegitimate	ROM VITAL STATISTICS FO	fales.	Females. 573	Total
EXTRACTS F Live Births Legitimate Illegitimate	ROM VITAL STATISTICS FO	fales. 611 32 643	Females. 573 25 598	Total 1,18
EXTRACTS F Live Births Legitimate Illegitimate	ROM VITAL STATISTICS FO	fales. 611 32 643 ation	Females. 573 25 598	Total 1,18 5 1,24
EXTRACTS F Live Births Legitimate Illegitimate	Birth Rate per 1,000 of popul. Birth Rate for England and Wal	fales. 611 32 643 ation	Females. 573 25 598	Total 1,184 5, 1,24 8.1 6.1
EXTRACTS F Live Births Legitimate Illegitimate Total Stillbirths Legitimate	Birth Rate per 1,000 of popul. Birth Rate for England and Wal	fales. 611 32 643 ation	Females. 573 25 598 1	Total 1,184 5, 1,24 8.1 6.1
EXTRACTS F Live Births Legitimate Illegitimate Total Stillbirths Legitimate Illegitimate Illegitimate Illegitimate I	Birth Rate per 1,000 of popul. Birth Rate for England and Wal	fales. 611 32 643 ation les	Females. 573 25 598 1 1 Females.	Total 1,184 5, 1,24 8.1 6.1
EXTRACTS F Live Births Legitimate Illegitimate Total Stillbirths Legitimate	Birth Rate per 1,000 of popul. Birth Rate for England and Wal	fales. 611 32 643 ation les 8 1 9	Females. 573 25 598 1 1 Females. 6 1 7	Total 1,18 5 1,24 8.1 6.1 Total
EXTRACTS F Live Births Legitimate Illegitimate Total Stillbirths Legitimate Illegitimate Illegitimate Illegitimate I	Birth Rate per 1,000 of popul. Birth Rate for England and Wal	fales. 611 32 643 ation les 8 1 9 oirths	Females. 573 25 598 1 1 Females. 6 1 7	Total 1,184 5, 1,24 8.1 6.1
EXTRACTS F Live Births Legitimate Illegitimate Total Stillbirths Legitimate Illegitimate Illegitimate Illegitimate I	Birth Rate per 1,000 of popul. Birth Rate for England and Wales Rate per 1,000 live and stillb. Rate for England and Wales	fales. 611 32 643 ation les 8 1 9 oirths	Females. 573 25 598 1 1 Females. 6 1 7	Total 1,18 1,24 8.1 6.1 Total 1 2.7
EXTRACTS F Live Births Legitimate Illegitimate Total Stillbirths Legitimate Illegitimate Illegitimate Total	Birth Rate per 1,000 of popul. Birth Rate for England and Wales Rate per 1,000 live and stillb. Rate for England and Wales	fales. 611 32 643 ation les 1 9 oirths 1ales. 365	Females. 573 25 598 1 1 Females. 6 1 7 1 2 Females. 332	Total 1,18 1,24 8.1 6.1 Total 1 2.7 2.4 Total

Infant Mortality				Males	. Fe	males	. 1	Total
Legitimate				18		12		30
Illegitimate			******	0		0		0
Total		******		18		12		30
Rate par	1 000	line b			04.1			
Rate per Rate for				*****	24.1 23.0	(195 (195		29.0)
			wates		45.0	(195	0 :	23.8)
Deaths from Measles (a	ill ages)				*****		0	
Deaths from Whooping							0	
Deaths from infective	and ou	ier pa		nder 2			0	
			(4	naci 2	years)	******	0	
Chief Causes of Death, 195	7							
Cancer							104	
Vascular lesions				******		*****	134	
Coronary disease, angir			*****			*****	111	
Other heart diseases					******	******	91	
Pneumonia							37	
Bronchitis							25	
Other circulatory diseas	ses						23	
Accidents						*****	23	
The deaths classified in age figures):—	period	s are a	as follo	ws (Re	egistrar	-Gen	eral's	inini
0 — 1 years				*****			30	
1 — 5 "							3	
15 — 25 "							8	
25 — 45 "							24	
45 — 65 ,,							153	
65 — 75 ,,							172	
75 " and ov	er .						307	
					Total		697	

Births

The total number of live births in the County in 1957 was 1,241, compared vith 1,171 in 1956; 1,106 in 1955, and 1,037 in 1954. The crude birth rate is 18.1, compared with 17.6 in 1956, and 16.1 for England and Wales. Our wirth rate is again higher than that for the country as a whole, and is probably accounted for by the fact that we have a considerable number of Italian Catholic) families living in the area.

57 of the 1,241 children born in 1957 were illegitimate. The illegitimacy ate was 4.6 per 1,000 live births, compared with 5.9 last year and 5.5 in 1955. t is noteworthy that none of the illegitimate children died. Usually the infant nortality rate among illegitimate infants is higher than among those born in redlock.

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

Area.	Males.	Females.	Total.	Rate
Peterborough City	 526	490	1,016	18.2
Peterborough Rural District	 74	73	147	19.0
Barnack Rural District	 43	35	78	16.
Administrative County	 643	598	1,241	18.

Since 1935 the birth rates in the Soke of Peterborough have varied between 14.1 to 20.2 (in 1944). The birth rate in 1957 was the highest in the Count since 1947.

Stillbirths

The number of stillbirths in 1957 was 16 only (13 in the City; 2 in the Peterborough Rural District and 1 in the Barnack Rural District). The rat of 12.7 per 1,000 live and stillbirths is considerably lower than that of the country as a whole, which is 22.4.

14 of the 16 stillbirths occurred in hospitals or maternity units attached to hospitals, and 2 occurred in domiciliary midwifery practice.

Infant Mortality

The Registrar-General records 30 deaths among infants aged one yea or under in the County of the Soke of Peterborough, 25 being assigned to th City of Peterborough, and 5 to the Peterborough Rural District.

18 of the 30 deaths occurred in males and 12 in females.

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

City of Peterborough	 	25	Rate	24.6
Peterborough Rural District	 	5	,,	34.0
Barnack Rural District	 	0	,,	0
Administrative County	 	30	,,	24.1

In England and Wales as a whole the infant mortality rate was 23.0 pe 1,000 related live births, and was the lowest ever recorded in this country being 0.8 per 1,000 below that for 1956. In the Soke of Peterborough the infant mortality rate in 1957 was 4.9 lower than in 1956, but is 1.1 higher than that of the country as a whole.

I append a Table showing the live birth rates and infant mortality rate in England and Wales for the years 1946–1957 and for comparison, simila rates for the Soke of Peterborough. It will be noted that in the last three year our infant mortality rate has been higher than that of the country as a whole although over a period of 12 years it has been lower than the national figures

100 10	ENGLAND AND	WALES.	Soke of Pe	TERBOROUGH.
Year.	Live Births per 1,000 population.		Live Births.	Infant Mortality.
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
1952	15.3	27	15.3	20
1953	15.5	26	16.4	26
1954	15.2	25	15.8	22
1955	15.0	24	16.8	27
1956	15.7	23	17.6	29
1957	16.1	23	18.1	24

Although the Registrar-General reports 30 deaths in infants under one year of age in the County in 1957, I have records of 29 only. 22 of these occurred in babies aged under four weeks.

The causes of death of the 29 infants of which I have knowledge (as recorded on the death certificates) were as follows:—

Atelectasis	*****	*****	10
Prematurity		******	4
Broncho-Pneumonia		******	4
Pulmonary Oedema			1
Congenital Pyloric Stenosi	s		1
Cardiac failure			1
Cerebral damage			1
Cerebral haemorrhage			1
Haemolytic disease of ne	whorn		1
Hydrocephalus	WOOTH		1
		******	1
Congestive heart disease	******		1
Diaphragmatic hernia	*****		1
Myelo-meningococele			1
Peritonitis	******		1
			*

28 of the 29 infants died in hospitals or maternity units attached to spitals, and one died at home.

Deaths

There were 697 deaths in the County in 1957 (365 males and 332 females), giving a death rate of 10.2 per 1,000 of the population, compared with a rate of 11.0 in 1956; 11.3 in 1955 and 10.6 in 1954. It is, in fact, the lowest death ate ever recorded in the County, the next lowest rate being in 1923, when it vas 10.4.

The death rate for England and Wales in 1957 was 11.5, or 1.3 higher han in the Soke of Peterborough.

479 of the deaths occurred in persons of 65 years of age or over, or 68. per cent. of the total deaths. 307 deaths occurred in persons of 75 years o age or over.

Since 1920 the death rates in the Soke of Peterborough have varied between 10.2 in 1957 to 13.4 (in 1933), but they have generally been below that of the national figure.

The following Table shows the causes of death at different periods o life:—

				_					
CAUSE OF DEATH	All Ages	0-1	1-5	5-15	15-25	25-45	45-65	65-75	Ove.
Tuberculosis-Respiratory	2		20		_	_	2	_	
Syphilitic Disease	3	_	-	-	_	_	1	-	2
Acute Poliomyelitis	1	-	-	-	-	1		-	1
Other infective and parasitic diseases	3	-	-	_	_	1	1	1	-
Malignant neoplasm, stomach	24	-	-	-	-	-	11	2	11
Malignant neoplasm, lung bronchus	31	-	-	-	-	-	15	15 5 2	1
Malignant neoplasm, breast	11	-	-	-	-	1	5	5	-
Malignant neoplasm, uterus	5	-	-	-	-	1	2	2	-
Other malignant and lymphatic	- 11,00	111	CEL	MIL WI	31100	2503	(TIME	1.35	1131
neoplasms	63	-	1	-	1000	2	17	19	24
Leukaemia	2	_	-	-	-	1	1	-	100
Diabetes	4	-	-	-	-	1	1	-	2
Vascular lesions of nervous system	111	-	-	-	-	1	14	20	76
Coronary disease, angina	107		-	-	-	2	31	36	38
Hypertension with heart disease	10	-	-	-	-	1		5	5
Other heart disease	91	_	_	-	-	-	12	21	58
Other circulatory disease Influenza	23 10	-	-	77	119751	-	2	7	14
Danasa and a	37	1 2	1	100	dans	1 2	1	3	4
Propohitie	25	10	1	-		2	8	10 7	14
Other disease of respiratory system	6	-	1000	777	11/10/6	1	0	1	12
Ulcer of stomach and duodenum	8		_	11	1000	1000	2 2	- 2	2
Gastritis, enteritis and diarrhoea	2					6,000	4	3	3
Nonhritic and Nonhrocia	7	200			2	_	2	2	1
Hyperplasia of Prostate	5	_	120	1102		OL.	-	3 2 2 2	31
Pregnancy, childbirth, abortion	1				Townson.	1			3
Congenital Malformations	7	7	_					-	
Other defined and ill-defined diseases	67	20	1	1	(NAME	2	10	6	28
Motor Vehicle accidents	7	_	1000	Jane.	2	3	1	1	-
All other accidents	16		_	-	4	1	î	3	7
Suicide	7	_	-	-	-	2	4	-	1
TOTAL	697	30	3	(8	24	153	172	307

Cancer Deaths

There were 134 deaths from cancer in the Soke of Peterborough in the year 1957 (66 males and 68 females), giving a death rate of 1.9 per 1,000 of the population, compared with 1.8 in 1956.

Thirty-one of the 134 deaths were due to malignant disease of the lung or bronchus, a death rate of 0.44, compared with a rate of 0.42 for England and Wales as a whole. Twenty-five of the victims were males and six females

During the last five years (1953-1957) there have been 612 deaths from cancer in the County, 112 of them being due to malignant disease of the lung or bronchus (or 19%).

The relationship between cigarette smoking and cancer of the lung is now so generally accepted by the medical profession that it is unnecessary for me to say more, except to urge that school teachers and those who have influence over the young should, by example and precept, do all in their power to prevent young people from starting this filthy habit. On the few occasions when I have looked in at a meeting of head teachers I have had difficulty in seeing across the room for tobacco smoke!

The tobacco industry spent over £2.3 millions in advertising in 1956, and I feel that an equally strenuous campaign to keep the facts about cancer and smoking in front of the public is needed, and in such a campaign the teachers in senior and grammar schools can, if they wish, play an important part.

There were 11 deaths in females from carcinoma of the breast in 1957, the same as last year, and 24 deaths from malignant disease of the stomach, again the same as in 1956.

The Registrar-General's Return for 1957 shows that while the provisional death rate for all forms of cancer for men and women varies little from 1956, the rate for men for deaths due to cancer of the lung and bronchus increased from 726 to 759 per million, and the rate for women increased from 111 per million in 1956 to 116 per million in 1957.

Out of a total of 50,045 male deaths from cancer, 16,430 or nearly 33 per cent., were certified as due to cancer of the lung and bronchus, whilst out of a total of 43,962 female deaths from cancer, only 2,688 or about 6 per cent., were ascribed to this cause.

General Remarks

It is gratifying to report the lowest death rate (10.2) ever recorded in the County.

This year, for the first time, cancer heads the list of killing diseases, with a total of 134 deaths.

The number of deaths from pulmonary tuberculosis (two) is the lowest ever recorded, and is exceeded by the number of deaths from syphilitic disease (three).

There were seven deaths from motor accidents, against ten in 1956, and seven suicides compared with five last year.

There was, unfortunately, one death attributable to pregnancy and childbirth, and one from acute poliomyelitis.

No deaths were recorded during the year from any of the following causes: non-respiratory tuberculosis; diphtheria; whooping cough; meningo-coccal infections or measles.

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Administration

The County Council, as a Local Health Authority, established a County Health Committee in accordance with the requirements of the National Health Service Act, 1946. The County Health Committee has, in turn, established the following Sub-Committees, which meet once monthly:—

- (a) Ambulance Sub-Committee;
- (b) Mental Health Sub-Committee;
- (c) Maternity and Domiciliary Services Sub-Committee;
- (d) Prevention of Illness and After-Care Sub-Committee.

The County Council has not established a separate department for its functions as a Local Welfare Authority under the requirements of the National Assistance Act of 1948. A Sub-Committee (the Welfare Sub-Committee of the County Health Committee) meets monthly and the work is carried out within the duties of the Public Health Department.

The majority of the members of each of the Sub-Committees are members of the Local Health Authority, but each Sub-Committee co-opts any local persons who have a special interest in the subjects dealt with by each individual Committee.

SECTION 22 - Care of Mothers and Young Children

Ante-natal Clinics are held at "The Gables" Maternity Hospital, Peterborough, for patients who have booked for admission to Maternity Units of the Regional Hospital Board. Blood testing for Wassermann, Kahn, and rhesus factor is carried out as a matter of routine.

No doctors' ante-natal clinics are held under the auspices of the Local Health Authority, but a considerable number of women are attended antenatally by their own doctor.

A Midwives' Ante-Natal Clinic is held at the Child Welfare Centre at the Town Hall on four afternoons a week for patients who have booked a domiciliary midwife for their confinement. Blood testing is not carried out at these clinics, but the majority of general practitioners now make these tests, and arrangements have been made for me to receive the results of all blood tests, except those carried out by practitioners in Stamford. All midwives' cases have a general examination by their own doctors for fitness to receive gas and air analgesia.

During the year, 566 women attended these clinics (474 being new cases) and the total attendances were 1,722 compared with 1,549 made by 544 women in 1956.

Mothercraft classes are held weekly at the Child Welfare Centre, Town Hall, and are well attended. Invitations to attend these classes are sent by post from my Office to all expectant mothers, including those who have booked for admission to the Maternity Units.

During the year 1957, 227 mothers attended the Mothercraft Classes, compared with 183 in 1956. Fathercraft classes are held at the Town Hall premises in conjunction with the Mothercraft Classes. About two-thirds of the fathers attended.

Relaxation courses for expectant mothers are also held at the Town Hall Clinic, and during the year 159 mothers attended these courses.

Child Welfare Centres

Ten child welfare centres were maintained by the Local Health Authority luring the year, as follows:—

- (1) Town Hall, Peterborough Tuesday mornings and afternoons; Wednesday afternoons.
- (2) Mountsteven Avenue, Monday and Thursday afternoons. Walton, Peterborough.
- (3) Dogsthorpe/Newark School, Monday and Thursday afternoons. Peterborough.
- (4) Barnack (Village Hall) First Wednesday and Third Thursday afternoons each month.
- (5) Castor (Village Hall) Second and Fourth Tuesday afternoons each month.
- (6) Eye (Kendall's Rooms) First and Third Tuesday afternoons each month.
- (7) Glinton (Village College) First Thursday and Third Wednesday afternoons each month.
- (8) Helpston (School Canteen) Fourth Wednesday afternoon each month.
- 9) Newborough (Forrester's Second and Fourth Tuesday afternoons each month.
- 0) Wittering (Sick Quarters, First and Third Wednesday afternoons each month.

There are no voluntary child welfare centres in the County. Voluntary orkers, however, assist at the Local Authority's Clinics, and their services re much appreciated. Some have been attending voluntarily for many years.

Toddlers' Clinics are now held twice monthly at the Town Hall, Dogstorpe, and Walton, appointments being sent from my Office. A medical ember of my staff always attends these clinics.

I append a statistical record of the work performed at the child welfare clinics during the year 1957:—

Number of Centres provided at the end of the year	10
Number of Child Welfare Sessions held per month	42
Number of children who first attended during the year and who, at their first attendance, were under one year of age	1,325
Number of children who attended during the year and who were born in 1957	736
1956	610
1955–1952	835
Total number of children who attended during year	2,181
Number of attendances during the year made by children who at the date of attendance were:— (a) under 1 year	8,777
(b) 1 but under 2	1,979
(c) 2 but under 5	1,254
Total attendances during year	12,010

The Mothers' Club, which meets on the first Wednesday evening of each month at the Town Hall Child Welfare premises, continues to be well attended as is the Parents' Club associated with the Infant Welfare Centre at Walton

These clubs are keenly interested in health education.

Premature Births

Babies weighing 5½ lbs. or less at birth are classified as premature, an arrangements are made for this information to be supplied when the birt is notified.

A specially equipped premature baby cot is provided by the Local Healt Authority. It is held at "The Gables" and is available to be taken from there to any address where it may be required.

Eighty-eight premature live births were notified in the County during th year. 71 of these births occurred in hospitals, 16 at home, and one was bor in a private nursing home. In addition, six premature stillbirths were notified all being born in hospital.

Day Nursery

One Day Nursery is maintained by the Local Health Authority. It situated in Granville Street, Peterborough, and has approved places for 4 children (15 aged 0-2 years, and 30 for children aged 2-5 years). The number of children on the register at the end of the year was 28, the average dail attendance during the year being 27.

Unmarried Mothers and Care of Illegitimate Children

Arrangements for the care of unmarried mothers are made in liaison with Miss A. D. M. Fyfe, M.A., the Moral Welfare Worker (appointed and paid for by the Peterborough Moral Welfare Association).

Applications were made during 1957 for the admission of nine unmarried mothers to maternity homes at the expense of the Local Authority, compared with 12 applications in 1956.

Where necessary, the Children's Officer (Miss Brock) and Miss Fyfe assist in securing the adoption of illegitimate children into suitable homes, although it is the policy first to endeavour to find foster parents, or to admit the children to the Day Nursery in cases where the mother has to go out to work. Special visits are made by the health visitors to all unmarried mothers and their children.

Recently much sensational publicity has been given in the national press about the morals of Peterborough inhabitants, especially the teen-age girls. I am in no position to make judgement about this, but if the number of illegitimate births occurring in the County is any criterion, it would not appear that Peterborough is worse than other towns of similar size. In 1957, out of a total of 1,241 births, 57 were illegitimate, a rate of 5.3. While one must not remain complacent about this, the attitude of some sections of the daily press, which, with a stroke of the pen pushed the number up from 57 to 70 illegitimate births, is to be deplored, and was not, I am glad to say, copied by the local press.

Dental Care

The Local Health Authority is not responsible for the School Medical Service and therefore does not employ a Dental Officer.

A full-time Dental Officer is employed by the Peterborough Joint Education Board, which is an independent Authority. Unofficially, and on a purely personal basis, the School Dental Surgeon treats a number of preschool children at the School Dental Clinic, and during the year under review 50 such children were examined at the Clinic. 42 were found to require treatment and all received the necessary attention.

This unofficial help given by Mr. T. H. Roberts, the School Dental Officer, is much appreciated.

Mr. Roberts is retiring in October (1958) and I should like to place on record my great appreciation of the help he has given over the years, especially so far as the County Council is concerned, in treating pre-school children.

During the year the Local Health Authority accepted financial responsibility for the provision of new dentures for five nursing or expectant mothers who had been treated by dentists in private practice.

Maternity Outfits

Under the National Health Service Act, 1946, these outfits are supplied free of charge in domiciliary confinements, and can be obtained on application to the Superintendent Nursing Officer, Town Hall, Peterborough.

The number issued in the year 1957 was 372.

Welfare Foods

The main Welfare Food Distribution Centre is situated at 36 Queen Street, Peterborough (in the City centre), with a branch distribution centre in the village of Wansford. The staffing arrangements are the same as those described in previous reports.

The Women's Voluntary Service continues to give valuable help in transporting welfare foods to the various village clinics, and I again express my thanks to them—and especially to Mrs. Fowler—whose co-operation in this matter is much appreciated.

SECTION 23 — Midwives' Service

Seventeen midwives were practising in the County at the end of the year, viz., 11 in institutions, five as domiciliary midwives, and one in private practice.

The domiciliary midwives are employed by the Local Health Authority. Each provide their own car, for which they receive the usual car allowances.

The number of deliveries attended by the midwives in 1957, and the number of cases in which a doctor was present, is shown in the following Table:—

	Doctor not booked.	Doctor Doctor present.	booked. Doctor not present.	Total.	Cases in Institutions.
Midwives employed by the Authority	- 0.00	56	419	475	bus mires
Midwives employed by Hospital Manage- ment Committee	vinodn	A surpling of the state of the	is an inde	and which	1,090
Midwives in Private Practice (including Nursing Homes)					24
Totals		56	419	475	1,114

It will be noted that the County Council midwives attended a total of 475 cases in 1957, compared with 434 in 1956; 444 in 1955; 307 in 1954, and 395 in 1953

In view of the increasing amount of work devolving upon the domiciliary midwives, the County Council decided, in 1956, to increase the midwifery establishment to seven, but in spite of repeated advertisements it was not found possible to obtain the necessary midwives. After several serious crises, the Local Health Authority agreed to furnish a house (rented by the City Authority) for the use of two midwives, and directly this was done (in the Spring of 1958) two additional midwives were appointed and took up their duties on July 1st 1958. One other midwife is also living in a house provided by the City of Peterborough, but furnished by the midwife to whom it is let.

Miss Ranson, who for many years carried out domiciliary midwifery work in the rural areas of the County, retired early in 1958, and I should like to place on record my appreciation of the work of Miss Ranson, and of the high esteem in which she was held by both patients and doctors.

Analgesia

All the midwives employed by the County Council are qualified to administer gas and air analgesia, in accordance with the requirements of the Central Midwives' Board. An apparatus is available for use by every midwife, and analgesia was administered during labour to 425 women (domiciliary confinements). Pethedine is also administered by the midwives in domiciliary practice, 265 such administrations being made in 1957.

SECTION 24 — Health Visiting

Seven full-time health visitors (including one tuberculosis health visitor) are employed by the Local Health Authority.

The following is a summary of visits paid by the health visitors during the year 1957:—

(a) Home Visits

(b)

Number of children under 5 years of age visited during the year	5,666
Visits to expectant mothers (a) first visits 382	
(b) total visits	392
Children under 1 year of age (a) first visits 1,271	
(b) total visits	3,462
Children aged 1 and under 2 years	1,781
Children aged 2 but under 5 years	3,922
Other Cases	3,507
Total number of families or households visited by Health	
Visitors	10,578
Total visits paid to tuberculosis households	1,227
Clinics	
Total number of attendances made by health visitors at local health authority clinic sessions during year	685

In addition to the visits enumerated above, a total of 2,368 visits were nade when no one could be found at home, or a wrong address had been given, etc. Although these are known as "fruitless" visits, they are time-consuming and trying to the patience.

Total number of attendances by whole-time tuberculosis

271

visitors at chest clinic sessions during year

SECTION 25 — Home Nursing

The Minister of Health has asked for information about the effectivenes of the home nursing service in relieving the pressure on hospitals by providing home care for patients who might otherwise have to be admitted to hospital

I can say at once, that were it not for the home nursing service the distress caused by the shortage of accommodation for chronic sick patients provided by the Regional Hospital Board would be even more acute than it is. Always our district nurses are looking after people who ought to be in hospital, bu who, owing to the shortage of beds, have to be coped with at home. I cannot speak too highly of the work of these nurses.

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. Two of the nurses have a car for which they receive the appropriate allowances.

In the rural areas of the County three full-time district nurses are employed by the Local Health Authority. Each nurse in the rural area has a car, so that the whole County is adequately covered by these nurses who reside at Barnack, Glinton and Walton.

I append details of the work carried out by the District Nurses during the year 1957:—

	N	o. of Cases.	No. of Visits.
Medical		653	21,546
Surgical		106	3,393
Infectious diseases		0	0
Tuberculosis		8	182
Maternal Complications	1bi	14	70
Others		22	187
Totals		803	25,378

Of the above patients 19 only were children who were under 5 at the time of the first visit—and a total of 258 visits were paid to them.

Out of a total of 803 cases visited by the district nurses during the year 478 or 67 per cent. were patients who were aged 65 years or over at the time of the first visit.

232 of the 803 patients had more than 24 visits paid to them by the district nurses during the year.

No night service is provided, but evening visits are made by the district nurses where necessary.

SECTION 26 - Vaccination and Immunisation

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

Vaccination against poliomyelitis was carried out by the Medical Officers of the Local Authority, except in the case of a small number of children registered with one firm of practitioners in the town, who were given the option of being vaccinated by their own doctor if they so desired.

Up to the present this Authority has made no arrangements for immunisation against whooping cough, although a number of general practitioners carry out whooping cough immunisation at the time the child receives diphtheria prophylactic.

No cases of diphtheria have been notified in the County since 1947, and no deaths have occurred since 1946.

Further information with regard to vaccination and immunisation is given under Section III of this Report (Prevalence of, and Control over, Infectious and Other Diseases). Briefly the figures for the year 1957 are as follows:—

Number of children immunised or vaccinated against:-

Diphtheria Poliomyelitis				 1,094 3,313	10000		1,340) 399)
Smallpox:	Primary re-vaccinati	 ion		 674 120		1	424) 62)
Tuberculosis			*****	 179	(,,		64)

SECTION 27 — Ambulance Service

The County Council is responsible under 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.

The area covered by the County Ambulance Service is the whole County of the Soke of Peterborough, and certain adjoining areas, e.g., Old Fletton U.D., Norman Cross R.D.; Conington Parish (Hunts.) and Crowland District (Holland).

Fifteen full-time ambulance driver/attendants are employed and the service is augmented by the Hospital Car Service (organised by the W.V.S.), the St. John Ambulance Brigade, Peterborough and Stamford, and the Kesteven British Red Cross.

The following is a summary of the work carried out by the Ambulance Service in 1957:—

Directly Provided Service	Total 1956	Patients. 1957	Total 1956	Miles. 1957
Ambulances Sitting Case Vehicles	5,061 6,932	5,327 7,245	45,955 63,761	50,290 64,640
Supplementary Services				
Hospital Car Service	1,020	1,050	50,288	52,491
Agency Services				45
St. John Ambulance (Stamford)	104	109	1,535	2,128
Kesteven County Council Sitting Cases	140	284	2,017	6,176
Totals	13,257	14,015	163,556	175,725
			and the second second second	

758 more patients were carried, and 12,169 more miles travelled in 1957 than in the previous year.

Radio-telephones were installed in the ambulances early in 1958, so with this better co-ordination one expects that there will be a reduction in the number of miles travelled during the current year.

SECTION 28 — Prevention of Illness, Care and After-Care Tuberculosis

The Authority's responsibility is in relation to prevention, care and aftercare, treatment of tuberculosis being provided by the Regional Hospital Board.

One full-time Tuberculosis Health Visitor is employed by the County Council. She works in close co-operation with the Chest Physicians of the Regional Hospital Board and, in addition to assisting them at the Chest Clinic, she carries out home nursing of tuberculosis patients, visits contacts to investigate home conditions and to persuade them to attend the Clinic for examination, and carries out Mantoux testing of children, etc.

Beds, bedding, open-air shelters and nursing requisites are available for patients being nursed at home. These patients also receive domestic help if required, and nine such patients were assisted during the year.

Free T.T. milk is provided for tuberculosis patients in necessitous cases.

Other Types of Illness

For the care and after-care of the non-tuberculous sick, patients discharged from hospitals, etc., any necessary nursing care and attention is provided through the Council's Home Nursing Service.

The Authority provides nursing equipment and apparatus required by patients being nursed at home, such as wheel-chairs, bed rests, bed pans, mackintosh sheeting, etc.

As with the tuberculous, domestic help is available, and 202 chronic sick persons received domestic help during the year.

Problem Families

Towards the end of 1954, the Minister of Health issued a Circular (27/54) concerning the prevention of break-up of families.

Long before this Circular was issued this Authority had done much to prevent the break-up of families by the provision of domestic help in the case of mental and emotional instability on the part of parents, by arranging for the admission of younger children to a Day Nursery or Nursery School, by advice and help from health visitors, the Moral and Social Welfare Officers, and by help from the W.V.S.

A monthly Liaison Meeting is held with the Superintendent Nursing Officer, Children's Officer, Moral Welfare Worker, N.S.P.C.C. Inspector, Senior School Enquiry Officer, health visitors and others, at which the County (or Deputy) Medical Officer is Chairman. At this meeting problem families (all of which are known to one or other of the above officers) are discussed and a line of action decided upon in individual cases.

Health Education

The County Medical Officer, medical members of his staff, and the health visitors give a considerable number of talks and lectures in the course of the year, and do their best to keep the public "health conscious."

Leaflets and posters on a variety of health subjects are yearly distributed through the welfare centres and the health visiting staff, and copies of "Better Health" are given to mothers attending the clinics. Display cabinets are installed at the Town Hall and Walton Infant Welfare Clinics. The health visitors use their ingenuity by displaying each month a different topic dealing with some health education project, e.g., home accidents, food values, dangers of flies, vaccination (smallpox, poliomyelitis), etc.

Great stress is also laid upon home safety, and talks on this and health subjects are given to parents attending the Mothers' and Fathers' Clubs, to mothercraft classes, etc.

Every member of the Health Department staff who has contact with the public is a health educator, and I have no doubt that all recognise their responsibility in this way.

Smoking and Lung Cancer

At the end of June, 1957, the Medical Research Council issued a statement on tobacco smoking and cancer of the lung.

The conclusions were:-

- 1. A very great increase has occurred during the last 25 years in the death rate from lung cancer in Great Britain and other countries.
- 2. A relatively small number of the total cases can be attributed to specific industrial hazards.
- 3. A proportion of cases, the exact extent of which cannot yet be defined, may be due to atmospheric pollution.

- 4. Evidence from many investigations in different countries indicates that a major part of the increase is associated with tobacco smoking, particularly in the form of cigarettes. In the opinion of the Council, the most reasonable interpretation of this evidence is that the relationship is one of direct cause and effect.
- 5. The identification of several carcinogenic substances in tobacco smoke provides a rational basis for such a causal relationship.

Having received the report, the Minister of Health made a statement in the House of Commons on June 27th, in the course of which he said:

"The Government feel that it is right to ensure that this latest authoritative opinion is brought effectively to public notice, so that everyone may know the risks involved in smoking. The Government consider that these facts should be made known to all those with responsibility for health education"

At the same time a Circular was issued by the Ministry of Health to local health authorities stating that while health education measures have hitherto been directed primarily to the mothers of young children and other special groups, publicity of a more general character will be required to disseminate information about smoking.

While posters have been displayed in clinics and other premises, e.g., industrial workshops, it would seem that a particular responsibility falls on the education services to ensure that children and adolescents are warned of the risks of smoking.

The Peterborough Joint Education Board asked for a meeting of the head teachers to be arranged when I could discuss with them the question of cancer and its relation to smoking. This meeting was duly held, but my personal observations are that persons who might be regarded as responsible and who might be an example to the population are apathetic.

The Prevention of Illness Sub-Committee of the County Health Committee were strongly of the opinion that steps should be taken to give as much publicity as possible to the matter locally, and they authorised me to obtain publicity material for use in a local health education campaign, and also to ask for the co-operation of the local Medical Committee of the general practitioners in the area.

The local Medical Committee later stated that they would be willing to co-operate in discouraging the younger members of the population who have not yet started to smoke, but made no promise to give up smoking themselves!

SECTION 29 — Domestic Help Service

At the end of the year two whole-time and 34 part-time domestic helps were employed. They are under the supervision and direction of the Home Help Organiser (Mrs. Winham) and of a part-time Assistant Home Help Organiser (Mrs. Ambrose).

Details of the cases assisted in the year under review are:-

		Percentage.
(1) Maternity (including expectant mothers)	96	26.5
(2) Tuberculosis	9	2.8
(3) Chronic sick (including aged and infirm)	202	55.9
(4) Others	54	14.8
Total	361	100.0

It will be seen from the above table that nearly 56 per cent. of cases are suffering from chronic sickness. In many of these instances the provision of domestic help saves admission to hospital, and although the cost of the service has been steadily increasing, if viewed from a wider economic angle, it is probably the cheapest and most effective form of help that can be provided for certain cases of chronic sickness.

The cost of the service to the Local Authority is at present $4/2\frac{3}{4}$ d. per hour, and the maximum charge made to the users is 3/6d. per hour.

SECTION 51 - Mental Health Service

1. ADMINISTRATION:

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

The Mental Health Sub-Committee of the County Health Committee deal with the functions connected with the care and welfare of mental patients. It consists of eight members of the County Council and three co-opted members, one of whom is a Medical Practitioner. The Sub-Committee meets on the third Tuesday of each month.

(b) Staff

The County Medical Officer of Health is Medical Adviser to the Committee. One Social Welfare Officer, who is also Duly Authorised Officer, is engaged upon the Mental Health and Welfare duties for the Health Department. There is one Deputy Duly Authorised Officer, who is also the Chief Clerk in the Public Health Department, and one part-time Occupation Centre Supervisor who is a certificated teacher.

(c) Co-ordination of Regional Hospital Boards, etc.

The Co-ordination with the Sheffield Regional Hospital Board's Medical and lay staffs in the Mental Health sphere has again continued on a high level.

For the second year no mental defective children on the waiting list of the East Anglian Hospital Board were admitted to Hospitals, and again I would draw attention to the grave concern which is felt for the parents and the children themselves. I am being constantly reminded of the great difficulties under which they are living from many sources and yet enquiry at Hospital Board level produces the same reply that there is no accommodation available. Supervision of mental defectives on licence is undertaken on behalf of Hospital Management Committees. Reports are submitted where discharge on licence or holiday leave is to be considered.

(d) Delegation of Duties

No duties in the Mental Health Service are delegated to Voluntary Associations.

2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY:

(a) Prevention, Care and After-Care

This year has again shown an increase in the number of cases referred to the psychiatric clinic held each Wednesday at the local General Hospital. Cases referred by the Health Workers and Welfare Officer has in no way reflected the amount of preventive work which has been undertaken without formal reference.

More cases have been dealt with again this year, even though the actual number is in no way reflected in the small increase of cases removed on order. This is due to the tremendous amount of work put in to persuade persons, who years ago would have been removed compulsory, to sign themselves in as voluntary patients.

The reports by the Medical Superintendent on patients' progress treatment while in Hospital are received by me as County Medical Officer, and prove invaluable when cases are referred again.

The regular discussions, on the care and after-care of patients, between my staff and those of the Mental Hospital have carried on during the year, and they have resulted to a small extent in a number of cases being received into Part III accommodation from the Mental Hospital. This relieved slightly the congestion and bottle neck in the hospital wards. It is hoped that this policy can be continued, but we are severely handicapped by the lack of Part III accommodation in this area.

Lunacy and Mental Treatment Acts

All cases and matters arising under the above Acts are dealt with by the Social Welfare Officer and, wherever possible, every effort is made with the General Practitioners to arrange voluntary admissions. Although all steps are taken in the case of old people to provide alternative accommodation before action under the Lunacy Acts is commenced, I regret that this year has shown an increase in the number of persons over 70 years of age admitted to Mental Hospitals.

It is again pleasing to note the small number of certified cases during the year. Without exception, in all of the 37 cases admitted under Section 20 and the two under Section 21, these persons were regraded voluntary status after expiry of the Order, or after extension for a further period of fourteen days by the Medical Superintendent.

Cases dealt with under the Lunacy and Mental Treatment Acts during the year were as follows:—

Lunacy Act, 1890		Males	Females	Total
Summary Reception Order	******	6	6	12
"Three Day" Order, Section 20		18	19	37
"Fourteen Day" Order, Section	21	The state of	2	2
Mental Treatment Act, 1930				
Voluntary Patients		45	62	107
Temporary Order		2		2
		71	89	160

The age groups of these cases were as follows:-

		Males	Females
16 — 20	 	4	4
21 — 30	 	9	17
31 — 40	 	19	21
41 — 50	 	14	9
51 — 60	 	8	15
61 — 70	 	5	12
70	 	12	11

The number of cases in Mental Hospitals under the Lunacy and Mental Treatment Acts on 31st December, 1957, was as follows:—

Name of Hospital.	Males	Females	Total
Bracebridge Heath Hospital	 1	11	12
Cambridge (Fulbourn Hospital)	 1	177 <u></u> 1 16	1
Derby Borough (Kingsway Hospital)	 mas ,o	1	1
Leicester County (Carlton Hayes)	 1	1	2
Leicester City (The Towers Hospital)	 -	2	2
Leavesden Hospital, Abbots Langley	 1		1
Nottingham City (Mapperley Hospital)	 _	1	1
Rauceby Hospital	 75	81	156
Separation of the separation o	79	97	176

Mental Deficiency Acts, 1913–38 Ascertainment

All my departmental staff of the County Council dealing with pre-school children are aware of the method of referment of any retarded child to me as County Medical Officer for investigation. I am also the Principal School Medical Officer to the Peterborough Joint Education Board, and thus, all school children are brought to my notice and, where necessary, referred to the Local Health Authority. In this way no child is missed.

Supervision

All defectives under Statutory Supervision, on licence, and under Guardianship, are visited by my staff and advice is given to parents and relatives where necessary.

At the request of Local Health Authorities and Hospital Management Committees visits are paid to homes when Statutory reconsideration of Orders, applications for leave of absence or licence are being considered. In addition, I have made routine visits of inspection and examined the patients in their homes.

Training of Mental Defectives

The present Occupation Centre, which is held at the Town Hall, Peter-borough, each Wednesday and Friday afternoon, has continued to run smoothly, and much benefit has been derived from these classes by the children.

The long awaited new Occupation Centre is now under way and the clearing of the sight and laying of foundations is progressing rapidly. When completed this Centre will alleviate a long overdue need in the area and it is hoped that between 35 and 40 defectives will be given tuition.

On the 31st December, 1958, the following Mental Defectives were in Hospitals, on Licence, under Guardianship and Statutory Supervision:—

In Hospitals.	M	ales	Females	Totals
St. John's Hospital, Peterborough		15	-	15
C. I. D. I. Colour No. Pointal		6	5	11
Riversfield Home, St. Neots		1	1	2
Bradwell Grove Hospital, Nr. Burford .		1		1
Little Plumstead Hospital, Nr. Norwich .		21	21	42
Great Barr Colony, Nr. Birmingham .		1	SHARE THE SHARE	1
Bourne Institution, Bourne, Lincs.		- 3	1	1
Lisieux Hall, Nr. Chorley		1	Strong - views	1
Rampton State Institution		1	1	2
Risbridge Home, Haverhill		3	1	4
Royal Eastern Counties Hospital, Colchester		111/1	1	1
		50	31	81
Mental Defectives on Licence	1010	4	3	7
Mental Defectives under Guardianship		1	_lesten	1
Mental Defectives under Statutory Supervision	de Be	34	37	71
Mental Defectives awaiting admission Hospitals admission	to	5	2	7
Cases Ascertained during the year		2	3	5

Accommodation Waiting List

Once again the waiting list showed no improvement over the previous year and there is a number of desperately urgent cases for whom the Regional Hospital Board is still unable to provide beds.

During the year four defectives were admitted to Little Plumstead Hospital for short term care, in accordance with Ministry of Health Circular 5/52.

Ambulance Service

The Ambulance Service is available for the conveyance of patients to Mental Hospitals and Mental Defective Institutions, and their most helpful co-operation in all cases has been appreciated.

The arrangement with the Hospital Management Committee whereby trained nurses are available to accompany patients continues to work satisfactorily.

NATIONAL ASSISTANCE ACT, 1948 WELFARE SERVICES

Schemes for the provision of Welfare Services under Sections 29 and 30 for Handicapped Persons were approved during the year, the provisions of which are set out hereunder:—

DEAF AND DUMB

(Scheme for the Provision of Welfare Services under Sections 29 and 30 for Persons who are Deaf and Dumb.)

PART I

General

- 2. (1) The Council shall promote the welfare of handicapped persons by making such provision as is authorised or required by the following provisions of this scheme.
- (2) In the exercise of their functions under this scheme the Council shall have regard to the need for providing services of different descriptions suited to the different descriptions of handicapped persons.
- (3) Any provision in this scheme for the provision of services by the Council shall be construed as a provision enabling the Council to provide the services either directly or by the employment as their agent of any voluntary organisation.
- (4) The Council may enter into an agreement with any other local authority which is duly providing any service which the Council are authorised or required by this scheme to provide for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by that authority, as may be agreed.
- (5) The Council may enter into an agreement with any local authority authorised to provide a service which is being provided by the Council under this scheme for the use thereof by that authority on such terms, including terms as to the reimbursement of expenditure by the Council, as may be agreed.

Register

- 3. (1) The Council shall keep a register of handicapped persons who apply for assistance and whom the Council assist under this scheme, and shall include therein such particulars as the Minister may from time to time direct.
- (2) In the arrangements made for the admission to the register of the names of persons who apply to the Council as handicapped persons the Council shall ensure that any case in which an application is proposed to be refused and all cases of doubt shall be referred to the Medical Officer of Health.

Social Welfare

- 4. The Council, so far as reasonably necessary to meet the needs of handicapped persons, shall:—
 - assist handicapped persons to overcome the effects of their disabilities and to obtain any available general, preventive or remedial medical treatment which they appear to require;
 - (2) give advice and guidance to handicapped persons on personal problems and in connection with any services, whether provided under any enactment or rendered by any voluntary organisation, which appear to be available to them and of which they wish to take advantage;
 - (3) encourage handicapped persons to take part in the activities of social centres, clubs or institutions, whether provided by the Council under this scheme or otherwise, or provided or established by any other person under any enactment or otherwise; and
 - (4) use their best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them, and otherwise to assist in the carrying out of the purposes of this scheme.

5. In addition, the Council may

- provide practical assistance for handicapped persons in their homes;
- (2) provide, or assist in obtaining, wireless, library and similar recreational facilities for handicapped persons;
- (3) provide for handicapped persons lectures, games and other recreational facilities in such social centres as aforesaid and elsewhere, and also outings;
- (4) provide, or arrange for the provision of, special religious services for handicapped persons desirous of taking advantage of the same;
- (5) provide facilities for, and assistance to, handicapped persons in travelling to and from their homes to participate in any of the services provided under this scheme, and

(6) facilitate the taking of holidays by handicapped persons, in particular at holiday homes, whether provided by the Council under this scheme or otherwise, or provided or established by any other person under any enactment or otherwise, and if the Council so determine defray any expenses incurred in or in connexion with the taking of such holidays.

Social Centres and Holiday Homes

- 6. (1) The Council may provide social centres and holiday homes for the purposes of this scheme.
- (2) Any social centre or holiday home so provided may be used also for the purposes of any other scheme made by the Council under section 29 of the Act.
- (3) Any social centre or holiday home provided by the Council under any such scheme as aforesaid may also be used for the purposes of this scheme.
- (4) Any social centre provided by the Council otherwise than under any such scheme as aforesaid may be used also for the purposes of this scheme.

Welfare Officers

7. (1) For the discharge of the Council's functions under this scheme there shall be employed by or on behalf of the Council such number of Welfare Officers as the Council may from time to time determine:

Provided that no person employed as a Home Teacher of the Blind, whether qualified or not, shall be employed in connexion with the discharge of the Council's functions under this scheme without the consent of the Minister at any time when

- (a) the number of persons employed as Home Teachers of the Blind (both qualified and unqualified) is less than one-hundredth of the number of persons whose names appear on the Register of the Blind and the Register of the Partially-Sighted (taken together); or
- (b) the number of persons so employed is less than one one-hundredand-twentieth of the number of persons whose names appear on the said Registers, when added to the number of persons whose names appear on any other Registers maintained by the Council pursuant to schemes in force under Section 29 of the Act, being persons in relation to whom the persons so employed perform duties under the said schemes.
- (2) The duties of Welfare Officers shall be such as the Council may letermine for the purpose of securing the general welfare of handicapped persons, but shall include the following duties, and the duties of Welfare Officers shall be distributed amongst them in such manner as the Council shall etermine:—
 - (a) to ascertain the existence of and the needs of handicapped persons;
 - (b) to visit handicapped persons in their homes, or elsewhere if necessary;

- (c) to instruct handicapped persons in methods of overcoming the effects of their disabilities;
- (d) to advise handicapped persons of any social, health or medical services or facilities, whether provided under any enactment or made available by any voluntary organisation of which they appear to be in need and of which they wish to take advantage;
- (e) to give special attention to the needs of handicapped persons suffering from multiple disabilities, in consultation, where necessary, with any officers of the Council who may be specially concerned with any one of those disabilities; and
- (f) to organise social centres, classes and individual and other recreational facilities for handicapped persons, and to recruit voluntary workers to assist in the performance of this duty and to perform other duties in connection with the discharge of the Council's functions under this scheme.
- (3) Save as may be otherwise prescribed by regulations made by the Minister, Welfare Officers employed pursuant to paragraph (1) of this clause shall be persons holding a Diploma or Certificate in Social Science or a similar qualification in social work of a comparable character, or persons as respects whom the Council are satisfied that they enjoy a special aptitude for the work, possess a broad knowledge of the social services and some experience in the field of welfare, and have an understanding of the problems of deafness and the principles of deaf education.
- (4) The Council shall by arrangement with any voluntary organisation or otherwise endeavour to secure that handicapped persons who do no use speech as a normal method of communication are dealt with by person who are conversant with manual language and other methods of communication alternative to normal speech.

Training Facilities

8. If any handicapped person applying for assistance under this scheme appears to be capable of benefiting from training under the Education Act 1944, or the Disabled Persons (Employment) Act, 1944, and is desirous o taking advantage of such training, the Council shall take such steps as an practicable to assist him to that end.

Employment

9. The Council shall take such steps as may be practicable, in consultation with the Minister of Labour and National Service, to assist any handicapped person to secure any work in trade, commerce, industry or a profession for which he appears to be fitted and which he is desirous of obtaining.

Children

10. If any handicapped person who applies or in respect of whom a application is made for assistance under this scheme is a child in respect of whose needs it appears that action can more appropriately be taken in relation to him under any other enactment than the Act, the Council shall take the necessary steps to that end.

Persons not Ordinarily Resident in the area of the Council

11. If a handicapped person applying for assistance under this scheme is not ordinarily resident in the area of the Council, he shall not be assisted under this scheme if the local authority of any area in which he may be so resident have a corresponding scheme, unless the Council and the other local authority concerned are satisfied that it would not be reasonable to assist him under such corresponding scheme as aforesaid.

PART II

Further Development of Welfare Services for Handicapped Persons

- 12. The Council shall keep under constant review the services provided in accordance with the provisions of Part I of this scheme, in consultation with any registered voluntary organisations or other bodies concerned, with a view to their progressive development, as circumstances permit, in such a way that
 - (1) the needs for assistance under this scheme of handicapped persons registered thereunder shall be adequately met;
 - (2) the number of Welfare Officers employed by or on behalf of the Council shall be sufficient to secure the efficient administration of the services provided under this scheme; and
 - (3) no Welfare Officer (other than a trainee) shall be employed in relation to a handicapped person who does not use speech as a normal method of communication unless that officer is fluent in manual language and other methods of communication as an alternative to normal speech.

HANDICAPPED PERSONS (Other than the Blind, Partially-Sighted and Deaf and Dumb)

(Scheme for the provision of Welfare Services under Sections 29 and 30 for Handicapped Persons other than the Blind, Partially-Sighted and Deaf and Dumb.)

PART I

General

- 2. (1) The Council shall promote the welfare of handicapped persons by making such provision as is authorised or required by the following provisions of this scheme.
- (2) Any provision in this scheme for the provision of services by the Council shall be construed as a provision enabling the Council to provide the services either directly, or by the employment as their agent of any voluntary organisation.
- (3) The Council may enter into an agreement with any other local authority which is duly providing any service which the Council are authorised or required by this scheme to provide for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by that authority, as may be agreed.

- (4) The Council may enter into an agreement with any local authority authorised to provide a service which is being provided by the Council under this scheme for the use thereof by that authority on such terms, including terms as to the reimbursement of expenditure by the Council, as may be agreed.
- (5) The powers conferred on the Council by clauses 6 and 10 of this scheme to provide sheltered workshops and hostels respectively shall be construed as including power for the Council, instead of providing the services to enter into an agreement with any voluntary organisation which is rendering analogous services to the public for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by the organisation, as may be agreed.
- (6) In the last preceding paragraph the expression "any voluntary organisation which is rendering analogous services to the public" shall be construed as including any such voluntary organisation as is mentioned in section 30(1) of the Act which has for its sole object the promotion of the welfare of the blind, or of the blind and partially-sighted.

Register

- 3. (1) The Council shall keep a register of handicapped persons who apply for assistance and whom the Council assist under this scheme, and shall include therein such particulars as the Minister may from time to time direct.
- (2) In the arrangements made for the admission to the register of the names of persons who apply to the Council as handicapped persons the Council shall ensure that any case in which an application is proposed to be refused, and all cases of doubt shall be referred to the Medical Officer of Health.
- (3) In any case in which the Medical Officer of Health is in doubt whether an applicant is a handicapped person, the Council or the Medical Officer of Health, if he is generally or in any particular case or class of case authorised in that behalf, may at the expense of the Council obtain the advice of an appropriate specialist.

Social Welfare

- 4. The Council so far as reasonably necessary to meet the needs of handicapped persons shall
 - assist handicapped persons to overcome the effects of their disabilities, and to obtain any available general, preventive or remedial medical treatment which they appear to require;
 - (2) give advice and guidance to handicapped persons on personal problems and in connexion with any services whether provided under any enactment or rendered by any voluntary organisation, which appear to be available to them and of which they wish to take advantage;
 - (3) encourage handicapped persons to take part in the activities of social centres, clubs or institutions, whether provided by the Council under this scheme or otherwise or provided or established by any other person under any enactment or otherwise;

- (4) use their best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them, to accompany them to places of worship, social centres, clubs and similar places of recreation and otherwise to assist in the carrying out of the purposes of this scheme; and
- (5) use their best endeavours to secure the co-operation of the responsible bodies in facilitating the admittance of handicapped persons carried in wheel-chairs or spinal-chairs to places of worship, entertainment or recreation and in making suitable provision for them while there.

5. In addition, the Council may:-

- (1) provide practical assistance for handicapped persons in their homes;
- (2) provide, or assist in obtaining, wireless, library and similar recreational facilities for handicapped persons;
- (3) provide for handicapped persons lectures, games and other recreational facilities in such social centres as aforesaid and elsewhere, and also outings;
- (4) provide facilities for, and assistance to, handicapped persons in travelling to and from their homes to participate in any of the services provided under this scheme;
- (5) assist handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of any additional facilities, designed to secure the greater comfort or convenience of such persons, and if the Council so determine defray any expenses incurred in the carrying out of any such works or in the provision of any such facilities; and
- (6) facilitate the taking of holidays by handicapped persons, in particular at holiday homes, whether provided by the Council under this scheme or otherwise, or provided or established by any other body under any enactment or otherwise, and if the Council so determine defray any expenses incurred in or in connexion with the taking of such holidays.

orkshop Employment

- 6. (1) The Council may provide such sheltered workshops as the linister may approve in which handicapped persons may be employed in itable work, or may be trained in pursuance of the Disabled Persons (Emoyment) Act, 1944.
- (2) To the extent which the Minister may approve, the Council ay utilise for the purpose of such employment as aforesaid any special work-ops which the Council or any other local authority may have provided for e blind.

(3) The Council shall in respect of their employment make such reasonable payments to handicapped persons employed in sheltered workshops pursuant to the provisions of this scheme as the Council may determine, after consultation where necessary, with any other local authority or any voluntary organisation concerned.

Home Employment

- 7. (1) The Council may, with the approval of the Minister, assist under supervision handicapped persons who are capable of earning at least such reasonable weekly sum as the Council may determine, by the production of saleable goods or the rendering of useful services, to engage in activities to that end in their own homes, or elsewhere other than in sheltered workshops.
- (2) The Council shall make such reasonable payments to handicapped persons assisted under this clause, provided they are not in receipt of National Assistance grants, as the Council may determine, after consultation, where necessary, with any other local authority or any voluntary organisation concerned.

Handicrafts, Crafts and other Skilled Activities

- 8. (1) The Council may assist handicapped persons, not being persons assisted under clause 6 or clause 7 of this scheme, who are capable and desirous of engaging in any handicraft, craft or other skilled activity, to engage in that activity in their own homes, social centres or in any other place, not being a sheltered workshop.
- (2) No payment shall be made by the Council to any person assisted under this clause.

Marketing of Produce

9. (1) The Council shall sell or otherwise dispose of all goods produced by handicapped persons assisted under clause 6 of this scheme:

Provided that any goods so produced in sheltered workshops used for the purposes of this scheme under the management of another local authority or a voluntary organisation may be sold or otherwise disposed of by that authority or organisation.

(2) The Council shall help handicapped persons assisted under clause 7 or clause 8 of this scheme to secure orders for their goods or services and to dispose of any saleable goods or other marketable articles produced by them

Hostels, Social Centres and Holiday Homes

- 10. (1) The Council may provide hostels where handicapped person assisted under clause 6 of this scheme may live.
- (2) Any hostel so provided may be used also for the accommodation of other persons who are employed in sheltered workshops provided under any other scheme made by the Council under section 29 of the Act and of other persons to whom arrangements under sub-section (1) of that section relate and for whom work or training is being provided in pursuance of the Disabled Persons (Employment) Act, 1944.

- (3) Any hostel provided by the Council under any other such scheme as is mentioned in the last preceding paragraph for the accommodation of such persons as are therein mentioned may also be used for the accommodation of handicapped persons to whom paragraph (1) of this clause relates.
- (4) The Council may provide social centres and holiday homes for the purposes of this scheme.
- (5) Any social centre or holiday home so provided may be used also for the purposes of any other scheme made by the Council under section 29 of the Act.
- (6) Any social centre or holiday home provided by the Council under any such scheme as aforesaid may also be used for the purpose of this scheme.
- (7) Any social centre provided by the Council otherwise than under any such scheme as aforesaid may also be used for the purposes of this scheme.

Employment otherwise than in Work or Activities provided directly under this Scheme

11. The Council shall take such steps as may be practicable, in consultation with the Minister of Labour and National Service, to assist any handicapped person to secure any work in trade, commerce, industry or a profession for which he appears to be fitted and which he is desirous of obtaining.

Welfare Officers

12. (1) For the discharge of the Council's functions under this scheme other than the carrying out of arrangements under clauses 6, 7 and 9(1) hereof, or under clause 9(2) thereof, except in relation to its operation in espect of persons assisted under clause 8 thereof) there shall be employed by or on behalf of the Council such number of Welfare Officers as the Council nay from time to time determine:

Provided that no person employed as a Home Teacher of the Blind, whether qualified or not, shall be employed in connection with the discharge of the Council's functions under this scheme without the consent of the Minister at any time when

- (a) the number of persons employed as Home Teachers of the Blind (both qualified and unqualified) is less than one-hundredth of the number of persons whose names appear on the Register of the Blind and the Register of the Partially-Sighted (taken together); or
- (b) the number of persons so employed is less than one one-hundredand-twentieth of the number of persons whose names appear on the said Registers, when added to the number of persons whose names appear on any other Registers maintained by the Council pursuant to schemes in force under Section 29 of the Act, being persons in relation to whom the persons so employed perform duties under the said schemes.

- (2) The duties of Welfare Officers shall be such as the Council may determine for the purpose of securing the general welfare of handicapped persons but shall include the following duties, and the duties of Welfare Officers shall be distributed amongst them in such manner as the Council shall determine:—
 - (a) to ascertain the existence of and the needs of handicapped persons;
 - (b) to visit handicapped persons in their homes, or elsewhere if necessary;
 - (c) to instruct handicapped persons in methods of overcoming the effects of their disabilities;
 - (d) to encourage handicapped persons to participate in handicrafts, crafts and other skilled activities, and so far as practicable to instruct them or arrange for them to be instructed in the practice thereof;
 - (e) to advise handicapped persons of any social, health or medical services or facilities, whether provided under any enactment or made available by any voluntary organisation, of which they appear to be in need and of which they wish to take advantage;
 - (f) to give special attention to the needs of handicapped persons suffering from multiple disabilities in consultation, where necessary, with any officers of the Council who may be specially concerned with any one of those disabilities; and
 - (g) to organise social centres, classes and individual and other recreational facilities for handicapped persons, and to recruit voluntary workers to assist in the performance of this duty and to perform other duties in connexion with the discharge of the Council's functions under this scheme.
- (3) To such extent as may be necessary on account of lack of competence on the part of Welfare Officers employed pursuant to paragraph (1) of this clause, the Council shall use their best endeavours to provide the services of persons, whether as volunteers, part-time workers or workers in any other capacity, who are competent to instruct handicapped persons in the activities referred to in paragraph 2(d) of this clause or any of them.
- (4) Save as may be otherwise prescribed by regulations made by the Minister, Welfare Officers employed pursuant to paragraph (1) of this clause shall be persons holding a Diploma or Certificate in Social Science or a similar qualification in social work of a comparable character, or persons as respect whom the Council are satisfied that they enjoy a special aptitude for the worl and possess a broad knowledge of the social services and some experience in the field of welfare.

Training Facilities

13. If any handicapped person applying for assistance under this schemappears to be capable of benefiting from training under the Education Act 1944, or the Disabled Persons (Employment) Act, 1944, and is desirous of taking advantage of such training, the Council shall take such steps as an practicable to assist him to that end.

Children

14. If any handicapped person who applies or in respect of whom an application is made for assistance under this scheme is a child in respect of whose needs it appears that action can more appropriately be taken in relation to him under any other enactment than the Act, the Council shall take the necessary steps to that end.

Persons not Ordinarily Resident in the area of the Council

15. If a handicapped person applying for assistance under this scheme is not ordinarily resident in the area of the Council, he shall not be assisted under his scheme if the local authority of any area in which he may be so resident have a corresponding scheme, unless the Council and the other local authority concerned are satisfied that it would not be reasonable to assist him under uch corresponding scheme as aforesaid.

PART II

Further Development of Welfare Services for Handicapped Persons

- 16. The Council shall keep under constant review the services provided a accordance with the provisions of Part I of this scheme, in consultation with any voluntary organisation or other bodies concerned, with a view to their progressive development, as circumstances permit, in such a way that:—
 - the needs for assistance under this scheme of handicapped persons registered thereunder shall be adequately met;
 - (2) the number of Welfare Officers, including persons especially engaged to teach handicrafts, employed by or on behalf of the Council shall be sufficient to secure the efficient administration of the services provided under this scheme.

BLIND

The number of registered blind persons in the County, at 31st December, 957, was 140, their sexes and ages being as follows:—

ales. Total.
2
1
3
4
4
13
7
15
41
19
22
9
140

The following Table gives particulars of the 30 blind and partially sighted (P/S) cases certified on Form B.D.8 in the County during 1957:

		Causes of Disability									
A THE STATE OF THE	Cataract		Glaucoma		Retrolental Fibroplasia		Others				
lone	Blind	P/S	Blind	P/S	Blind	P/S	Blind	P/S			
(i) No. of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends (a) No treatment (b) Treatment medical, surgical or optical	3	1 4	1	1			3	4			
(ii) No. of cases at (i) (b) above which, on follow- up action, have received treat- ment	5	3		Merrie ongrid estadi district			4				

Deaf and Dumb

The Northamptonshire and Rutland Mission to the Deaf continues t give valuable assistance (on an agency basis) to the welfare of the deaf and dumb in the County.

The Soke of Peterborough County Council makes a grant of £100 a yea to this Society (which is registered under the National Assistance Act, 1948

In the Annual Report of the Mission for the year ended September 30th 1957, it is stated—

"As an association which aims to help any deaf person irrespective of the degree of deafness, it is right for us to be called 'Mission to the Deaf' and not 'Mission to the Deaf & Dumb.' But, as stated in previous reports, our main concern is those deaf who do not think in terms of sound because they have been born virtually without hearing, or have lost it in early infancy."

With regard to Peterborough, it is further stated-

"Our Centre here is in rather a peculiar position, as it is almost Mission in itself, with its own very efficient Missioner (Mr. Stanley Cascoine, our Hon. Welfare Worker) Peterborough uses a hired ha for its 'Club' and a chapel at the Cathedral for its 'Church'."

The number of Deaf at Peterborough are few, and are looked after b Mr. Gascoine.

Part III Accommodation

In this area the Local Health Authority is also responsible for the welfare ervices, the County Medical Officer being the Chief Welfare Officer.

Admissions to Part III accommodation are arranged under my direction, ll applications being investigated either by myself or the Social Welfare Officer, who is also a Duly Authorised Officer.

SECTION III

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

1. Infectious Diseases

As many as 2,064 cases of infectious disease were notified to the District Medical Officers, compared with 284 in 1956; 1.872 in 1955; 300 in 1954 and 379 in 1953.

The large increase is due entirely to an epidemic of measles, 1,804 case being notified, compared with 26 only in 1956. It is disturbing to note that as many as 38 cases of food poisoning occurred, 22 of these being in the Barnack Rural District, occurring at a R.A.F. Station.

Seven cases of poliomyelitis were notified, but one only of these was of the paralytic type, resulting, unfortunately, in death. A great reduction in the number of cases of puerperal pyrexia notified (5) against 40 last year is striking

The following Table shows the number of cases of each disease notified in the various sanitary districts:—

			Peterboro' M.B.	Peterboro' R.D.	Barnack R.D.	Tota
Scarlet Fever			8	3	Service of the service of	11
Whooping Cough	1		73	1	14	88
Measles			1,392	243	169	1,804
Pneumonia			51	3	5	59
Erysipelas			1	_	200	1
Puerperal Pyrexi	a		5	100 mg	a pr	. 5
Food Poisoning	*****		16	Thursday United	22	38
Tuberculosis: F	Respiratory		25	1	3	29
(Other		3	_		3
Dysentery			17	1	_	18
Poliomyelitis: I	Paralytic	*****	2	1	-	5
	Non-paralyt	ic	1	5	-	6
Meningococcal in	nfection		1	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	1
	Totals		1,595	258	213	2,066

2. Vaccination and Immunisation Diphtheria Immunisation

The following Table shows the number of children at 31st December, 1957, who had completed a course of immunisation against diphtheria at any time before that date, *i.e.*, at any time since 1st January, 1943:—

The same	Age on 31.12.1957 Under 1 i.e., born in year. 1957	1 — 4 1953–56	5 — 9 1948–52	10 — 14 1943-47	Under 15 Total
4.	No. of children whose last course (primary 111 or booster) was completed in the period 1953–1957.	2,670	2,220	191	5,192
В.	No. of children whose last course (primary — or booster) was completed in the period 1952 or earlier.	there exists	2,278	3,008	5,286
2.	Estimated mid-year 1,120 child population. Immunity Index 10.0 100 A/C.	4,280		300 4.7	15,700 66.6

Vaccination against Smallpox

The following Table shows the number of vaccinations and re-vaccinations arried out under the approved scheme since 1949:—

ge at of accina			Unde Prim.	Re-	1 - P.	Re- Vac.	5 - P.	— 14 Re- Vac.	15 a	Re- Vac.	P.	Re- Vac
1949			98	+	70	6	24	7	30	65	222	78
1950			131	-	142	8	50	15	51	103	374	126
1951			266	8	31	5	28	14	66	76	391	103
1952		*****	290	_	38	_	19	7	52	86	399	93
1953			256	-	41	_	19	9	41	73	357	82
1954			373	_	43	_	15	8	43	77	474	85
1955		*****	308	4	45	3	14	6	29	46	396	59
1956			339	9	33	4	16	2	36	47	424	62
1957	*****		459	8	40	_	59	6	74	97	674	120

The increase in the number of children vaccinated against smallpox in 957 is noteworthy—the total vaccinations (794)—being the highest recorded.

Poliomyelitis Vaccination

The scheme for poliomyelitis vaccination continues to run smoothly, bu has, of course, put a great deal of extra work upon the department. Excep for a very small number of children (where the child's own general practitione carried out the vaccination) all the vaccinations have been carried out by th County Medical Officer or the medical members of his staff.

3,313 children were vaccinated with two injections during the year (compared with 399 in 1956), and at 31st December, 1957, an additional 77 childre had received one injection only. The number of applicants awaiting vaccination at 31st December was 2,110.

3. Tuberculosis

Notifications

During 1957, 29 new cases of respiratory and three of non-respirator tuberculosis were notified. This is the smallest number of new notification since 1948.

Particulars of the new cases notified, in age periods, are as follows:-

Age Per	iods.		Respi	ratory.	No	n-resp	iratory.	To	tal.
			Μ.	F.		<i>M</i> .	F.	М.	F
0			-	-		-	-	-	-
1			-	-		-	-	_	-
2			-	1		1	Surate	1	
5		******	-	1 STREET		SALES OF STREET	que ads	ribent tuo b	
10			2	_			-	2	-
15			4	3		-	Marie I	4	
20			3	2			10.00	3	
25			4			1	-	5	-
35		08	2	10 3		1	822	3	-
45			4	1		-	-	4	
55			2	-		-	000	2	-
65	F		0.1	-		-	-	1	195-
75	Ţ	P	- 1	84		-	200		191-
	То	otals	22	7	2 08	3	000	25	E AST
			-		110	1000	DOM:		

The incidence of notifications of respiratory tuberculosis per 1,000 of the population is 0.42, compared with 0.52 in 1956; 0.50 in 1955; 1.2 in 195 and 0.92 in 1953.

Deaths

Two deaths only were attributable to respiratory tuberculosis in the County in 1957 (both males). This gives a death rate of 0.02 per 1,000 of the population, compared with a rate of 0.07 in 1956; 0.15 in 1955; 0.07 in 1954, and 0.06 in 1953.

No deaths are attributable to non-respiratory tuberculosis.

The Registrar General's Return for 1957 shows a continued fall in deaths rom tuberculosis throughout the country. The death rate from respiratory uberculosis decreased by just over 12 per cent. compared with the previous ear. This means that since 1947 the death rate from this disease has fallen y more than 79 per cent.

I append a Table in relation to respiratory tuberculosis showing the umber of notifications and deaths in the County during the last 20 years, and in incidence of deaths to new notifications:—

Year		No	New	Deaths.	Percentage of Deaths to Notifications.
1938		*****	29	18	62.0
1939		******	24	24	100.0
1940		H910	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		00	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
1952		*****	84	9	10.7
1953			53	4	7.5
1954		*****	77	5	6.5
1955		******	33	10	30.3
1956 -	*****		35	5	14.3
1957	*****		29	2	6.9

During the ten-year period 1938–1947, there was a total of 384 notifications, with 180 deaths (percentage of deaths to notifications being 48% whereas during the ten-year period 1948–1957 there was a total of 512 new notifications with 288 deaths (percentage of deaths to notifications 16%).

While there has been a reduction in the number of notifications during th last three years, the average in each year since 1948 is 51, compared with a average of 38 in the previous ten years. It is clear from these, and national figures, that tuberculosis is not being eliminated. True, it is being *cured*, but it is still a disease which causes much incapacity and absence from work.

Residential Accommodation

Admissions to Sanatoria are arranged by the East Anglian Region: Hospital Board, patients being usually admitted within a few weeks of the names being submitted to the "Bed-finding Bureau."

During the year a total of 44 patients from the Soke of Peterboroug were admitted to Sanatoria, viz., 28 men, 12 women, and four children, con pared with a total of 55 admitted in 1956.

At the end of the year 23 patients from the Soke of Peterborough we in Sanatoria, and no patients were awaiting admission.

Prevention of Tuberculosis

The Consultant Chest Physician (Dr. G. B. Royce) submits quarter reports to the County Health Committee on prevention of tuberculosis are occasionally attends the Meetings of the County Health Committee.

A summary of Dr. Royce's reports shows that a total of 1,289 contact were examined at the Chest Clinic during the year ended December 31: 1957, compared with 1,622 in the previous year. 224 of these contacts we new, compared with 208 last year.

B.C.G. Vaccination

B.C.G. vaccinations are carried out at the Chest Clinic and the schen appears to be running smoothly.

During the year 1957 a total of 179 B.C.G. vaccinations were carrie out, compared with 64 in 1956.

. Venereal Diseases

The one Venereal Disease Clinic in the area is situated at the Out-patient Department of the Peterborough Memorial Hospital.

The East Anglian Regional Hospital Board is responsible for the clinical york and administration. The Consultant Venereologist in charge of the lentre is Dr. N. A. Ross, and clinics are held as follows:—

MALES — Mondays and Wednesdays, 5.30 — 7 p.m.

FEMALES — Tuesdays, 10.30 — 12 noon.

Thursdays, 5.30 — 7 p.m.

173 patients attended the Clinic for the first time during the year 1957, ompared with 195 in 1956; 176 in 1955; 177 in 1954, and 214 in 1953.

These were classified as follows:-

				Males.	Females.	Total.
*****	*****					
		******	******	7	7	14
******		*****		13	11	24
	*****		*****	1	_	1
rethriti	is	*****		46		46
requiri	ng trea	tment	******	31	14	45
				23		33
		******		9	1	10
		Totals		130	43	173
	rethrit requiri	rethritis requiring trea quiring treatn	rethritis requiring treatment quiring treatment litions	rethritis requiring treatment	rethritis 46 requiring treatment 23 litions 9	rethritis 1 — requiring treatment 31 14 quiring treatment 23 10 litions 9 1

These patients came from the following areas:-

er words, the sections			Syphilis.	Gonorrhoea.	Other Conditions.
Soke of Peterborough	******		6	16	58
Huntingdonshire	*****		3	3	46
Kesteven			2	3	11
Isle of Ely			2	2	14
Other Areas		******	1	-	6
	Totals		14	24	135

A total of 67 patients were under treatment or observation on January 1957.

Details of attendances made by patients are as follows:-

Attendances.		Totals.	Males.	Fema
At which patients	Syphilis	778	439	33
saw Physician.	Gonorrhoea	372	252	12
	Other conditions	663	500	16
	Totals	1,813	1,191	66
At which patients	Syphilis	278	121	15
did not see	Gonorrhoea	-	-	- West
Physician.	Other conditions	84		8
	Totals	362	121	24

SECTION IV

INSPECTION AND SUPERVISION OF FOOD

ood and Drugs Act, 1955

I have to thank Mr. J. J. Cole, the County Inspector of Food and Drugs, r the following report on the work carried out in the year 1957:—

During the year eighty-one samples of foodstuffs and drugs were taken analysis and sixteen for bacteriological examination. With the exception of the samples, all those chemically analysed were satisfactory. Two samples cteriologically examined did not comply with their tests.

The articles sampled and analysed consisted of the following and, except ere otherwise stated, only one sample was procured:—

Buttered Brazils; Christmas Pudding; Cream Buns; Cream, Double; eam, Sterilised (2); Custard Powder; Fish Cakes; Glace Cherries; Glycerine, mon and Honey Balsam; Haslet; Herrings in Tomato Sauce; Ice Cream (4); Cream, Bacteriological Examination (4); Jam (3); Lard, Margarine (4); lk (35); Milk, Bacteriological Examination (12); Milk Loaf; Minced Beef af; Minced Meat (3); Mince-Meat; Mint in Vinegar; Polony; Pork Sausage; Pork Luncheon Meat; Pork Pie; Self Raising Flour; Steak and Kidney; "Sunny Spread"; Table Jelly.

MILK. Apart from two samples, the quality of the milk was excellent, I the samples were from a wide choice: Tuberculin Tested, Jersey Tuberin Tested, Pasteurised, Pasteurised Tuberculin Tested; and milk not cially designated.

The two faulty samples were in transit from farmers to a large local dairy be pasteurised. One sample was deficient in both milk fat and solids not and the other was short in milk solids. The milking of the cows was then ervised and it was found that the deficiencies were due to natural causes. other words, the milk was being sold as it came from the cows without any ition or subtraction.

Another sample of milk was unsatisfactory, as it was underheated in the teurising process.

CREAM BUNS. These buns were sold as "cream" buns though they tained only "imitation" cream, and a statement was not displayed to that ct. It was decided that a cautionary letter would suffice, as the baker cerned was an elderly man who had no knowledge of the change in the

GLACE CHERRIES. The sample contained 56.1 per cent. Sugar The analyst considered that there should be a minimum of 60 per cent. Sugar and therefore the sample was not entirely satisfactory.

PORK SAUSAGE. Of seven samples procured, four were deficient i meat to the extent of 2 per cent. to 8 per cent. based on the previous Ministr of Food standard. The shortages were minor and no legal action was taken.

J. J. COLE,

County Inspector of Food and Drug