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County of the Soke of Peterborough

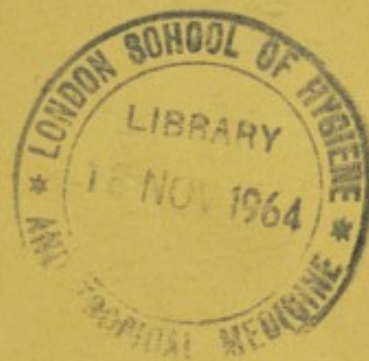
ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

FOR THE YEAR

1963



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



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

Ladies and Gentlemen,

I have the honour to present my sixteenth Annual Report on the health
services in this County.

Population

ANNUAL REPORT

The population of the County, as reported by the Registrar-General,
is 73,020, which is an increase of 200 since 1951. There is an increase of
350 in the City; 280 in the Peterborough Rural District, and (presumably) an
estimated decrease of 10 in the Hambleton Rural District.

OF THE

Census 1961

COUNTY MEDICAL OFFICER

was issued in 1961. The first edition of the County Medical Officer's Reports
were published in booklet form in August 1961.

FOR THE YEAR

1963

The age distribution of the population of England and Wales,
as a whole, is having proportionately more in the under 15 age group
and less in the 65 and over age group. Among men aged 15 years and over 71
per cent were married, 24 per cent single, 4 per cent widowed, and 1 per cent
divorced; the corresponding proportions for women of the same age group
were 69 per cent married, 18 per cent single, 12 per cent widowed and 1 per
cent divorced.

Among the population enumerated in the Soke of Peterborough 93 per cent
were born in England, Wales or Scotland; 2 per cent in Northern Ireland and
the Irish Republic, and 5 per cent in other parts of the British Isles. The largest per-
centage of these would be Italians, which forms the largest group of immigrants
in Peterborough.

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

The County Council has been successful in its policy of providing more and more
wholly residential permanent buildings. 7 per cent were in mobile or semi-
permanent dwellings such as caravans. The average size of dwellings has fallen
since 1951 from 5.0 rooms to 4.0 rooms.

Among the private households 47 per cent held their accommodation as
owner occupiers and 45 per cent rented their accommodation, the remainder
holding their accommodation by virtue of employment, etc. Of those renting,
53 per cent rented from a local authority.

County of the Soke of Peterborough

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

FOR THE YEAR

1963

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

COUNTY COUNCIL FOR THE SOKE OF PETERBOROUGH

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

Ladies and Gentlemen,

I have the honour to present my sixteenth Annual Report on the health services in this County.

Population

The estimated population for mid-1963, as given by the Registrar-General, is 78,020, which is an increase of 620 since mid-1962. There is an increase of 350 in the City; 280 in the Peterborough Rural District, and (surprisingly) an estimated **decrease** of 10 in the Barnack Rural District.

Census 1961

The full County Report from the 1961 Census for the Soke of Peterborough was issued early in 1964. The data on population, dwellings and households were published in leaflet form in August 1963.

The age distribution of the Soke differs from that of England and Wales as a whole, in having proportionately more persons in the under 15 age group and less in the 65 and over age group. Among men aged 15 years and over 71 per cent were married, 24 per cent single, 4 per cent widowed, and 1 per cent divorced: the corresponding proportions among women of the same age group were 69 per cent married, 18 per cent single, 12 per cent widowed and 1 per cent divorced.

Among the population enumerated in the Soke of Peterborough 93 per cent were born in England, Wales or Scotland, 2 per cent in Northern Ireland and the Irish Republic, and 5 per cent outside the British Isles. The largest percentage of these would be Italians, which forms the largest group of immigrants in Peterborough.

The number of dwellings (occupied or vacant) has risen by 28.5 per cent since 1951. 91 per cent of the dwellings in the Soke of Peterborough were in wholly residential permanent buildings. 3 per cent were in mobile or non-permanent dwellings such as caravans. The average size of dwellings has fallen since 1951 from 5.0 rooms to 4.8 rooms.

Among the private households, 47 per cent held their accommodation as owner occupiers and 46 per cent rented their accommodation, the remainder holding their accommodation by virtue of employment, etc. Of those renting, 53 per cent rented from a local authority.

There were 4,899 one-/or two-person households in the Soke containing persons of pensionable age. These households contained 6,522 persons of pensionable age which is 63 per cent of all such persons in the County. Among these persons 27 per cent were living alone, 24 per cent lived in two-person households containing one person of pensionable age, and the remaining 49 per cent lived in two-person households where both persons were of pensionable age.

Statistics

The following statistics show at a glance the Birth Rate, Death Rate, Infant Mortality Rate, etc., for 1963 compared with recent years:

	1963	1962	1961	1960
Birth Rate	19.5	18.9	18.9	20.5
Death Rate	11.2	10.3	10.3	10.1
Infant Mortality Rate	20.3	12.9	17.3	20.8
Maternal Death Rate	0.0	0.66	0.0	0.0
Tuberculosis Death Rate	0.0	0.05	0.01	0.05
Cancer Death Rate	1.8	1.8	1.7	1.7

Comments

The birth rate of 19.5 is higher than in the previous two years, and compares with a birth rate of 18.2 for England and Wales as a whole.

Although, unfortunately, our infant mortality rate is much higher than it was in 1962—when it reached a new low level of 12.9—it is still below the average for England and Wales as a whole, which in 1963 was 20.9 and was the lowest ever recorded for the country as a whole.

The death rate of 11.2 is the highest recorded in the County for some years, but again it is below the national average of 12.2.

I am happy to record that for the first time in the annals of the County there were no deaths from respiratory tuberculosis. However, 26 new cases of respiratory disease were notified in 1963, six of these among immigrants. During the past two years nearly 25 per cent of the new cases of respiratory tuberculosis notified in Peterborough occurred among non-British residents.

It seems to me unfortunate that the compulsory X-raying of immigrants to prevent the spread of tuberculosis has once again been turned down by the Government. The proposal has been put forward by the medical directors of Miniature Mass Radiography units at the annual conference for a number of years—and as often rejected by Government.

The number of aliens holding Ministry of Labour permits is about 30,000 a year and there are about 15,000 Commonwealth citizens holding Ministry of Labour vouchers. This total is approximately the number that passes through a single mass radiography unit. Chest physicians in areas where immigrants settle are seriously concerned about the number with tuberculosis. In one area nearly two-thirds of all tuberculosis patients are immigrants.

Should immigrants be X-rayed on arrival in this country, there remains the problem of their disposal if the X-ray is positive. They must either be returned to their country of origin or be compulsorily admitted to hospital.

The great decrease in the number of deaths from tuberculosis during the past decade has been possible through new forms of treatment, the control measures taken in infectious cases, and to some extent through B.C.G. vaccination.

However, while one new case of respiratory disease is notified (on average) every fortnight in the Soke of Peterborough, we cannot afford to be complacent. There is still a good deal to be done before we can be happy about the T.B. situation.

Staff

There has been no change in the medical staff during the year. It has not been found possible to fill the post of Assistant Medical Officer (vacant since March 1962); Consequently I am still acting as Medical Officer of Health to the Peterborough and Barnack Rural Districts, and to the Ketton Rural District in Rutland. I have been able to secure the services of a part-time lady Doctor (Dr. Jill Brown) who has undertaken two or three child welfare and toddler clinics each week on a sessional basis.

I should like to express my thanks to my colleague, Dr. Smeaton, for his continued help, and to the Chairman and members of the County Health Committee for their support.

Finally, I cannot conclude without expressing my gratitude to the many voluntary bodies and individuals who assist in so many ways, and also to my own staff in the County Health Department who have contributed so much to the smooth running of the service, particularly Mr. John Dunford.

I have the honour to be,

Your obedient Servant,

GEORGE NISBET,

County Medical Officer.

August, 1964.

HEALTH DEPARTMENT STAFF—1963*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 :—

WILLIAM GIBB SMEATON, M.B., CH.B., D.P.H., Barrister-at-law

Assistant Medical Officer of Health :—

Vacant

<i>Superintendent Nursing Officer</i>	Miss I. Sylvester, S.R.N., S.C.M., H.V.CERT.
<i>Health Visitors</i>	Miss F. Coles, S.R.N., S.C.M., H.V. CERT. Miss M. Gerrard, S.R.N., H.V. CERT. Miss C. Hendricks, S.R.N., S.C.M. Miss M. Julyan, S.R.N., S.R.C.N., H.V. CERT. Mrs. P. Proctor, S.R.N., S.C.M., H.V. CERT. Mrs. B. Sewter, S.R.N., H.V. CERT. Mrs. D. A. Vyse, S.R.N., S.C.M., H.V. CERT.
<i>Tuberculosis Health Visitor</i>	Mrs. M. Gorton, S.R.N., B.T.A.
<i>Home Help Organiser</i>	Mrs. I. M. Winham
<i>Assistant Home Help Organiser (part-time)</i>	Mrs. M. Riddington
<i>Home Teacher for the Blind</i>	Miss D. E. Elkington
<i>Administrative Assistant</i>	J. J. Dunford
<i>Senior Social Welfare Officer and Mental Health Officer</i>	G. Smith
<i>Assistant Social Welfare Officer and Mental Health Officer</i>	J. W. Pettit
<i>Trainee Social Welfare Officer and Mental Health Officer</i>	D. W. Favell
<i>Midwives</i>	Miss M. Ambrose, S.C.M. (resigned 14.7.63) Miss M. R. Chapman, S.C.M. Mrs. J. F. George, S.C.M. Mrs. S. A. Greaves, S.R.N., S.C.M. Miss E. E. Lepper, S.R.N., S.C.M. Miss M. Needham, S.R.N., S.C.M. Miss J. M. Robbins, S.R.N., S.C.M. (appoint. 15.7.63). Miss P. Sharpe, S.R.N., S.C.M., (appoint. 1.10.63). Mrs. J. D. Steward, S.R.N., S.C.M. Miss J. Wood, S.R.N., S.C.M. (deceased 9.8.63).

District Nurses

- Mrs. M. Latchford, S.R.N., (Barnack area).
- Mrs. J. Seaward, S.R.N. (Helpston area).
- Mrs. E. Sismey, S.R.N. (Castor area).

District Nurses employed by the Florence Saunders Nursing Association:—
(on an agency basis)

- Mrs. J. E. Douglass, S.R.N. (City area)
- Mrs. M. Flatters, S.R.N. "
- Miss H. Hinchcliffe, S.E.N. "
- Mrs. B. W. Ingle, S.R.N. "
- Mrs. B. Schrey, S.E.N. "
- Mrs. P. M. Tegerdine, S.R.N. "

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

<i>District</i>	<i>Medical Officer of Health</i>	<i>Public Health Inspector</i>
City of Peterborough	W. G. Smeaton M.B., CH.B., D.P.H., Barrister-at-Law.	J. Hall, M.S.I.A. CERT. R.SAN.I., A.M.I.SAN.E.
Peterborough Rural District	Acting Medical Officer of Health George Nisbet, M.B., CH.B.(ED), D.P.H., R.C.S.(ED).	M. R. Gidds, A.R., SAN.I M.S.I.A.
Barnack Rural District		D. W. Griffiths, M.S.I.A., A.R. SAN.I.

SECTION A

STATISTICS

Area of the Administrative County	53,464	
Population (Census 1961)	74,442	
" 1963, Mid-year estimate	78,020	
Rateable Value (April 1st, 1964)	£2,801,487.	
Estimated Product of a penny rate	£11,608.	
	<i>Soke of Peterborough</i>	<i>England & Wales</i>
Live Births. Males 781, Females 744 Total	1,525	
Live birth rate per 1,000 population	19.5	18.2
Illegitimate live births per cent of total live births	6.8	
Stillbirths. Males 10, Females 12. Total	22	
Stillbirth rate per 1,000 live and stillbirths	14.3	17.3
Total live and stillbirths	1,547	
Infant deaths (deaths under one year)	31	
Infant mortality rate :		
Total (per 1,000 live births)	20.3	20.9
Legitimate (per 1,000 legitimate live births)	19.0	}
Illegitimate (per 1,000 illegitimate live births)	28.5	
Neonatal Mortality Rate (Deaths under four weeks per 1,000 total live births)	13.7	
Early Neonatal Mortality Rate (Deaths under one week per 1,000 total live births)	11.8	
Perinatal Mortality Rate (Still births and deaths under one week combined per 1,000 total live and stillbirths	25.8	
Maternal Mortality (including abortion)	0	0.35
Deaths (all causes) Males 481 Females 393	874	
Death Rate per 1,000 population	11.2	12.2

Area

The area of the administrative County remains the same, viz, 53,464 acres.

Population

<i>District</i>	<i>Estimated mid-1963</i>
City of Peterborough	63,780
Peterborough Rural District	8,510
Barnack Rural District	5,730
Administrative County	78,020

The estimated population for mid-1962 was 77,400. Therefore, according to the Registrar-General's estimate, the population of the County has increased by 620, i.e., an increase of 350 in the City; 280 in the Peterborough Rural District, and a decrease of 10 in the Barnack Rural District.

Births

The number of live births assigned to the County was 1,525 (comprising 781 males and 744 females), thus giving a birth rate of 19.5 per 1,000 of the population, as compared with a rate of 18.2 for England and Wales. In 1962 our birth rate was 18.9 compared with 18.0 for England and Wales.

105 of the 1,525 children born in the County in 1963 were illegitimate (6.8 per cent, compared with 6.4 per cent in 1962).

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

<i>Area</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i>
City of Peterborough	641	618	1,259	19.7
Peterborough Rural District	81	75	156	18.3
Barnack Rural District	59	51	110	19.2
Administrative County	781	744	1,525	19.5

Stillbirths

The number of stillbirths registered was 22 (10 males and 12 females) compared with 30 in the previous year. The rate per 1,000 total births was 14.3 as compared with 20.0 in 1962, and with 17.3 for England and Wales.

Our stillbirth rate can therefore be considered satisfactory.

Infant Mortality

The number of infants who died before attaining their first birthday was 31 (21 males and 10 females) as compared with 19 in 1962. Of these there were three illegitimate infant deaths. The rate per 1,000 related live births was 20.3, compared with a rate of 12.9 in 1962. In 1962 the infant mortality rate was the lowest ever recorded in the Soke of Peterborough.

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

City of Peterborough	....	....	....	26	Rate	20.5
Peterborough Rural District	....	....	....	1	„	6.4
Barnack Rural District	....	....	....	4	„	36.3
Administrative County	....	....	....	31	„	20.3

Although our infant mortality rate is much higher than it was in 1962 (12.9) it is still below the average for England and Wales which in 1963 was 20.9 and was the lowest ever recorded in the country as a whole.

The following Table shows the live birth rates and infant mortality rates in England and Wales for the years 1951—1963 and for comparison, similar details for the Soke of Peterborough

Year	ENGLAND AND WALES		SOKE OF PETERBOROUGH	
	<i>Live Births per 1,000 population</i>	<i>Infant Mortality</i>	<i>Live Births</i>	<i>Infant Mortality</i>
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
1958	16.4	22	18.9	25
1959	16.5	22	19.2	23
1960	18.1	22	20.5	20
1961	17.4	21	18.9	17
1962	18.0	21	18.9	12
1963	18.2	20.9	19.5	20.3

The causes of the 31 infant deaths (as recorded on the copies of death certificates supplied to me) were as follows:—

Prematurity	....	....	....	....	9
Congenital abnormalities	....	....	....	....	7
Broncho-pneumonia	....	....	....	....	6
Cerebral haemorrhage	....	....	....	....	4
Meningitis	....	....	....	....	3
Haemorrhagic disease of newborn	....	....	....	....	1
Portal pyaemia	....	....	....	....	1

The deaths occurred in the following months :—

January	....	3	August	....	5
March	....	3	September	....	2
April	....	1	October	....	1
May	....	2	November	....	7
July	....	3	December	....	4

25 of the infants died in hospitals or maternity units attached to hospitals, and six died at home.

18 of the 31 deaths of infants occurred under one week of age, giving an early neonatal mortality rate of 11.8 compared with a rate of 10.2 in 1962.

Maternal Mortality

I am pleased to report that there were no deaths during the year associated with childbirth. There has been only one maternal death in the County during the last five years (in 1962).

Deaths

The total number of deaths assigned to the County by the Registrar-General after adjusting for outward and inward transferable deaths, was 874, as compared with 801 in 1962. This gives a crude death rate of 11.2 per 1,000 population. The death rate for England and Wales was 12.2 per 1,000 home population, compared with a rate of 11.9 in 1962.

481 of the 874 deaths in the County occurred in males, and 393 in females.

The following chief causes of death accounted for 83.5 per cent of the total deaths during the year, viz. :—

Coronary disease, angina	....	....	....	170
Cancer (including Leukaemia)	....	....	....	149
Vascular lesions	....	....	....	120
Other heart diseases	....	....	....	77
Other circulatory diseases	....	....	....	51
Bronchitis	....	....	....	54
Pneumonia	....	....	....	72
Accidents	....	....	....	37

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

0 — 1	years	....	....	....	....	31
1 — 5	"	....	....	....	....	3
5 — 15	"	....	....	....	....	6
15 — 25	"	....	....	....	....	7
25 — 35	"	....	....	....	....	10
35 — 45	"	....	....	....	....	21
45 — 55	"	....	....	....	....	50
55 — 65	"	....	....	....	....	127
65 — 75	"	....	....	....	....	223
	75 years and over	....	....	....	....	396
						<hr/>
					Total	874

It will be noted that 70 per cent of the deaths occurred in persons aged 65 years and over.

Deaths from Cancer

There were 149 deaths from cancer in the Soke of Peterborough in 1963 (seven more than in the previous year) giving a death rate of 1.8 per 1,000 of the population. 33 of the deaths—22 per cent—were due to malignant disease of the lung or bronchus. Of these as many as 31 were males.

Scientific and medical evidence is overwhelming in its proof of the correlation between cigarette smoking and lung cancer. The Government has embarked on a long-term effort aimed chiefly at discouraging young children from starting to smoke. Local authorities have been issued with over one million posters; films have been made and, in association with the Central Council for Health Education, small mobile exhibitions with speakers have been provided.

One such mobile exhibition visited Peterborough early in 1964. Although much publicity was given to the venture through the city health department, less than ten people turned up at the Town Hall to hear about the dangers of smoking.

Those who enjoy smoking adopt an 'ostrich' attitude and refuse to attend exhibitions or lectures to hear about its dangers. Their whole attitude is summed up by the person who said 'I read so much about the effects of smoking that I'm giving up reading.'

Suggestions have been made that the price of cigarettes should be made prohibitive; that all advertisements for cigarettes should be made illegal, and that cigarette packets should bear the warning 'Danger.' But while the Government receives £878 millions in excise duty each year (£70 millions more than is spent on the whole National Health Service) one cannot think that any drastic action of this kind is likely to be taken. Meanwhile we can expect the toll of deaths from lung cancer to go on increasing steadily. Deaths on the roads make headlines—deaths from lung cancer are taken for granted. In the Soke of Peterborough in 1963 nearly three times as many persons died from lung cancer as from motor vehicle accidents.

There were 19 deaths in females from carcinoma of the breast (six more than last year) and 19 deaths from malignant disease of the stomach (the same as in 1962).

I append a Table showing the cause of the 874 deaths in the County during the year 1963 (the figures being those issued by the Registrar-General) and for comparison those for 1962.

Causes of Death	1963		1962
	Males	Females	Total
Tuberculosis Respiratory	—	—	(4)
Tuberculosis Other	1	—	(1)
Syphilitic Disease	—	1	(—)
Other infective and parasitic disease	—	—	(1)
Malignant Neoplasm, Stomach	10	9	(19)
Malignant Neoplasm, Lung, Bronchus	31	2	(33)
Malignant Neoplasm, Breast	—	19	(13)
Malignant Neoplasm, Uterus	—	4	(9)
Other Malignant & Lymphatic Neoplasms	31	39	(68)
Leukaemia, Aleukaemia	2	2	(5)
Diabetes	3	2	(8)
Vascular lesions of nervous systems	57	63	(105)
Coronary disease, angina	111	59	(163)
Hypertension with heart disease	3	10	(8)
Other Heart Disease	34	43	(66)
Other Circulatory Disease	22	29	(35)
Influenza	6	3	(1)
Pneumonia	40	32	(50)
Bronchitis	39	11	(32)
Other Diseases of Respiratory System	2	3	(9)
Ulcer of Stomach and Duodenum	6	2	(5)
Gastritis, enteritis and diarrhoea	2	4	(3)
Nephritis and Nephrosis	3	1	(6)
Hyperplasia of Prostate	4	—	(7)
Pregnancy, childbirth, abortion	—	—	(1)
Congenital malformations	9	2	(7)
Other defined & ill-defined diseases	35	37	(93)
Motor vehicle accidents	12	4	(15)
All other accidents	13	8	(23)
Suicide	5	3	(10)
Homicide and Operations of War	—	1	(1)
	481	393	874
			801

SECTION B
GENERAL PROVISION OF HEALTH SERVICES

Care of Mothers and Young Children

(Section 22)

A. Care of Mothers

The number of births notified in the area under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications was:—

	<i>Live births</i>	<i>Stillbirths</i>	<i>Total</i>
Domiciliary	541	4	545
Institutional	978	20	998
Total	1519	24	1543

Details of all notified births are transmitted to the health visitors, who begin visiting after the tenth day.

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.

No doctors' and ante-natal clinics are held under the auspices of the Local Health Authority; all women are attended ante-natally by their own doctor.

Midwives Ante-natal clinics are held at the Child Welfare Centre at the Town Hall and at the Centre at Dogsthorpe. Blood testing is not carried out at these clinics, but the majority of general practitioners make these tests, and arrangements are made for me to receive the results of all blood tests, except those carried out by practitioners in Stamford. All women have a general examination by their own doctor for fitness to receive gas and air analgesia.

During the year 1963, 668 women attended these clinics and the total attendances were 2,411 compared with 2,776 made by 824 women in 1962.

Mothercraft classes are held weekly at the Town Hall and Dogsthorpe Welfare Centres, and during the year 1963, 308 mothers attended these classes, compared with 292 in 1962. Invitations to attend the classes are sent by post from my office to all expectant mothers, including those who have booked for admission to the Maternity Units.

Relaxation courses for expectant mothers are also held at the Town Hall and Dogsthorpe clinics. During the year 250 mothers attended these courses.

The Mothers' Clubs which meet monthly at the Town Hall and Dogsthorpe Centres, and the Parents' Club associated with the Walton Centre continue to be well attended. They provide an excellent media for health education, and information about public health and home safety measures.

Maternity outfits are provided free of charge to those mothers who are confined in their own homes. The number of such outfits issued during the year was 449.

Each year three cups are presented at the Mothers' Club Annual Party, usually held in the Town Hall in January, viz :—

- (1) Home Safety Cup for mothers. This is won by the mother who makes the best home safety suggestions, etc.
- (2) ' Janet Nisbet ' cup for fathers. Again for the best home made toy or home safety device.
- (3) Knitting Cup—given for the best knitted garment.

Unmarried Mothers and Care of Illegitimate Children

Arrangements for the care of unmarried mothers are made in liaison with the Peterborough Diocesan Family and Social Welfare Council, which is a voluntary organisation.

During 1963 applications were received for the admission of 13 unmarried mothers to maternity homes at the expense of the Local Authority. As many as 12 of the unmarried mothers were under 21 years of age. Three were aged 15 ; one 16 ; four 17 ; one 18 ; two 19 ; one 20, and one 27 years of age.

The putative fathers were unknown or untraced in six cases. Two were American servicemen (one coloured) One was a lodger in the same house as the girl. Two of the unmarried mothers were themselves illegitimate. One girl was known to be educationally sub-normal and had been in the care of foster parents. One of the 15 year old girls had been under the supervision of the Probation Officer because of her association with the putative father. Two of the unmarried mothers belonged to very large families (9 and 10 children in each respectively).

B. Care of Children

Child Welfare Centres

Fourteen child welfare centres were maintained by the Local Health Authority during the year, two more than in 1962. The 14 clinics are situated as follows :—

- (1) Town Hall, Peterborough — Tuesday mornings and afternoons.
Wednesday afternoons.
- (2) Mountsteven Avenue,
Walton, Peterborough — Monday and Thursday afternoons.
- (3) Lawn Avenue, Dogsthorpe — Monday and Thursday afternoons.
Peterborough

- (4) Barnack (Village Hall) — Third Thursday afternoon each month.
- (5) Bainton (Reading Room) — First Wednesday afternoon each month.
- (6) Castor (Village Hall) — Second and Fourth Tuesday afternoons each month.
- (7) Eye (Methodist Church Schoolroom) — First and Third Monday afternoons each month.
- (8) Glinton (Village College) — First Thursday and Third Wednesday afternoons each month.
- (9) Helpston (School Canteen) — Fourth Wednesday afternoon each month.
- (10) Maxey (Congregational Church Hall) — Second Wednesday each month (commenced on 13th May).
- (11) Newborough (Dr. Fuller's Surgery) — Second and Fourth Tuesday afternoons each month.
- (12) Werrington (Parish Hall) — First and Third Friday afternoons each month.
- (13) Westwood (Mission Church Room) — Second and Fourth Friday afternoons each month.
- (14) Wittering (Sick Quarters R.A.F. Station) — First and Third Wednesday afternoons each month.

There are no voluntary child welfare centres in the County. Voluntary workers, however, assist at the Local Authority Clinics and their services are much appreciated, particularly as in some cases, they pay their own 'bus fares to travel to and from the clinics.

Toddler's Clinics are held fortnightly at the Town Hall, Dogsthorpe, and Walton, appointments being sent from my office. A medical member of my staff always attends these clinics.

I append a statistical record of the work performed at the child welfare clinics during the year 1963 :—

Number of children who attended during the year :

Born in 1963	....	....	....	972
Born in 1962	....	....	....	767
Born in 1958—1961	....	....	....	936
				<hr/>
Total				2,675
				<hr/>

Number of Session held by :

Medical Officers	....	....	....	84
Health Visitors	....	....	....	418
G.P.'s employed on sessional basis....				50
Hospital medical staff	....	....		22
			Total	574

Attendances :

Under 1 year	....	....	....	9694
Over 1 year	....	....	....	890
Over 1 year	....	....	....	1,579
Toddlers	....	....	....	890
			Total	12,163

Premature Births

Babies weighing $5\frac{1}{2}$ lbs. or less at birth are classified as premature. Information on this point is supplied when the birth is notified.

86 premature live births were notified in the County during the year (5.6 per cent of the total live births). 72 of these births occurred in hospitals and 14 at home.

A specially equipped premature baby cot is provided by the Local Health Authority, and is held at 'The Gables' Maternity Hospital, but is available to be taken to any address where it may be needed.

Congenital Malformations

By a letter dated November 7th, 1963, the Ministry of Health introduced a new scheme for notifying congenital abnormalities and asked that the arrangements be brought into force from January 1st, 1964.

The scheme depends upon information being sent to the County Health Department by the doctor or midwife notifying a birth of any malformations present at birth, whether the baby is alive or stillborn. Special cards have been issued for notifying these births and doctors and midwives have been supplied with stamped addressed envelopes so that the cards can be sent in a sealed envelope.

Day Nursery

One Day Nursery is maintained by the Local Health Authority. It is situated in Granville Street, Peterborough and has approved places for 45 children (15 aged two years and 30 for children aged 2-5 years). The average attendance during the year was 32.

Nurseries and Child-Minders Regulations Act, 1948

At the end of the year there were six premises registered under the Child Minders Regulations, accommodation being provided for a maximum of 48 children.

In addition two other premises were registered under the Regulations at the end of the year, which provided accommodation for 60 children—one of these being registered for the care of Italian children.

Dental Care

The Local Health Authority is not responsible for the School Health Service and therefore does not employ a Dental Officer. However, arrangements have been made between the Peterborough Joint Education Board and the County Council whereby expectant and nursing mothers and children under five years of age are treated by the School Dental Surgeons. The time allocated for this work is one half-day per week.

During 1963, six expectant or nursing mothers were examined and treated and made dentally fit. 66 pre-school children were also examined. 35 of these were found to require treatment and all received the necessary attention.

MIDWIFERY

(Section 23)

35 midwives notified their intention to practice in the County during the year 1963. 26 were employed by the Hospital Management Committee or Boards of Governors under the National Health Service Act, and nine were employed as domiciliary midwives by the Local Health Authority (8 at the end of the year).

Deliveries attended by domiciliary midwives during 1963 were as under :—

Doctor not booked	.....	0
Doctor booked	.....	528
No. of cases delivered in hospitals etc, but discharged and attended by domiciliary midwives before 10th day	.....	93

The County Council midwives attended a total of 528 cases in 1963 (34 per cent of the total live and stillbirths) compared with 36.2 per cent in 1962, and 36 per cent in 1961.

Analgesia

All the midwives employed by the Local Health Authority are qualified to administer gas and air analgesia, in accordance with the requirements of the Central Midwives Board. An apparatus is supplied to every midwife. Pethidine is also administered by the midwives in domiciliary practice.

HEALTH VISITING

(Section 24)

Seven full-time health visitors, plus one tuberculosis health visitor, are employed by the Local Health Authority.

The following is a summary of visits paid by health visitors during the year 1963 :—

Cases visited by health visitors :

Children born in 1963	....	....	1,578
Children born in 1962	....	....	981
Children born in 1958-1961	....	....	3,326
			5,885
Number of tuberculous households visited by tuberculosis visitor			.... 451

Liaison arrangements between General Practitioners and Hospitals with Local Health Service

Towards the end of 1963 arrangements were made in this area for health visitors to work with particular medical practitioners or groups of practitioners, and also with the Pediatrician at the Peterborough Memorial Hospital—as suggested in the Gillie Report.

It is at present too early to say how the arrangement is working, but I hope to be in a position to report more fully in my next annual report.

HOME NURSING

(Section 25)

In the City of Peterborough home nursing is undertaken by the Florence Saunders Nursing Association on an agency basis. Six whole-time nurses are employed, four of whom have cars for which they receive the appropriate allowance.

In the rural areas of the County three whole-time district nurses are employed by the Local Health Authority. Each of these nurses has a car, so the whole district is adequately covered. The rural nurses reside respectively at Barnack, Castor, and Helpston.

A total of 923 persons were nursed during the year, compared with 829 in 1962. 578 of these were aged 65 years or over at the first visit. A total of 29,836 visits were paid by the district nurses.

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

VACCINATION AND IMMUNISATION

(Section 26)

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 for young persons under the age of 16 years.

Vaccination against poliomyelitis is carried out by the general practitioners in the City—with the exception of one practice—the fees again being paid for completed record cards by the Local Authority. Most of the doctors practising in the rural areas prefer to leave poliomyelitis vaccination to the County Health medical staff.

Triple antigen (for immunisation against diphtheria, whooping cough and tetanus) is available—free of charge—to general practitioners, and tetanus vaccine, where patients have not previously received triple antigen, is also available, free of charge, upon application to the County Health Department.

Further information with regard to vaccination and immunisation is given under Section C of this report (Prevalence of, and control over, Infectious and Other Diseases).

AMBULANCE SERVICE

(Section 27)

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 as follows :—

<i>District</i>	<i>Type of call</i>
City of Peterborough	All calls
Peterborough Rural District	All calls
Barnack Rural District	Mental and Infectious illness
Old Fletton Urban District	} Hunts All calls
Norman Cross Rural District	
Connington Parish	
Crowland District (Holland, Lincs.)	Emergency & Infectious cases

At the time of writing this report the fleet of ambulances is as follows :—

One Clinic Ambulance,	1957	....	....	Seven-seater
One Clinic Ambulance,	1958	....	....	Seven-seater
One Clinic Ambulance,	1963	....	....	Ten-seater (two stretcher positions)

- One Stretcher Ambulance, 1955
- One Stretcher Ambulance, 1958
- One Stretcher Ambulance, 1961
- One Stretcher Ambulance, 1962

The establishment consists of 20 ambulance driver/attendants, plus one traffic controller.

The Ambulance Service is operated in combination with the Fire Brigade, the Chief Fire Officer being also the Ambulance Officer.

The following is a summary of the work carried out by the County Ambulance Service in 1963 :—

	<i>Total Patients</i>	<i>Total Miles</i>
Directly Provided Service		
Ambulances	12,737	72,186
Sitting case vehicles	13,821	66,704
Supplementary Services		
Hospital Car Service	1,683	62,209
Rail journeys	17	1,808
Totals	28,258	202,907

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28)

Tuberculosis

The responsibility of the Authority is in relation to prevention, care and after-care. Treatment of tuberculosis is 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. During 1963 a total of 451 tuberculous households were visited, 953 visits being paid.

Beds, bedding and nursing requisites are available for patients being nursed at home. Formerly open-air shelters were available, but there has been no request for these for many years. Tuberculous patients receive domestic help if required, and free milk is provided in necessitous cases.

The statistical tables and other information with regard to tuberculosis are given under Section C of this report.

Other Types of Illness

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

Loan of Nursing Equipment

Nursing equipment and apparatus required by patients being nursed at home, such as wheel chairs, bed rests, bed pans, mackintosh sheeting, etc., is provided, on loan, by the Local Health Authority.

Chiropody Service

The chiropody service is organised through the Peterborough Old People's Welfare Committee, which is a voluntary organisation. The County Council made a grant of £1,500 to include the cost of this service.

The service provides treatment to any woman who is 60 or over and to any man who is 65 or over. The patient pays 2/6d. per treatment, and the Old People's Welfare Committees pays the balance of the chiropodist's fee, plus equipment, dressings, travelling and postages expenses.

In the main the service is domiciliary, but sessional treatment is arranged at various centres in the City to permit treatment being given to those who are not housebound and are within easy reach of a centre.

At March 31st, 1964, there were 1158 cases in the City and 191 in the rural area, together with 14 cases where handicapped people under the age limit are given treatment at the request of the County Council.

Since its inception in 1958 the chiropody service has grown very considerably, as will be seen by the amounts actually spent during the last six years:—

<i>Year</i>	<i>Amount spent</i>
1958/59	£25
1959/60	£60
1960/61	£100
1961/62	£330
1962/63	£1037
1963/64	£1474

DOMESTIC HELP SERVICE

At the end of the year 46 part-time domestic helps were employed. They are under the supervision of the Home Help Organiser (Mrs. Winham) and of a part-time Assistant Home Help Organiser (Mrs. Riddington).

Domestic home help was provided for a total of 488 households in 1963, including 17 chronic sick and tuberculous persons, and 77 maternity cases. 348 of the 488 cases were aged 65 or over on the first visit in 1963.

The standard charge to users of the service is 4/6d. per hour, and the standard charge for maternity cases is £6. 15s. od. per week. The workers are paid 3/10d. per hour (plus 2d. when working where tuberculosis or other infectious diseases are present). The gross cost of the service per working hour was 5/4½d.

MENTAL HEALTH SERVICE

(Section 51)

Administration

The Mental Health Sub-Committee of the County Health Committee consists of eight members of the County Council and three co-opted members, and meets on the third Tuesday of each month. This Committee deals with all the matters relating to the care of the Mentally Disordered.

Staff

The County Medical Officer of Health is in charge and is Medical Advisor to the Committee. There is one Social Welfare Officer (who is also Senior Mental Welfare Officer), one Mental Welfare Officer, and one Student Trainee Assistant. This Officer has proved a valuable asset to the Department and a place has been found for him on a Course to start in September 1964 at Leeds College of Commerce. The Chief Clerk, Public Health Department, acts as Mental Welfare Officer in the absence of other Officers.

Staff—Junior Training Centre

The Junior Training Centre has a staff of one Supervisor, five Assistants, and two Student Trainees. The Committee has agreed to the employment of one additional Student Trainee, and also to second two Trainees on two National Association for Mental Health Diploma Courses, starting in September 1964.

Co-ordination with Regional Hospital Boards

Frequent personal contact has been maintained at all levels and is an encouraging feature. The co-operation which can be obtained when staff know each other personally is always of a higher level than that where the opposite number is an impersonal voice at the other end of a telephone.

Prevention, Care and After-care

After three years working of the Mental Health Act, I am pleased to report that the omission of the Justices from the compulsory removal procedure has been successful. Many misgivings were expressed at the time the Act was brought in, but in no case have I had to report on any difficulties being experienced.

My staff continue to prepare Social History Reports on all cases who are admitted compulsorily and visits are made to the patients in hospital and later, at the request of the Medical Superintendent, after-care is provided in their own homes. The free access to all Wards of the Hospital is a great help with the rehabilitation of patients and the co-operation between members of my Department and the Psychiatric Social Worker staff at the Hospital has continued on a high level.

However, staff shortage has restricted the number of visits which can be made, but all of my Officers have given great service, and many hours of their own time in visiting cases after office hours.

Compulsory Admissions

This year has shown a reduction in the number of admissions to Rauceby Hospital, but this may have been due to the restriction on the number of beds available whilst the Hospital was being completely re-fitted and re-decorated.

Cases dealt with under the Mental Health Act, during the year, were as follows :—

<i>Mental Health Act, 1959</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Informal patients	....	....	....	42	63	105
Section 29	....	....	....	25	9	34
Section 25	....	....	....	—	2	2
Section 60	....	....	....	1	—	1
				68	74	142

The age groups of these cases were as follows :-

	<i>Males</i>	<i>Females</i>
16 — 20	5	1
21 — 30	7	16
31 — 40	20	17
41 — 50	12	13
51 — 60	8	8
61 — 70	12	11
70 +	4	8

The number of cases in Psychiatric Hospitals on 31st December, 1963 was as follows :—

<i>Name of Hospital</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
St. John's Hospital, Lincoln	—	5	5
Kingsway Hospital, Derby	—	1	1
Carlton Hayes Hospital, Leicester	1	1	2
The Towers Hospital, Leicester	—	3	3
Leavesden Hospital, Abbots Langley	1	—	1
Mapperley Hospital, Nottingham	—	1	1
Rauceby Hospital, Sleaford	70	82	152
	72	93	165

Mentally Sub-Normal

Ascertainment

The successful ascertainment of all mentally retarded children has continued during the past year as I, in my capacity of County Medical Officer in charge of Maternity and Child Welfare Services, and as Principial School Medical Officer, continued to see all such children in the area. My thanks are once again due to the Consultant Child Psychiatrist who has been very helpful when cases of difficulty have arisen.

During the year a start was made on the extension of the Junior Training Centre which will cost in the region of £10,000. This will enable the number of children attending the Centre to be increased from 36 to 60 although I would point out that the existing building has been providing tuition for 58 pupils. (Now 64 at time of going to press.)

The site has been chosen and negotiations are in progress for the Adult Training Centre and following consultations with the Ministry of Health the area has been agreed upon as 5½ acres ; part of this will be used for agricultural and horticultural purposes and part for general out-work and factory training.

Training of the Mentally Sub-Normal

At the end of the year, there were 58 mentally sub-normal children in attendance at the Junior Training Centre. Their standard of behaviour continues to impress me and their general happiness and contentment is infectious to all those who visit the Centre.

Once again the Annual Outing and Picnic was held in June, and this year, thanks to the kindness of the Earl Fitzwilliam and the Milton Estates, we were able to enjoy a glorious day in Milton Park. Tea, sandwiches and cakes were provided and the children had a lovely day.

The Annual Open Day was also held again, although not as many people as in previous years visited the Centre. However, their interest remains and this was quite evident by the intelligent questions and their exceptional interest in all of the activities undertaken at the Centre.

The new feature of our Harvest Festival has now become an annual event and was again held in September ; the services being conducted by the Reverend B. Wood and Canon F. H. Stallard. The following day a party of the children visited one of the Old People's Homes and presented gifts of fruit, vegetables, etc. to the residents.

In order to give the Trainee Welfare Officer all round experience, I arranged for him to spend a week at the Junior Training Centre teaching the children. This proved to be a remarkable success and I intend to make this a feature of all Assistant Welfare Officers training.

On the 31st December 1963, the following mentally sub-normal persons were in Hospitals, on Leave, and under Supervision :

<i>In Hospitals</i>	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Stoke Park Hospital, Nr. Bristol	5	4	9
Little Plumstead Hospital, Nr. Norwich	24	13	37
Leavesden Hospital, Abbots Langley	1	—	1
Lisieux Hall, Nr. Chorley, Lancs.	1	—	1
Rampton Special Hospital	—	1	1
Risbridge Home, Haverhill	12	—	12
Royal Eastern Counties Hospital, Colchester	—	1	1
Nayland Hospital, Nayland, Colchester	—	12	12
Calderstone Hospital, Whalley, Blackburn	1	—	1
Riversfield Home, St. Neots.	1	—	1
Harmston Hall Hospital, Nr. Lincoln	—	1	1
	<hr/> 45	<hr/> 32	<hr/> 77
Mentally Sub-Normal on Leave	2	1	3
Mentally Sub-Normal under Supervision	41	50	91
Mentally Sub-Normal Awaiting Admission to Hospital	2	5	7

Accommodation Waiting List

During the year three mentally sub-normal persons were admitted to Hospitals for a period of temporary care and two children were admitted from the Waiting List on a permanent basis.

Ambulance Service

The Ambulance Service is available for the conveyance of patients to psychiatric hospitals and their most helpful co-operation in all cases has been much appreciated.

Deaf and Dumb

The Soke of Peterborough County Council makes a grant of £200 a year to the Northamptonshire and Rutland Mission to the Deaf, which continues to give valuable assistance—on an agency basis—to the welfare of the deaf and dumb in the County.

In the 35th Annual Report for the year ended March 31st, 1964, the following remarks are made about Peterborough :

“ As has been said each year, our work at Peterborough has to be arranged so separately from the rest of the area that it is virtually a separate Mission. Mr. Stanley Gascoine has been our Welfare Officer, quite unpaid, for the last 30 years and we appreciate greatly his very unselfish service and also the service of Mrs. Gascoine. Mr. Marston, Mr. Favell (our Hon. Reader) and myself take regular services at Peterborough, but everything else is done by Mr. Gascoine.”

W.V.S. Work for the Welfare of the Elderly

I have received the following Report from the County Organiser of the Women's Voluntary Service (Mrs. A. G. Smith) with regard to the work for the elderly.

Darby and Joan Clubs Three Clubs (City, Dogsthorpe and St. John's Close) meeting weekly. The usual outings and holidays arranged.

Luncheon Club At the Broadway Club for those elderly people not entitled to Meals-on-Wheels. No subsidy for these meals, the charge of 2/- borne by recipient. 40 lunches served weekly (Tuesdays and Fridays). Meals obtained from St. John's Close.

Meals-on-Wheels The figures obviously fluctuate but the latest are :

Peterborough 84

Villages 24

twice weekly. The cost to recipient 1/-, subsidy (Old People's Welfare Committee) 1/-. The majority of the meals are obtained from St. John's Close, but the Helpston Paper Mill help in some of the villages.

Clothing Where needed clothing is supplied. During the previous hard winter warm clothes and blankets were given out and were much appreciated. Gift parcels are sent to us to be distributed to old people, especially at Christmas.

Our contacts through our various services enables us to keep an eye on many of the old people in our area, and our advice and suggestions are sought on many occasions.

SECTION C

PREVELANCE OF, AND CONTROL OVER, INFECTIOUS
OTHER DISEASES

1. INFECTIOUS DISEASES

1,274 cases of infectious diseases were notified to the District Medical Officers in 1963, compared with 455 in 1962; 1864 in 1961, and 371 in 1960. The increase in numbers is accounted for by the larger number of cases of measles notified in 1963 (1,048 compared with 313 in 1962).

Scarlet Fever

Whereas in 1962, one case only of scarlet fever was notified in the County, 13 cases were notified in 1963, 12 of these occurring in the rural districts.

Whooping Cough

Twenty cases of whooping cough (all occurring in the City) were notified in 1963. In the previous year, for the first time, no cases of this disease were notified.

Measles

An epidemic of measles occurred in the County in the early part of the year. Altogether 1,048 cases were notified, compared with 313 in the previous year. In 1961, however, 1,723 cases occurred.

Pneumonia

There was a reduction in the number of cases notified—11 compared with 24 in 1962, and 26 in 1961.

Dysentery

The number of cases of dysentery notified in 1963 is rather disturbing—97 compared with 24 in 1962 and none in 1961.

Food Poisoning

Again, while one case only of food poisoning was notified in 1962, there were 17 notifications in 1963 (all occurring in the City).

Puerperal Pyrexia

Here there has been a decrease in the number of notifications, 34 cases being notified in 1963, compared with 56 in 1962 and the same number in 1961.

Typhoid Fever

Two cases (contracted abroad) were notified from the Barnack Rural District.

Tuberculosis

A total of 32 cases were notified—26 of respiratory and 6 of non-respiratory disease.

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

	<i>Peterboro'</i> <i>City</i>	<i>Peterboro'</i> <i>R.D.</i>	<i>Barnack</i> <i>R.D.</i>	<i>Total</i>
Scarlet Fever	1	11	1	13
Whooping Cough	20	—	—	20
Measles	741	219	88	1048
Dysentery	93	4	—	97
Acute Pneumonia	10	—	1	11
Food Poisoning	17	—	—	17
Tuberculosis : Respiratory	23	1	2	26
Other	6	—	—	6
Puerperal Pyrexia	34	—	—	34
Typhoid Fever	—	—	2	2
Total	945	235	94	1274

2. VACCINATION AND IMMUNISATION

(a) Diphtheria Immunisation

The following Table shows the number of children who had completed a course of immunisation against diphtheria during the year 1963 :

	<i>Children born in years</i>							<i>Total</i>
	1963	1962	1961	1960	1959	1954- 1958	1949- 1953	
No. of children who completed a full course of Primary Immunisation in the Authority's areas in 1963	469	589	77	13	14	162	5	1329
No. of children who received a secondary (Reinforcing) injection	2	14	34	9	68	306	8	441

(b) Whooping Cough Vaccination

Whooping cough vaccine—the combined triple diphtheria-pertussis-tetanus antigen—is purchased by the Local Health Authority and provided to general practitioners as required.

The number of children who completed a primary course (normally three injections) of pertussis vaccine (singly or in combination) in the Authority's area during the year 1963 was :

<i>Year of Birth</i>	<i>Number vaccinated</i>
1963	469
1962	589
1961	77
1960	13
1959	14
1954-1958	162
1949-1953	5
Total	1,329

(c) Smallpox Vaccination

The following Table shows the number of vaccinations and re-vaccinations carried out during the year :

<i>Age at date of Vaccination</i>	<i>Number of Persons Vaccinated (or re-vaccinated)</i>								
	0-3 mts.	3-6 mts.	6-9 mts.	9-12 mts.	1	2-4	5-14	15 or over	Total
Number Vaccinated	43	138	69	28	61	15	25	60	439
Number Re-vaccinated	4	12	6	2	4	5	10	70	113

(d) B.C.G. Vaccination

Details of the work carried out in 1963 are as follows :

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act :

A. Contact Scheme

(i) No. skin tested	432
(ii) No. found positive	240
(iii) No. found negative	192
(iv) No. vaccinated	132

B. School Children Scheme (d)

(i) No. skin tested	....	....	....	90
(ii) No. found positive	....	....	....	10
(iii) No. found negative	....	....	....	80
(iv) No. Vaccinated	....	....	....	0

(e) Poliomyelitis Vaccination

I append details of poliomyelitis vaccinations carried out during the year 1963 :—

Number of Persons completing primary immunisation

Children born in the year 1963	....	102
Children born in the year 1962	....	539
Children born in the year 1961	....	116
Children born in the years 1943-60	....	106
Persons born in years 1933-42	....	31
Others	....	40
		Total
		934

Number of persons who received three injections during the year 1,281

Number of persons who received four injections during year 1,337

Comments

I have received from the Ministry of Health the percentages of children vaccinated and immunised against diphtheria, whooping cough, and poliomyelitis at 31.12.63, which are as follows :—

Children born in 1962

	<i>Diphtheria Whooping Cough Poliomyelitis</i>			
Soke of Peterborough	69	69	45
England and Wales	65	64	53

While our figures for diphtheria and whooping cough immunisations are rather higher than the national average for children born in 1962, the percentage of children vaccinated against poliomyelitis are below that of England and Wales. I have drawn the attention of the local general practitioners to these figures.

3. Tuberculosis

(a) Notifications

During the year 1963, 26 new cases of respiratory tuberculosis were notified, and six non-respiratory cases. Six of the cases occurred in patients other than British. During the past two years nearly 25 per cent of the new cases of respiratory tuberculosis notified in Peterborough occurred in immigrants.

Particulars of the new cases notified in 1963, in age periods, are as follows :

Age Periods	Respiratory		Non-Respiratory		Total	
	M	F	M	F	M	F
10 — 15	1	—	—	—	1	—
15 — 20	2	3	—	—	2	3
20 — 25	1	—	—	—	1	—
25 — 35	4	3	—	3	4	6
35 — 45	3	2	—	—	3	2
45 — 55	1	—	—	1	1	1
55 — 65	2	—	—	1	2	1
65 — 75	2	1	—	1	2	2
75 and over	1	—	—	—	1	—
Totals	17	9	—	6	17	15

The incidence of notifications of respiratory tuberculosis per 1,000 of the population is 0.33, compared with 0.35 in 1962 ; 0.11 in 1961, and 0.50 in 1960.

(b) Deaths

For the first time in the annals of the County there were no deaths in 1963 attributable to respiratory tuberculosis. As recently as 1946, 23 deaths were due to this cause in Peterborough, although during the previous seven years the deaths did not exceed five in any one year, and in 1961 one death only was caused by pulmonary tuberculosis.

One male aged 20 died from non-respiratory disease—tuberculosis of the kidneys and spine. He was first notified as a child in 1948 and died in a Hospital in Essex.

I append a table in relation to tuberculosis of the lungs showing the number of notifications and deaths in the County during the last 20 years, and the incidence of deaths to new notifications :—

Year	New Notifications	Deaths	Percentage of Deaths to Notifications
1944	43	11	25.8
1945	46	20	43.4
1946	43	23	53.4
1947	58	15	25.8
1948	28	19	67.8
1949	42	10	23.8
1950	73	10	13.7
1951	58	14	24.3
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
1958	27	5	18.5
1959	31	4	12.9
1960	36	1	2.7
1961	10	4	40.0
1962	27	4	14.8
1963	26	0	0.0

(c) Residential Accommodation

Admissions to Sanatoria are arranged by the East Anglian Regional Hospital Board, patients being usually admitted immediately their names are submitted to the Bed Finding Bureau.

During the year 26 patients from the Soke of Peterborough were admitted to Sanatoria, viz, 16 men, 8 women, and two young people. At the beginning of the year 1963, seven patients were already in Sanatoria, so that a total of 33 patients received in-patient treatment during the year—all in the Bourne Chest Hospital.

At the end of the year 16 patients from the Soke were in Sanatoria.

(d) Prevention of Tuberculosis

The Consultant Chest Physician (Dr. G. B. Royce) submits quarterly reports to the County Health Committee on the prevention of tuberculosis. A summary of Dr. Royce's report show that a total of 1,038 contacts were examined at the Chest Clinic during 1963, compared with 1,073 in the previous year. 303 of these were new cases, compared with 202 cases in 1962.

4. VENEREAL DISEASES

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

The clinical work and administration is the responsibility of the East Anglian Regional Hospital Board. Dr. N. A. Ross is the Consultant Venereologist in charge of the Centre, and clinics are held as follows, to which patients can be referred direct without appointments. :

Mondays	4.30 to 6.30 p.m.	Males
Tuesdays	10.30 to 12.30 a.m.	Females & Children
Wednesdays	5.30 to 7 p.m.	Males
Thursdays	4.30 to 6.30 p.m.	Females

294 patients attended the Clinic for the first time during the year 1963, compared with 251 in 1962 ; 242 in 1961 ; 253 in 1960, and 201 in 1959.

The 294 new cases came from the following areas :

<i>County</i>	<i>Totals</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
Soke of Peterborough	205	11	53	141
Huntingdonshire	19	2	5	12
Isle of Ely	19	—	2	17
Kesteven	24	1	3	20
Northamptonshire	7	0	1	6
Others	20	0	3	17
Totals	294	14	67	213

In 1962, 16 cases of syphilis and 34 of gonorrhoea from the Soke of Peterborough were treated at the V.D. Clinic.

In 1963 there was a slight reduction in the number of new cases of syphilis (14 compared with 19 in 1962) but an increase in the number of new cases of gonorrhoea (67 against 47 in 1962).

SECTION D.

INSPECTION AND SUPERVISION OF FOOD

I have to thank Mr. R. E. Kilsby, the Chief Inspector of Food and Drugs for the following report on the work carried out in the year 1963 :—

The County Council is the Food and Drugs Authority for the rural parts of the County. It carries out the provisions of the Food and Drugs Act, 1955 and the various Orders and Regulations associated therewith which deal with the composition and description, quality and labelling of food and drugs. These duties are carried out by the Weights and Measures Department in association with the Health Department.

I. Samples examined for composition and quality

A list of samples examined for composition and quality is indicated in the table below :—

Article	Satisfactory	Not satisfactory	Total
Milk	19	—	19
Double Cream	1	2	3
Pork Sausage	5	—	5
Milk Pudding	1	—	1
Aspirin	5	—	5
Condensed Milk	1	—	1
Lemon Barley Water	1	—	1
Lemon Cheese	1	—	1
Settlers	1	—	1
Strawberry Jelly	1	—	1
Halibut Liver Oil Capsules	1	—	1
Cough Syrup	3	—	3
Margarine	1	—	1
Butter	2	—	2
Flour	1	—	1
Milk of Magnesia Tablets	1	—	1
Nipits	1	—	1
Strawberries	2	—	2
Gooseberries	2	—	2
Blackcurrants	1	—	1
Pork Pies	4	—	4
Limmits	1	—	1
Jam	1	—	1
Dripping	1	—	1
Ice Cream	1	—	1
Plums	1	—	1
Apples	3	—	3
Frozen Fish Cakes	1	—	1
Orange Squash	1	—	1
Cochineal	1	—	1
Milk Shake Syrup	1	—	1
Creamed Horseradish	1	—	1

Samples are procured all over the rural parts of the county and much thought is given to seeing that a wide range of samples is obtained and unnecessary duplication avoided.

The food industry, at least as much as any other branch of commerce, is constantly developing and changing. Examples of this are the growth in the consumption of frozen foods, of ready prepared convenience foods, and now, quick freeze dried foods. These advances in food manufacture, call for vigilance on the part of Food and Drugs Authorities, for it is sometimes found that there are problems connected with new methods. Some of the current problems are dealt with in the following remarks on samples.

2. Sausages

Sausages are an important source of meat and some 9,000 million sausages are said to be eaten every year. There is, however, no legal definition of a sausage and, since 1953, no compulsory standard for the amount of meat in a sausage has existed, even though during the period of meat rationing, the amount of meat in sausages was controlled.

The Food Standards Committee in 1956, recommended that pork sausages should have a minimum meat content of 65 % and beef sausages should have a minimum meat content of 50 %. These figures, which are the same as those in force at the end of rationing in 1953, cannot therefore be considered to be unduly high.

The Committee's recommendations have never become law, but they have been accepted as a standard by public analysts and by the Courts. Many successful prosecutions have been taken against those whose sausages contain less meat. This standard is accepted by the Council's Public Analyst.

During the past year, in the Soke of Peterborough, 5 samples of sausages have been examined ; all have been found to be of at least this standard, whilst some sausages contained considerably more meat.

3. Double Cream

A sample of double cream was found to be 3.54 % deficient in butter fat. The trouble with the cream was almost certainly due to unskilled working of the separator which is used to separate cream from milk. Whilst the dairy were analysing the cream themselves, in an effort to ensure that it was of a proper standard, their analytical methods were unsatisfactory and were leading them to believe that the cream was of a higher fat content than it was. They immediately took steps to rectify this matter and subsequent samples have proved to be satisfactory.

4. Soft Fruit

There has been a good deal of public concern over the use of insecticides on fruit and vegetables. It is the practice of growers to spray soft fruit with chemical insecticides and some of these are unquestionably dangerous to man. If the manufacturers' instructions as to strength and time of spraying are

followed, there should be little danger. The difficulties arise from growers using a spray in too strong a solution or at a date too near the harvesting and consumption of the fruit.

In the period under review, samples of locally grown strawberries, gooseberries, blackcurrants, plums and apples, were found to be satisfactory.

5. Meat Colouring Powders

During the year, there was public concern about the use of powders whose purpose is to prevent produce such as minced beef losing colour and having a dull and unattractive appearance. It has been found that certain people have suffered harmful effects from eating meat treated with these powders, since they contain objectionable ingredients. In addition, they could be used to disguise the condition of food. Since the end of the year, the Government has now passed regulations preventing the use of powders containing these ingredients. As soon as the matter became public knowledge, your Inspector made enquiries in the county to see if anyone was using these powders, but none were found. The attention of traders is being drawn to the matter to make sure they are aware of the prohibition and samples will be taken at regular intervals.

6. Milk

Milk is still the food subject to the most attention and sampling by the Health Authorities. In time past, the adulteration of milk by adding water was common. Fortunately, this has now almost completely died away and during the year under review, once again no watered samples were found in the county area.

The scheme whereby farmers whose butterfat content drops below a certain standard receive less payment for their milk, also appears to have been effective, for the number of samples found to be deficient in fat is decreasing.

Investigation over the past two years has disclosed a new problem. Antibiotics such as penicillin are finding their way into the domestic milk supply of the country. This is due to the use of antibiotics by farmers for the cure of diseases of cattle such as mastitis. Producers are required by the Milk Marketing Board not to send to the dairy for human consumption any milk from cows which have been treated recently with antibiotics. Antibiotics are not taken from the milk by pasteurisation and are consumed by the final customer. This is objectionable. Medical officers are concerned that people should unwittingly build up a resistance to penicillin, so that it is not effective when its services are required. In addition, doctors are aware that in certain cases people who are allergic to penicillin and similar antibiotics may unwittingly consume milk containing such substances and may become quite ill.

During the year, the Ministry of Health issued a circular to Food and Drugs authorities asking that they should immediately take steps to sample for the presence of antibiotics in milk. This occurred later in the year and arrangements were immediately made and sampling to detect the presence of antibiotics in milk commenced in December.

At the end of the year, only a few samples had been examined, but were found to be free from antibiotics.

In addition to the testing of milk for quality and composition, it is also checked to see that it is a clean and wholesome food. Examinations are made to see that it is properly described as pasteurised, sterilised, or tuberculin tested, as the case may be. In addition, it is tested to see that it has good keeping qualities. During the year 31 samples of milk were analysed for bacteriological and biological purposes.

One sample failed the methylene blue test (a test of keeping quality). Enquiries were made and it was found that due to illness, the pasteurising plant was being run by people who were unused to it. Arrangements were made to change this and there has been no further trouble.

7. General

A report such as this tends to dwell on those things which were found to be unsatisfactory. This is misleading. Inspectors sample most where they think there is a chance of something being wrong. There is no point in taking many samples where experience has shown there is little likely to be wrong, and for this reason, the figures in this report are weighted. If an Inspector finds a milk sample wrong from one source, inevitably many repeat samples are taken. The composition and quality of food in the area reaches a very high standard as is shown by only two samples in seventy being found to be unsatisfactory, and even these two samples were repeat samples from the same source.

In conclusion, I should like to thank the Clerk of the Council, Mr. E. P. Smith, and his staff for their assistance at all times, the Medical Officer, Dr. Nisbet for his interest and advice, and the County Analyst, Dr. S. Greenburgh for his skilled services. My thanks are also due to other officers of the Council and to members of the Prevention of Illness Sub-Committee under their Chairman, County Councillor Adams, for their enthusiastic support. Above all, I must thank my own staff for their continued enthusiasm for their work.

At the end of the year, only a few samples had been examined, but were found to be free from antibiotics. A further 20 samples were examined during the year.

In addition to the testing of milk for quality and composition, it is also checked to see that it is clean and wholesome food. Examinations are made to see that it is properly described as pasteurised, sterilised or ultra-sterilised, as the case may be. In addition, it is tested to see that it has good keeping qualities. During the year 31 samples of milk were analysed for bacteriological and biological purposes.

5. **Standardized Condensed Milk**

One sample failed the methylene blue test (a test of keeping quality). Enquiries were made and it was found that due to illness the pasteurising plant was down run by people who were unused to it. Arrangements were made to change this and there has been no further trouble.

At least 20 samples of standardized condensed milk were analysed during the year. The results were satisfactory and no further action was taken.

7. **General**

A report such as this leads to dwell on those things which were found to be unsatisfactory. This is not, however, the inspector's sample which they think there is a chance of something being wrong. There is no point in taking many samples where experience has shown there is little likely to be wrong, and for this reason, the figures in this report are weighted. If an inspector finds a milk sample wrong from one source, inevitably many repeat samples are taken. The composition and quality of food in the area reaches a very high standard as is shown by only two samples in seven being found to be unsatisfactory, and even these two samples were repeat samples from the same source.

In conclusion, it should like to thank the Clerk of the Council, Mr. E. R. Smith and his staff for their assistance at all times, the Medical Officer, Dr. Nisbet for his interest and advice, and the County Analyst, Dr. S. Greenough for his skilled services. My thanks are also due to other officers of the Council and members of the Executive of the Health Sub-Committee under their Chairman, County Councillor, Mr. A. G. Brown, for their enthusiastic support. Above all, I must thank my own staff for their continued enthusiasm for their work.

A problem which has arisen in the past two years has been the use of antibiotics such as penicillin and streptomycin in the domestic milk supply. This is due to the use of antibiotics by farmers for the control of disease in their stock. The use of antibiotics in the domestic milk supply is not desirable as such antibiotics as penicillin and streptomycin are not destroyed by the heat used in the pasteurisation of milk. Antibiotics are not destroyed by the heat used in the pasteurisation of milk and are consumed by the final consumer. The use of antibiotics in the domestic milk supply is objectionable. Medical officers are concerned that people should unwittingly build up a resistance to penicillin, so that it is not effective when it is required. In addition, it is well known that people are aware that certain antibiotics are used in the treatment of disease and are unwilling to consume milk containing such antibiotics.

During the year, the Ministry of Health issued a circular to Food and Drug authorities asking that they should take steps to prevent the presence of antibiotics in milk. This occurred later in the year and the result of the testing of samples during the year has been that no samples were found to contain antibiotics in December.



