

[Report 1943] / Medical Officer of Health, Isle of Ely County Council.

Contributors

Isle of Ely (England). County Council. n 78027969

Publication/Creation

1943

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HEALTH

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ADMINISTRATIVE COUNTY
OF THE
ISLE OF ELY



Summary Report

of the work of the

Public Health
Department

December 1939 - 1943

By

W. K. DUNSCOMBE,

M.D., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.


COUNTY MEDICAL OFFICER



LITTLEPORT, ISLE OF ELY:

G. T. WATSON, PRINTER, VICTORIA STREET.

1944.



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Mr. Chairman, Ladies and Gentlemen,

No annual report on the Public Health of this County has been published since the war but my impending departure offers a favourable chance of summarising matters from the time I took up duty at the end of 1939.

Certain points however, should be made clear. They are :—

(1) it is only a *summary* and is not intended to be a complete presentation of the innumerable matters with which the department dealt during the period under review since this would take a great deal more time than is available to me ;

(2) any criticisms are intended to be constructive.

From the summary of certain statistics given below one most important fact stands out. It is the rise in the death rate for infants under one year. This is a very serious matter especially as owing to the number of confinements now occurring in Maternity Homes where the death rate of the newly born children is extremely low, this rise in deaths occurs mostly after the 15th day. In this connection mention is made of the fact that owing to the difficulty in obtaining Health Visitors and to restrictions on transport the consequent reduction in the attention paid to the infants under 1 year of age may have been associated to some extent with the rise in the infant death rate. The necessity for a very adequate staff of Health Visitors is therefore obvious and though it is the fashion in some quarters to belittle the work these officers do, the fact is that they carry on a most important job both from the national point of view and from that of the individual baby.

It is a pleasure to record the co-operation I have received from my colleagues in other departments since some at least of the increased activities of the Health Department have meant considerable additional work for them as well. I must also pay a very well deserved tribute to the assistance I have received from my own staff. They have carried on in a most praiseworthy manner and I am grateful for their help.

Finally I should like to thank the Chairman for his continued advice and aid and the members of the various committees for their interest, as it is only through the awakening of the public generally and through the enlightenment of the elected representatives of the people guided by their officers that we can begin to face the problems affecting the health of the people which will of necessity arise in the coming "Century of the Common Man."

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

W. K. DUNSCOMBE,

December, 1943.

County Medical Officer.

SECTION I.—STATISTICS.—Miscellaneous.

SECTION I. STATISTICS. MISCELLANEOUS.

Years	Population			Live Births		Rate		Deaths		Rate	Deaths under 1 year	Rate	Still Births	Rate
	Urban	Rural	Total	Male	Female	Male	Female							
1939	(a) 49750	31870	81620	663	561	529	440	14.99	50	11.57	40.35	52	40.7	
	(b) 51130	32630	83760	670	569									
1940	53290	33980	87270	(a) 576	625	571	500	13.76	62	12.16	49.0	46	36.9	
				(b) 623	640									
1941	54750	35790	90540	(a) 664	622	300	317	14.2	67	6.8	49.0	51	38.1	
				(b) 701	664									
1942	51140	33830	84970	720	704	474	423	16.76	72	10.55	50.5	47	31.9	

Deaths					Infectious Disease Notifications							
	Maternal		Cancer		Tuberculosis		Scarlet Fever	Diphtheria	Puerperal Pyrexia	Whooping Cough	Measles	Typhoid and Para.
	Sepsis	Other	Male	Female	Pulmonary	Non-Pulmonary						
1939	0	2	92	67	30	13	74	82	10	—	—	—
1940	1	1	89	82	39	12	100	93	10	170	1571	—
1941	1	4	81	91	27	8	134	50	12	297	1779	7
1942	0	5	83	83	16	9	136	69	9	133	37	3

(a) for calculation of birth rates.

(b) for calculation of death rates.

SECTION II.

PUBLIC HEALTH.

(1) **GENERAL.** It must be said that in spite of the privations inevitably associated with total war, the health of the County from the commencement of the war to date has been good. The greatest possible credit must be given to the rationing scheme which goes a long way to smoothing out the inevitable inequality between rich and poor, but it must be admitted that for some things especially for edibles, the country areas get some advantage particularly so since with transport restrictions items which might have otherwise gone to London or elsewhere have now to be sold locally.

(2) **INFECTIOUS DISEASES.** This County has been fortunate in that although it received a considerable number of evacuees, the inevitable overcrowding, etc., did not express itself in an outbreak of any special sort, except that in 1941-42 Measles was very prevalent. We were fortunate that no major epidemic did occur, as the Wisbech Isolation Hospital buildings are most unsuitable for their present purpose, though I understand that attempts were made prior to and indeed subsequent to the outbreak of war to get sanction from the Ministry of Health to build a new cubicle block, but approval has not been given. On top of this the hospital suffered severely from shortage of staff. In 1941 a hut of special design was opened at the Ely Isolation Hospital. This was allocated by the Ministry of Health and was a material addition to the Cubicle isolation facilities which previously were unsatisfactory. An outbreak of paratyphoid fever occurred in the Ely area in the latter part of 1941 and lasted until early in 1942. Cases were notified from both the Urban and the Rural Districts and there was a very strong suspicion that the disease was spread by the consumption of raw milk though no definite evidence was obtained as to how the milk was infected. Several cases were notified and one proved fatal.

Though the advent of the evacuees had given rise to suspicion that Diphtheria would be prevalent, the increase recorded was relatively insignificant but a series of Immunisation Campaigns was undertaken both in the schools and for the under fives. As might be expected the response of the parents for the under fives was not as good as for the school children and of course this has been the experience nearly everywhere in the country, but in spite of this, with the co-operation of the local Sanitary Authorities, the staff of the Public Health Department assisted by the Medical Officer of Health for the combined Sanitary Districts carried out a number of immunisations most of which were with A.P.T. though for some time before the Ministry started its intensive National Campaign many inoculations had been done with T.A.F. Few untoward

reactions occurred after any of the inoculations, and only in two cases did any really serious reaction come to light.

The total number of children under five, and of school age who have been fully immunised up to June 30th, 1943 is as follows :—under five, 2254, school age, 12,695.

It will be appreciated that the numbers are greater than the whole child population of the County and this of course, is accounted for by the evacuees.

(3) **TUBERCULOSIS.** (a) **General Incidence.** The increase in the incidence of the disease particularly for 1940 and 1941 has given rise to considerable anxiety throughout the country, but some comfort can be obtained from the fact that the rise seems to have been checked as far as the figures for 1942 show, though of course this may only be temporary.

In this County judging by the figures of deaths for the disease it has shown a steady *decline* but a fact of interest is that the ratio of deaths from non-pulmonary disease to those from respiratory tuberculosis has *risen* considerably, till the 1942 figures show the deaths from non-pulmonary tuberculosis are more than 50% of those from the pulmonary kind. This may perhaps be partly explained by the fact that the armed forces have absorbed many of those in the most susceptible years for pulmonary disease and those left are children and older people. The latter do not die so much from tuberculosis as from other diseases, while non-pulmonary forms e.g. Meningitis, etc., claim the young children. Thus the trend would be purely a temporary one.

One matter to which increasing attention is at long last being given, is the problem of Pulmonary Tuberculosis in children. More and more is it being appreciated that tuberculosis in children, not only the pulmonary variety but also considerable numbers of non-pulmonary cases arise by the child's contact with an open case, i.e. one suffering from Pulmonary Tuberculosis who is spitting up Tubercle Bacilli. It is impossible to exaggerate the importance of the supervision of contacts of any open case and the most careful following up with regular attendances at the dispensary is necessary in each instance. This counsel however postulates adequate accomodation for each open case found and also for each contact where there is the slightest suspicion, especially if the contact is a child.

(b) **Memo. 266/T.** For a long time one of the difficulties under which the Tuberculosis Service has been labouring has been the problem of getting the early case if a wage earner, to give up his job and go into a sanatorium, and for that reason the issue of Memo. 266/T by the Ministry of Health was welcomed. But it was soon found that only a few would be benefitted and that

the responsibility for a very serious decision was laid on either the Tuberculosis Officer or the Medical Superintendent of the Sanatorium. In this County the scheme came into full operation on September 1st, 1943, and to date 10 persons have obtained some payment.

The matter was discussed by the County Council at their meeting on December 1st, 1943, and concern was expressed as to the effect a refusal of an allowance might have on a patient. As a result the Council wishes the Public Health Committee to consider the granting of allowances out of the rates to those persons who had been found ineligible for a maintenance allowance under the Memo. This is a very fine gesture indeed and should be duly applauded.

The Scheme of necessity involved a fair number of administrative complexities and in view of the suggestion contained in the Memo. re the enquiry into the patient's financial circumstances, etc., it was decided to ask the Public Assistance Department through their repayments section to carry out the necessary investigations and since the Relieving Officers had then to act as Officers of the Tuberculosis authority they were called District Officers for this purpose. They also carried out certain investigations in connection with the recovery of payments made under Section 184 of the Public Health Act, 1936.

(c) **Dispensary Service.** For the proper supervision of contacts and the control of Tuberculous persons not requiring sanatorium treatment an adequate dispensary service is essential. For a long time this has been unsatisfactory and inadequate as patients have had to be sent a considerable distance for X-ray, no collapse therapy was carried out at the clinics, attendances were far too few, etc. As far as the X-ray is concerned, an attempt was made in July, 1942, to obtain an X-ray apparatus for the Doddington E.M.S. Hospital which would deal with all patients for X-ray including, of course, Tuberculous patients, but this was turned down by the Ministry for no reason that was apparent. However a second attempt was successful and though it is not yet installed and working the apparatus selected, though not the best possible—which we could not obtain because of the supply position—should be very suitable. The Clinical Tuberculosis Officer left for another post in March, 1943, and through the courtesy of the Committee of Management of Creton Sanatorium, Northampton, the Medical Superintendent took on the job of Clinical Tuberculosis Officer. At the present time patients can continue collapse treatment at the dispensaries, though failing the use of the Doddington X-ray plant proper facilities for the screening of such cases which is so essential are still lacking, and the numbers attending are increasing materially. Also visits in consultation with or at the request of local practitioners are more numerous, which is a very good sign that the Tuberculosis service is appreciated.

(d) **Accommodation.** Reference has already been made to the problem of accommodation for contacts but in 1943 an attempt was made by the Ministry to get the Council's consent to the accommodation of some 20 advanced cases (10 of each sex, and only a few of which would be from this County) in Doddington E.M.S. Hospital in view of the large number of beds vacant there. Unfortunately the request was followed later by the Ministry's inability to agree either to huts or to the alterations which the Council's Medical Advisers felt were the minimum necessary in the main building to safeguard the Nursing Staff from the risks they would run in dealing with Chronic highly infective cases. Eventually owing to this disagreement it was decided to ask the Regional Commissioner to see the hospital.

This was done and at a meeting at the end of November at which in addition to the Regional Commissioner, a representative of the Ministry's Medical Staff at Whitehall attended, it was decided that the scheme for the accommodation of cases of advanced Pulmonary Tuberculosis at Doddington should not be proceeded with.

In the meantime the problem of accommodation remains, especially so since it was decided to send no more children to Holt and the other two Sanatoria in that area were completely full, and though since the Clinical Tuberculosis Officer is also the Medical Superintendent of Creton Sanatorium and consequently more cases are admitted there than would otherwise be the case, there is still difficulty, especially for children, where the need for the accommodation of cases of Pulmonary Tuberculosis or of those suffering from combined Surgical and Pulmonary Tuberculosis is dreadfully urgent. A great problem also is that of long stay orthopaedic accommodation. This is mentioned under paragraph 8 (hospitals) but owing to its association with Surgical Tuberculosis needs mentioning here. The nearest place to which cases of Surgical Tuberculosis are sent is the Manfield Orthopaedic Hospital, Northampton, and I should like to pay tribute to the very fine work done there. The fact is, however, that there is still a tremendous demand for beds at that hospital and additional accommodation elsewhere is urgently required.

(4) **WATER.** (a) **General.** The long line of supply of the Wisbech Water Works from the pumping station at Marham in Norfolk to the end of the distribution system just north of the Bedford River was a considerable source of anxiety due to the possibility of damage by enemy action. However, only on one occasion has a supply line been damaged so far, but the lack of sufficient storage capacity is a serious matter. A factor which made itself felt in 1943 was the additional demand for available supplies by aerodromes.

(b) **Default.** In 1940 owing to the failure of the Wisbech R.D.C. to take effective steps to instal a proper water supply in their area the County Council declared them in default under Section 321, Public Health Act, 1936. The matter, was of course, referred to the Ministry of Health but nothing definite has resulted.

(c) **Benwick.** No addition to the supplies for the Civil population has occurred to date and the unfortunate village of Benwick remains nobody's child.

Outside the statutory area of the Wisbech Water Works, Co., or indeed of any other supplier, it stands a tragic example of a parish anxious for a very great boon but denied it through no fault of their own, by muddled legislation and lack of planning.

(5) **SEWERAGE.** The following alterations and improvements have been effected since 1939:—

(a) At Wisbech a new sewerage scheme with a pumping station, etc., has been prepared and a public enquiry was held by the Ministry in 1941. The scheme is now awaiting the Ministry's final approval.

(b) Whittlesey. A water carriage system has been completed and the Council, by due notice, have required connection to the sewer.

(c) Ely Urban District. New settling tanks are practically completed.

(d) March, unfortunately, retains its river as the town's sewage works though it is understood that some improvements were contemplated shortly before the war began.

(6) **MILK.** It must be stated that in general the quality of production here is unsatisfactory and that this applies not only to many of the non-designated milks but also to some specially designated milk. In defence of the producers it is only fair to say that war-time difficulties regarding animals, feeding stuffs, and especially staff, have been tremendous but in spite of this there has been a deterioration in the attention given to the methods of production.

A number of cowsheds are in a very bad condition also and there is a great need still for educative lectures and demonstrations, though several of these have already been arranged by the technical Officers of the Milk Production Sub-Committee which was set up by the War Agricultural Executive Committee early in 1942.

This Milk Production Sub-Committee of which the County Medical Officer was asked to be a member, investigates milk production and ancillary matters throughout the County. Unfortunately the Committee has no powers and really can only do good by persuasion which sometimes is not sufficient.

The very unsatisfactory quality of some of the school milk was brought to the notice of the Board of Education and the L.E.A. on several occasions, and eventually in 1942 the Council who had grown weary of waiting for the Board to do something decided that every child as far as possible should get T.T. or pasteurised milk and contracts were drawn up accordingly. As a result, about 96% of the children in the schools in this area receive either one or the other which I think can be regarded as very satisfactory for a County where milk production is rather a side-line.

(7) **CLINIC PREMISES.** In Section III. mention is made of the need for premises other than public houses where Infant Welfare Centres could be held and there is no question that there is an urgent need for additional clinic premises.

These are described as follows :—

(a) **Wisbech.** Here the clinic is so small and so hopelessly out of date that a new building is required at the earliest possible moment. I understand that before the war some attempts had been made to find a suitable site but nothing was done. There is no question as to the urgent need here especially since at least two important activities of a permanent nature, i.e. not directly associated with the war, are housed elsewhere.

(b) **March.** The question of the size of the clinic is bound up with the other departmental activities but it is now being used for so many purposes that additional accommodation is needed. The Tuberculosis clinics should be held in a different place if possible.

(c) **Whittlesey.** This has no facilities at all and a clinic is urgently needed. It could be supplied in conjunction with the proposed Senior School or alternatively part of the present First Aid Post might be considered though owing to its great height it is not really suitable and the former is the best suggestion except that it may be a long time developing.

(d) **Ely.** The clinic in Downham Road although constructed only shortly before the war is far too small and in its present state is only of very limited use having really only one room. It should be enlarged or rebuilt as soon as possible.

A point which is fundamental in the consideration of buildings suitable for clinics in this area is that since transport, even in peace time, is a difficulty it is necessary to concentrate various clinics which are intended to serve the rural as well as the urban areas to the days when access is most easy, which usually means, of course, market days. The result is that the buildings must be of adequate size.

(8) **CANCER.** The passing of the Cancer Act unfortunately almost coincided with the war and though such special ad hoc

legislation cannot be regarded as really sound since it deals with one disease only, owing to the duty laid on the County the matter was given careful consideration.

The principal difficulty has been that Addenbrooke's Hospital, which might have been regarded as a possible centre, has not been approved as a Radium Centre by the Radium Commission until very recently. Further, adequate apparatus for full deep X-ray therapy is only now being installed in the Leys School annexe, and it is a matter of some doubt whether the apparatus will remain there after the war especially if the Leys School wishes to return. The result is that the time has so far not been propitious to formulate a Cancer scheme jointly with other local authorities and in conjunction with the hospital, as obviously this would be a much more satisfactory way than by single-handed effort. The X-ray apparatus at Doddington could be very useful for diagnostic purposes.

(9) **HOSPITALS.** Increasing attention is naturally being given to the hospital facilities in the Country generally, especially having regard to the success of the E.M.S. Scheme and to the gradual extension of its facilities to more and more people.

(a) **Survey.** In 1942 a meeting of certain local authorities both Counties and Boroughs, decided to agree to a hospital survey of the area covered by the Counties of Huntingdon, Cambridge, West Suffolk and this County and this was commenced in January, 1943, by the Medical Surveyors. Although a Lay Surveyor was not agreed to then by the Ministry, one subsequently arrived in June. The result has been that the facts of the survey have not yet been given to the participating local authorities although practically a year has elapsed since the survey was commenced.

(b) **Doddington.** As a consequence it is extremely difficult to plan anything as regards the future of the Doddington E.M.S. Hospital. Although a very good modern air-conditioned windowless operating theatre has been built and a good X-ray plant installed these are the only modern things in the hospital, and most of the buildings are so old as to be completely out of date, but obviously some idea of where the hospital stands in a regionalisation scheme is essential in any planning for the future.

However if it were decided to continue to have a hospital on that site at all, the need for a long stay orthopaedic hospital to deal with cases of Surgical Tuberculosis, etc., is very pressing though naturally this would be for an area far larger than this County only. In such a case of course it would be necessary to consider the provision of a larger number of beds than the present 150.

(c) **Maternity Hospital.** There is a most immediate and crying need for a Maternity Hospital. The lack of facilities in most of East Anglia and the Wash Region involving an area of hundreds of

square miles is a serious reflection on any administration which the Ministry, as well as the component local authorities must share. There is no teaching hospital for Midwifery pupils in the whole area and even a city like Peterborough has no proper facilities. Mention is made in Section III. of the very moderate accommodation now being provided in connection with the County Maternity Home at Wisbech and increasingly are cases requiring expert examination and treatment being referred to the Council's specialist there, but it is not yet a Maternity Hospital and the need for this remains though it is obviously desirable to locate such a hospital in or very close to a centre of population rather than place it out in a rural area such as Doddington for example.

(10) **MALARIA.** A matter which could have a disturbing post-war sequel is the question of Malaria.

Although the Fens were the last place from which Malaria—the ague of previous centuries—was banished, and though the correct species of mosquito for its propagation still breeds here, the stern necessities of war with its drain on our man power apparently caused the Government to take the decision to employ Italian prisoners on the land here. To this there could not be any objection provided steps were taken to site the camps in suitable localities and provided also effective steps were taken to ensure that no prisoners were employed who had Malaria parasites in their blood.

Unfortunately this was not so and in spite of objections by all who saw the site including R.E. Officers, and both the Council's and the Ministry's Regional Medical Officers these objections were subsequently overruled and a Camp was sited practically in Ely and within 20 yards of where *Anopheles* larvae had been shown to be present. This was in 1941 and through the use of larvicides such as Paris Green things went fairly well until in 1943 prisoners captured in the Tunisian fighting were housed in the camp, for employment on the land. Two of these were subsequently admitted to the R.A.F. Hospital suffering from sharp attacks of simple tertian Malaria and some of the prisoners at least had been billeted out on farms in the County thus offering the chance of the disease being spread if they were infected.

The return from the East, both near and far, of our men, many of whom have had severe attacks may further accentuate the problem and if the local *Anopheles* mosquito has become infected the innumerable suitable breeding places will furnish the opportunity for the re-establishment of the disease in this area. Owing to its potential seriousness the matter has been twice reported to the Council.

(11) **VENEREAL DISEASE.** (a) **General.** This is a subject which seems inseparably associated with war though peace has not succeeded in removing it.

As far as Britain is concerned in the period of the war of 1914-18 a great rise in the numbers of syphilis and gonorrhoea occurred. A considerable rise has also occurred this time in the Country generally though it is not reflected in the figures given below for this County.

The attendances at the V.D. clinics are however by no means the whole story as I think it cannot be questioned that at all events some patients suffering from Gonorrhoea are now being treated by their own Doctors with the Sulphonamide drugs.

In a way this is a disadvantage as it is open to doubt whether the strict laboratory tests of cure which should be applied are in fact carried out in all cases treated by private practitioners. Also since such cases are treated outside any scheme whether under a general practitioner scheme under Circular 2226 or in the more recent efforts which attempted to ensure a more widespread availability of treatment, i.e. under Circular 2727, there is no method short of notification by which we can obtain even a reasonable estimate of their numbers. It follows therefore that though the number of cases of syphilis can be fairly well checked those for gonorrhoea are far from being accurate.

(b) **Notification.** The question of notification of course is a very vexed one but I think that the law should be amended to compel cases already under treatment, whether at a clinic or privately, to continue till cured and the same law could define the approved tests of cure. Failure to attend would be immediately followed by notification to the V.D. authority's M.O.H. (under penalty for non-notification) who would in turn notify the person concerned to attend for treatment. Failure to do so would be followed by a heavy penalty. This method of treating defaulters should not have the effect of driving persons affected to be treated by unqualified persons as this is already prohibited and if necessary the penalty for unqualified treatment could be increased by fixing for example as a **minimum** a prison sentence of not less than 3 months hard labour.

(c) **Clinics.** In the matter of V.D. Clinics this County finds itself, as in many other matters, at a disadvantage geographically. As a result we have to depend as in peace-time on the clinics at King's Lynn, Peterborough and Cambridge thus introducing the problem of travelling a distance into **the one condition above all** in which immediate availability and ease of access are absolutely fundamental in ensuring the continuance of the requisite treatment.

There are several small towns in the County the largest having a population of 17,000, thus with this possible exception perhaps,

in none would a V.D. Clinic be a practical proposition. Unfortunately if one were established in the largest town, by reason of its situation, the rest of the County would derive little benefit. Still, as soon as suitable premises are available it seems the only thing to do, though it would mean that patients would still attend Peterborough and Cambridge if their homes were nearer these two clinics.

(d) Into such an area the Ministry's proposals for a general practitioner service or for special practitioners in suitable localities should fit well-nigh perfectly but unfortunately this was not so. No response was obtained to appeals under Circular 2226 and as regards the more recent Circular 2727 only two practitioners applied to be approved and about seven-eighths of the country geographically is still left to the old arrangements.

(e) **Regulation 33B.** The adoption of this addition to the Defence Regulations in 1943 was associated with considerable controversy, many holding that the regulation did not go far enough.

In this County, in no instance so far, has a second form been received and only three forms I., in one of which the husband in the forces alleged he was infected by his wife whilst on leave. It will be seen by this example alone how difficult the whole problem is, and one feels that the only thing to be done now is to render the treatment of infected cases compulsory and that all practitioners must be made to declare at periodic intervals the number of cases suffering or suspected to be suffering from V.D. under their care.

VENEREAL DISEASES.

Table showing Cases and Attendances at Clinics.

Disease	Cambridge				Peterborough				Kings Lynn			
	1939	1940	1941	1942	1939	1940	1941	1942	1939	1940	1941	1942
Syphilis	5	8	—	2	1	3	2	6	1	8	2	1
Soft Chancre	—	—	—	—	—	1	—	—	—	1	—	—
Gonorrhoea	12	9	7	2	13	4	3	7	9	1	2	—
Non V.D. and undiagnosed	18	14	21	30	6	7	13	11	3	6	6	—
Total V.D.	17	17	7	4	14	8	5	13	10	10	4	1
Total Attendances	277	292	103	174	972	720	466	502	156	125	112	12

(12) **LABORATORY SERVICE.** Prior to the war it must be said that for the majority of diseases the Council's Laboratory arrangements were not as satisfactory as they might have been. However the setting up of the Emergency Public Health Laboratory Service furnished Medical Officers of Health almost everywhere in the Country with the opportunity of ensuring that any lacunae in their arrangements for the rapid diagnosis of diseases affecting "the people" as distinct from individuals could be filled up. In this County an arrangement was come to with the service whereby for the payment of a block grant all the usual Public Health Laboratory examinations were carried out to an unlimited number of specimens. This arrangement however did not include the carrying out of Wasserman or Kahn tests for Syphilis or complement-fixation tests for Gonorrhoea. Subsequently an arrangement was made to include the carrying out of routine Wasserman tests of all expectant mothers if their attending practitioner so desired. The Laboratory arrangements worked very well and were especially valuable in the case of swabs of patients with temperatures from the Maternity Homes, and in the cases of Paratyphoid Fever in 1941. It is hoped the service will not be allowed to lapse after the war.

(13) **ADMINISTRATION.** (a) **General.** It must be said that this has been extremely difficult to carry on. The extensive changes in Medical and Nursing staffs have meant that much more attention to detail has had to be paid centrally than is either desirable or proper, while that flexibility which is absolutely fundamental for sound administration especially with a small staff has been almost impossible to obtain on account of the many changes.

This was seen particularly in the clerical-administrative staff where at times, with the exception of one male clerk over military age, every person (including the acting chief clerk) was temporary and most, junior also, and the general increase in the work which has taken place has simply accentuated the difficulties though unfortunately these have not always been appreciated by others. It must be stated however that under the circumstances the temporary clerical staff have done very well. The numerous changes in the staff of Health Visitors and the difficulty of replacement together with transport restrictions have had the very unfortunate result that less attention has been paid to the infants under 1 year than they should have had, and this may have been reflected to some extent at least in the rise in the figures for the deaths of such infants since it is in the regular visiting of these babies and their routine supervision at an Infant Welfare Clinic that the Health Visitor achieves almost her greatest usefulness. The difficulty in obtaining suitable persons for this work is therefore all the more to be regretted and it is most fervently to be hoped that with the publi-

cation of the Rushcliffe Committee's Report on the salaries of Health Visitors the supply will become more numerous.

The serious matter of the rise in the infant death rate is referred to also in the introductory letter especially with regard to the necessity of maintaining an adequate staff of Health Visitors.

(b) **Combined Post.** A point must be made regarding the combined appointment of Medical Officer of Health to certain Sanitary Authorities and Clinical Tuberculosis Officer for the County which was made in 1938.

Though well intended, this appointment was in fact, unsound. If the matter had been looked at properly it could never have been imagined that any one man could act as Medical Officer to **seven** local Sanitary Authorities involving at least 95% of the County area and **in addition** could act as Clinical Tuberculosis Officer as well and it merely meant that in any case neither job could be done satisfactorily.

The local Sanitary Authorities could not be expected to take too much notice of an individual who, however capable, was only supposed to share two-thirds of his time among seven of them, while the Tuberculosis service—for the whole 84,000 people in the County be it noted—claimed the remainder. With the departure of the then holder of the combined post abroad at the end of March, 1943, this most unsatisfactory arrangement automatically came to an end and at present the posts of Medical Officers of Health to the various Sanitary districts are held by part-time officers while the Clinical Tuberculosis work is carried on part-time by the Medical Superintendent of Creton Sanatorium.

(c) **Clinical Tuberculosis Work.** However owing to the demands on this officer's time by his other duties this arrangement is by no means ideal, as one feels that now with all the attention that is being directed to its prevention the Tuberculosis service requires more attention than can be given in one half-, and one whole-day by the Clinical Tuberculosis Officer which is all that his other duties will allow him to do at present, though even this arrangement will terminate at the end of December and the work will be carried on temporarily by one of the Medical Staff of Papworth.

In any case without any alteration in the medical services of the country generally, the Public Health Medical staffing in this County would require revision at the end of the war or earlier if possible, though now it must be left to my successor to give his views on the matter.

(14) **HOUSING.** In proportion to the numbers affected the housing problem here is nearly as bad as anywhere as there are many so-called "houses" both in the towns and in the rural areas which

are utterly unfit for human beings to live in, and which should be demolished at once if this could be done without making matters worse. As elsewhere the position has been very adversely affected by the shortage of materials for repair, redecorating, etc., which has thus led to a serious deterioration of otherwise reasonable property.

The Rural areas have benefitted to some extent by the operation of the Housing of Rural Workers Act as a number of cottages have been converted or altered, while some have been built or are under construction under recent legislation.

In the towns unfortunately we still have a number of slum houses and *ruthlessness* and *drive* are required to tackle the problem properly.

The following figures show by areas, houses which have been dealt with under the Housing of Rural Workers Act, or otherwise since the beginning of the war:—

	(a)	under housing of Rural Workers Act.	
	(b)	under recent legislation.	
	(c)	others.	
Wisbech Borough	....	....	(c) 12.
Ely Urban	....	....	Nil.
Chatteris	....	....	(c) 1.
March	....	....	(c) 8.
Whittlesey	....	....	Nil.
Wisbech Rural District	....	....	(a) 16, (b) 8, (c) 6.
Ely Rural District	....	....	(a) 4, (b) 10, (c) 9.
North Witchford Rural District	....	....	(c) 6.
Thorney Rural District	....	....	(b) 8.

SECTION III.

MATERNITY AND CHILD WELFARE.

Arrangements here were necessarily affected by the Government Evacuation Schemes since on the outbreak of the war two Emergency Maternity Homes were set up. The position therefore is best considered under the headings of: (1) Maternity Arrangements, (2) Infant Welfare, (3) Ante-Natal Care, (4) Maternity Hospital, (5) War Time Nurseries.

(1) MATERNITY ARRANGEMENTS :

(a) **Institutional.** (i) Emergency Maternity Homes. Under the Government Evacuation Scheme two were set up, one in Wisbech and one in Ely. The Wisbech Home was established in the block that had been for the Female Staff and Female Inmates of the

Public Assistance Institution, and an Ante-Natal Hostel of 12 beds was set up a short distance away. The Home had 21 beds in 3 wards and in addition, 2 labour, and one 1-bed isolation ward. The Staff Quarters were small and cramped and not satisfactory at all for the number of staff that should be employed and this had a material effect on the conditions which led to the eventual closure of the Emergency Maternity Home. The Ante-Natal Hostel being in a private house was very comfortable.

At Ely the Home of 20 beds was located in a large private house standing in its own grounds. Being a private home it had a number of rooms which were easily changed into small wards but in addition 2 labour wards, one 1-bed isolation ward, one sterilising room and a nursery were equipped. The staff quarters were not adequate so a number of the staff had to be billeted out. At the initial opening no Ante-Natal Hostel was set up in conjunction with it.

Both homes were opened about the middle of September, 1939, and the one at Ely was closed early in December of that year after having had only very few patients in it, while that at Wisbech closed at the end of March, 1940, after having had only a very small number of patients in it for the previous two months.

1940. The end of the "phoney" war caused a considerable change and in June, 1940, the home at Ely was re-opened. This time an Ante-Natal Hostel was associated with it though it was located rather further away than is really desirable. This was able to accept 16 patients, but since this meant that the Hostel was crowded a limit of 14 was set subsequently. As a matter of interest it is worthy of note that from the time the house was vacated by the Military to the time it was requisitioned, equipped (though not lavishly) and ready to receive mothers as an Ante-Natal Hostel only forty-eight hours elapsed. As for the home since the above date, with the exception of two short breaks due to a skin infection among the babies it has been open continuously and to date a total of 637 babies have been born there.

As far as the home at Wisbech is concerned no sooner had arrangements been completed for its closure than it was necessary to consider the possibility of its re-opening. Both the Ministry of Health and the London County Council stated that if it were re-opened it was proposed to send as an initial supply double the number of patients for the available beds, and promised that the staff would be sent down before the patients so that everything would be in working order before they arrived.

As regards the number of patients, the County Medical Officer protested that the suggested procedure was unpractical as it might very easily happen that more mothers would require accommodation simultaneously in the home than there were beds for.

In spite of this objection we were overruled and when after the first series of night attacks on London the home was re-opened on September 23rd, 1940, forty-five patients were sent down, the Matron was the only person who arrived before, and the rest of the staff came with or after the patients. The prognostications regarding the difficulty of accommodation of patients in the home were fulfilled as at one time in October, 1940, we had 23 patients for 22 beds, even the isolation ward being utilised, and 24 babies, the surplus of babies to bassinets being overcome by laying them in the large drawers of a chest of drawers, top to tail!

With the exception of one break when the home was closed on account of infection, it functioned continuously till it was finally closed in June, 1942, though for some months the number of mothers admitted had been small due to the shortage of staff. Part of this shortage was due to the small and cramped quarters previously referred to, which meant that the staff did not wish to stay.

The Emergency Maternity Homes were not intended to take abnormal cases which if they occurred had to be dealt with according to the previous peace time arrangements, but in spite of that a number of cases which were certainly not normal were admitted, both from London and from the evacuation areas on the coast from the Wash to the Thames.

(ii) County Maternity Home, July, 1942 to date :

Owing to the demand for Institutional Midwifery accommodation, with the assistance of the Ministry who made the equipment available to the County Council, the same home at Wisbech was opened as a County Maternity Home in July, 1942. For several months the local mothers did not seem to be very anxious to take advantage of the facilities offered, but patients increased in numbers from January, 1943.

Since this place was functioning as a County Maternity Home it was felt that it was uneconomical to deal with Maternity cases in the Public Assistance Institutions as well, so that practically all the Midwifery previously dealt with by the Public Assistance Institutions was transferred to the County Maternity Home with the exception of some of the very urgent cases in the Ely area which are still admitted to Tower House though it is hoped that this arrangement will also be eliminated shortly.

The result of the opening of the County Maternity Home has been that in certain respects it has functioned increasingly as a Maternity Hospital as several cases (except those with frank sepsis, or with puerperal pyrexia) which would otherwise have had to go a considerable distance to Cambridge, have been admitted as emergencies. Reference is made below to the need for a Maternity Hospital in this area.

The Home has for a long time been handicapped by the shortage of Midwives due to the inability and unwillingness of the Ministry of Health to look facts in the face. Prompt and energetic action taken three years ago when many of us kept continually emphasising the necessity for something being done might at least have prevented Midwives being recruited to serve in male Military Hospitals or leaving their badly paid profession to go into industry. The result of the Ministry's inaction now is that in places such as the County Maternity Home too small a staff is dealing with the patients and I must put on record my most grateful appreciation of the present staff for the very great amount of additional work they have done through the shortage. Very long hours indeed have had to be worked, with but little recompense and their loyal work ought to be appreciated and most thankfully accepted by the County Council.

From the time of its opening as an Emergency Maternity Home to date a total of 537 babies have been born. It is hoped to attempt an analysis of all the cases from both Maternity Homes subsequently.

(iii) **Puerperal Pyrexia.**

After the Council took over the County Maternity Home and particularly having regard for the fact that as the home was carrying out a great part of the Midwifery formerly done by the Public Assistance Institutions attempts were made to find accommodation close to the home for cases requiring segregation since owing to the nature of such Public Assistance cases the chances of infection being brought into the home were considerably increased.

Up till now the great fault at the home has been the lack of facilities for segregation of certain cases, e.g. those with colds, sore throats, puerperal pyrexia, etc., from the normal patients since the isolation ward mentioned previously cannot be regarded by any means as satisfactory. It is desirable however that such segregation facilities should be close to the Maternity Home as this induces less indecision about the transfer of a patient with a temperature. After considerable argument with the Ministry of Health culminating in a visit to Whitehall in October, 1943, the Ministry eventually agreed temporarily to the use of two rooms which had been originally converted from the old Mortuary Block at the Public Assistance Institution to deal with the treatment of Scabies cases from various local authorities. The problem of course is now to see that the staff that is necessary is employed economically since if any patient is admitted to the segregation block the staff must be completely separate to that dealing with cases in Maternity Home proper.

SUMMARY.

Thus it will be seen that in all nearly 1,200 babies have been born in the 2 small Maternity Homes. One maternal death has been recorded but in this case the patient was admitted moribund and all

the efforts of the staff to save her were unsuccessful. The forceps rate has been extremely low and the still births have been few despite that fact that a number of abnormal cases have been admitted.

In view therefore of the emergency accommodation and equipment—for a considerable time there was no steam steriliser at the Ely Home—changing staffs, and general difficulties inseparably associated with the performance of institutional Midwifery in buildings not specially designed for it one feels that the greatest credit is due to the staffs for the attention and care given to what is the Nation's No. 1 priority, I think it must be agreed that the above record is a good one and I am proud to have been associated with it from the administrative side.

The demand for institutional accommodation for Midwifery due first of all to growing realisation of the service it can give, and also because with so many engaged on war work of various kinds so few were left to look after the lying-in mothers, necessitated arrangements being made also for the admission of local residents to the Grange Maternity Home, Ely. After the evacuated mothers came the wives of service men in billets, then other local residents especially the wives of service men and there was a strong demand for such beds. It should be emphasised that it is unlikely that the demand for institutional accommodation will lessen materially after the war and that therefore this undeniable trend must be carefully reckoned with in any replanning of Maternity services.

(b) **Domiciliary Midwifery.** (i) No account of the Maternity arrangements can omit reference to the work of the domiciliary Midwives. Wartime conditions have made their work very much more arduous, this applies especially of course to the blackout and though in the rural areas there is normally but little light at night, the reduction in car lighting and the total blackness made work in such areas very difficult indeed. The very severe winters of 1939-40 and 1940-41 were a further trial, especially the former, which was the most severe for over 50 years. Throughout all these adverse conditions they never faltered and though even in this area they had on occasions to go considerable distances while enemy aircraft were overhead and bombs and mines were being dropped more or less at random, nothing daunted them and it is but bare justice to record my admiration of their hard work and devotion to duty whether County Midwives, or employed by the district nursing associations.

As an example of what had to be endured by the Domiciliary Midwives in this County in January, 1940, one elderly Midwife had to walk through snow drifts up to her chest for nearly two miles to get to a case, while another Midwife had to walk several miles through snow to one case as her car had broken down and the radiator had frozen solid.

(ii) **Supervision of Midwives.**

This brings us to a great event from the point of view of the supervision of Domiciliary Midwives in the County. At the beginning of 1940 it was quite evident that the supervision of Midwives which had been carried out previously by the Woman Assistant County Medical Officer (when there was one, and when she had time) was not on a sound basis and that a non-medical supervisor of Midwives was very necessary indeed. The demand for such a person became more clamant from certain of the District Nursing Associations who eventually decided that if they all got together into a County Nursing Association, in view of the fact that they carried out a large part of the Domiciliary Midwifery by virtue of their agreements with the County Council made under the Midwives Act, 1936, they would speak with a powerful voice on the subject of having a non-medical supervisor.

Sometime before the war I understand that an attempt had been made to form a County Nursing Association but it was unsuccessful, but this time agreement was reached by all the Associations with the exception of two, one of which eventually decided to join the Association, and now only Chatteris remains in splendid isolation, though it is fair to say that the Chatteris Nursing Association does not deal with the Domiciliary Midwifery for their area.

Eventually the proposed appointment was agreed to by the County Council and a non-medical supervisor was appointed in May, 1942. She also acts as Superintendent Health Visitor and County Nursing Superintendent and the only slight difficulty is that she is employed by the County Nursing Association and not by the Council thus bringing in dual control unnecessarily, though without question her appointment has been a great step forward.

(2) **INFANT WELFARE.**

Strenuous efforts have been made to maintain and increase the number of Welfare Centres in the County and the Evacuation Scheme gave us an opportunity to do so, and although that which was conducted at the County Hall primarily to serve the North side of March had eventually to be abandoned through lack of support, the Manea Welfare still continues though it is only very small.

An unsatisfactory feature of several of the Infant Welfare Clinics is that they are held on licensed premises. While there is of course no intention of criticising the public houses as such and while we must be very grateful for the help they have given us in making extra rooms available, the holding of Infant Welfare Centres in such places can hardly be regarded as ideal. Reference is made in Section II. as to the need for new premises for clinics and the above remarks are merely emphasising the necessity for them.

One gratifying feature is that several clinics which were previously patronised mainly by the evacuees since they had been so used to them in the big towns, are now more extensively used by the local residents within the limitation of the rooms available.

A list of the present Welfare Centres is given at the end of this section.

(3) ANTE-NATAL CARE.

This area has not had a very fortunate record for maternal deaths for two or three years and it is evident that something more must be done. A well attended Ante-Natal Clinic is run in conjunction with the County Maternity Home but the position there is that handicapped by lack of staff it is impossible to launch out into a full Ante-Natal Clinic for the Wisbech area (the premises for which are available, subject to the good will of the owners, in Park Hall which is at present an annexe to the North Cambs. Hospital), until adequate staff is available.

A small Post-Natal Clinic is also held but failing the regular attendance of a gynaecological surgeon to perform any repair operations that may be necessary, it is again impossible to provide the necessary facilities.

In addition a small Ante-Natal Clinic is held at the Grange Maternity Home, Ely, but this still does not get away from the necessity for increased attention being paid to Ante-Natal care in the County generally and it is felt that some method of reinforcing the present general practitioner scheme by the holding of Ante-Natal Clinics at which specialists would attend would be more satisfactory. Ante-Natal and Post-Natal Clinics would of course be essential parts of the working of a Maternity Hospital and one of its most important functions would be by precept and example to raise the standard of Midwifery throughout the area.

(4) MATERNITY HOSPITAL.

In discussing the County Maternity Home mention has already been made to the fact that a number of abnormal cases (except those of an infectious nature) have been and are being sent there, but this *faute de mieux* and the need for a full maternity hospital to benefit a considerable area round about is so pressing that it should have priority over any other project.

The fact that such provision ought to be made was mentioned strongly in a report to the Maternity and Child Welfare Committee in October, 1943, to the Ministry's officials on several occasions, and to the Hospital Surveyors on their visits, and it is hoped that such a hospital which should serve the surrounding districts regardless of County or Local Government boundaries will be established.

(5) WARTIME NURSERY.

Since the Ante-Natal Hostel at Wisbech had very few mothers in it from the beginning of 1942 and the Ministry of Labour had been pressing the Local Authority to commence a Day Nursery the question was considered in conjunction with the Ministry's Regional Officers. The only other building that could in any way be considered was eventually rejected and Tavistock Lodge the building where the Ante-Natal Hostel had been located was suggested. This was not regarded by the Council as adequate for a War-time Nursery and after some correspondence the Council was asked to provide a Nursery Class.

This could not be accommodated in any school in Wisbech so the suggestion was eventually accepted by the Council to establish a Nursery Class in Tavistock Lodge. This can accommodate, I understand, 30 children from 2 to 5 years of age.

WELFARE CENTRES.

Area	Location	When Held
Wisbech	North Cambs. Hospital	Fridays, 2.30-4 p.m.
March	The Rose & Crown	Thursdays, 2.30-4 p.m.
Ely	The Conservative Club	Wednesdays, 2.30-4 p.m.
Whittlesey	The Falcon	Tuesdays, 2.30-4 p.m.
Chatteris	Seymour House	Fridays, 2.30-4 p.m.
Littleport	Town Hall	Tuesdays, 2.30-4 p.m.
Manea	Church Hall	Alternate Thursdays, 2.30-4 p.m.
Thorney	Rose and Crown	Alternate Thursdays, 2.30-4 p.m.

SECTION IV.

GOVERNMENT EVACUATION SCHEME.

Arrangements for dealing with this concerned the following :—
(1) General Arrangements, (2) Evacuated Expectant Mothers, (3) Accompanied and Unaccompanied Evacuated Children, (4) Residential Short-Stay Nursery Accommodation, (5) Minor Illnesses, (6) Un-billetable Children.

(1) As regards the general arrangements under the Government Evacuation Schemes the Public Assistance Officer was appointed County Reception Officer and it was his responsibility to make arrangements for the receptions of the various parties at their de-training points and to deal with evacuees generally. However since the evacuated expectant mothers were more particularly the concern of the Public Health Department that Department made the arrangements direct with the Ministry of Health though

any mother coming down with a party of accompanied children who was going to have a child was dealt with in the usual way through the Local Sanitary Authority who were responsible for finding billets.

(2) The arrangements regarding evacuated expectant mothers have already been mentioned; accommodation in Ante-Natal Hostels, Emergency Maternity Homes, etc. Two problems were the billeting (if this became necessary) of an expectant mother, and then the re-billeting of the mother and infant after discharge from the Maternity Home. Eventually it became almost impossible to re-billet them and the nursing mothers found conditions so uncomfortable that many returned to the target areas almost as soon as discharged from the homes, though human nature being what it is there was always the householder's point of view, and further, many evacuated mothers refused to consider staying on in the reception areas even when it was most undesirable that they should return especially with a very young baby.

(3) **ACCOMPANIED AND UNACCOMPANIED CHILDREN.** After the great efflux in 1939 the tide returned during the lull period but the scheme came into force with a vengeance when the bombing of the East End of London began in August 1940. Unfortunately the stories of the first evacuation were remembered all too vividly in the second with the result that for many evacuees the milk of human kindness did not flow too freely in certain areas at a time when they most needed it.

One difficulty met with at the very start of the 1940 series of evacuations was that many of the children had been medically examined before departure and often the diagnosis here did not agree and children were found to have lice or scabies who had been passed in London as fit for evacuation. This sometimes caused the separation for example, of a group of children from one family with resulting cries of disapproval. Still more was disapproval expressed if when the accompanying female adults were examined, anyones' hair was found to have a number of nits. The result was that a complete organisation had to be set up in which persons unsuitable for immediate billeting were sent to an E.M.S. Hospital and retained for about 48 hours or more for cleansing after which they were returned to the receiving authority for billeting.

Once it got under way this scheme worked well. Every child was examined for skin diseases, especially scabies, and had their hair and throats carefully examined, and those with more nits in their hair than the School Clinics could cope with were sent for cleansing. By careful organization and the use of Health Visitors to undress the child and examine its hair a rate of 90

per hour and on occasions over 100 could be attained per doctor for the unaccompanied children which were usually more amenable to discipline than the accompanied ones, though generally in calculating times for eating (*after* examination on account of crumbs in the throat), departure of buses, etc., 80 was taken as an average figure.

On the whole it must be said that the billeting was a success and by teamwork between the County Reception Office Staff and that of the Public Health Department difficulties in the initial stage were almost completely removed. The devoted work of the billeting officers who became the "target for tonight" everywhere should be most gratefully acknowledged.

(4) **SHORT STAY RESIDENTIAL NURSERY.** The establishment of Emergency Maternity Homes and Ante-Natal Hostels under the scheme have already been mentioned in Section III. but in addition it was necessary to establish a short-stay Residential Nursery to deal with children under five of evacuated expectant mothers. This was opened in July, 1941, in Wisbech and closed the following April. The Hostel could accommodate a maximum of 17 children under five but the most in at one time was 14, and though really set up as a short-stay Nursery force of circumstances made many children stay in much longer than was originally expected. The building had really been requisitioned for another purpose, i.e. a Sick Bay.

(5) **SICK BAYS.** These buildings were set up to deal with cases of illness of a mild infectious nature such as impetigo and scabies which might be found among the evacuee children. One was set up in Ely early in 1940 and functioned continually with breaks due to infection until the end of October, 1943. The Ely building was fortunate in possessing a large garden which in fine weather was a boon. Difficulties however were rather constant due to equipment, medical supplies, condition of the premises, etc. To give an example of the latter, while the building, although requisitioned, was unoccupied in January and February, 1940, a total of 17 burst pipes rejoiced the eye of the attending plumber, even though oil stoves were trying to heat the roof loft and the pipes were surrounded by sawdust!

The building was a large private house and being divided into several rooms, facilities for segregation were available. Mention has already been made of the closure due to infectious disease, and in two instances such closure was because cases of Diphtheria occurred. Eventually a routine isolation procedure on admission was involved in which as soon as a child came in, it was isolated and throat and nose swabs taken. The child was isolated until all swabs for Diphtheria, Scarlet Fever organisms, etc., were negative.

Of course in the meantime the child received treatment for the condition originally requiring admission. A great deal could be written about the Sick Bay and its problems but it was eventually closed at the end of October, 1943, though a request for its reopening has recently been received from the Ministry.

(6) One other special building was set up, a hostel for **un-billetables**. These of course were the problem children, bed-wetters, etc. After some delay steps were taken to get the Psychiatric Social Worker at the Psychological Clinic at Cambridge to come and see the children while a few cases did attend the Clinic at Cambridge.

A summary of the buildings used under the Government Evacuation Scheme for the general benefit of the County as opposed to purely local hostels, etc., is given as follows :—

- | | |
|--------------------------------|---|
| (1) Emergency Maternity Homes. | (a) Public Assistance Institution, Wisbech. 22 beds. |
| | (b) The Grange, Nutholt Lane, Ely. 20 beds. |
| (2) Ante-Natal Hostels. | (a) Tavistock Lodge, 7, Townsend Rd., Wisbech. 12 beds. |
| | (b) Elmcroft, 36, Cambridge Rd., Ely. 16 beds. |
| (3) Short-Stay Nursery. | The Orchards, Money Bank, Wisbech. 17 beds and cots. |
| (4) Sick Bay. | The Chantry, Ely. 19 beds and 5 cots. |
| (5) Hostel for Unbilletables. | Wilburton Manor. 36 beds. |

Figures given for evacuees received here are necessarily approximate owing to the continual ebb and flow but through the courtesy of the County Reception Officer's Staff the following figures are given :—

1939—	5893	Unaccompanied children.
1st-3rd. September	2535	Mothers and children.
1940—		
29th September	766	Unaccompanied children.
to 21st October.	2233	Mothers and children.

Making a Grand Total of 11,427

In addition smaller parties were received from time to time with an approximate total of 2,000.

The following gives an example of ebb and flow :—

Billeted Persons	October, 1940	September, 1943
Unaccompanied children	3066	718
Mothers and children	2203	937
Others	4827	250

SECTION V.
CIVIL DEFENCE CASUALTY SERVICES.
December 1939 to Date.

A discussion of this includes (1) Fixed First Aid Posts (with Gas Cleansing Stations attached), (2) Mobile Units which having the necessary equipment were really First Aid Posts on wheels, (3) First Aid Parties, (4) Ambulances, (5) First Aid Points, (6) Hospitals, (7) Defended Places, (8) Incidents, (9) Personnel.

A list of County Civil Defence Areas, First Aid Points, Posts, Ambulances, Cleansing Centres, etc., is given in the appendix.

(1) **FIRST AID POSTS.** At the commencement of the war fixed First Aid Posts were established at Wisbech, March, Whittlesey and Ely. Subsequently after considerable argument one was set up at Chatteris. Representations were then made about the position at Littleport where the population to be served was as large as at Chatteris but it was regarded officially as a "triple point" which being interpreted is one with three times the equipment provided for an official First Aid Point. In view however of the necessarily meagre issue for a First Aid Point, the constitution of a triple point was merely Ministerial eyewash. Eventually in the early part of 1941 as a result of the medical provision required for "Defended Places" (see Paragraph 7) an official First Aid Post was established though in this case owing to the lack of suitable facilities in the actual building no Cleansing Station proper was attached though some provision of a rather elementary nature was set up.

Gas Cleansing Centres were set up in all other First Aid Posts but late in 1940 considerably more attention was paid to this necessitating the complete separation of the "clean" from the "unclean" side by means of a Gas Proof Barrier.

(2) **MOBILE UNITS.** Originally only two Mobile First Aid Units were set up being in the one case a single decker bus and in the other a discarded furniture van. In actual practice they were found to be much too heavy and clumsy, especially the furniture van, to function satisfactorily in this area, and both were changed to a lighter van-type 1-ton or 30 cwt. chassis with a body specially constructed to take all the requisite equipment. From early in 1940 owing to the scattered area representations had been made regarding the necessity for the issue of extra equipment to the official First Aid Points throughout the County, but this was refused and instead we were offered additional Mobile Units. The area north of the river Nene depending as it does for transport on the bridges at Wisbech and Guyhirn, had been considered particularly difficult to assist in the event of invasion or heavy

air attacks, so it was decided that one of the additional Mobile Units should be sited on the north side of the town of Wisbech ; it was thus well placed to help whenever it was required. The other two were located at Whittlesey, and at Haddenham since the Ely area with its large rural section needed a second unit. These three were provided later in 1940.

(3) **FIRST AID PARTIES.** Very little change took place from the original establishment up to the time in 1943 when they were amalgamated with the Rescue Parties. This was a belated attempt at providing a rational service though it was really due to shortage of manpower, but since the First Aid Parties worked necessarily with the Ambulance Service it would have been better in the first instance if they had been handed over by the Ministry of Home Security at the same time as the rest of the Casualty service, i.e. at the end of 1938.

(4) **AMBULANCES.** Before the commencement of the war a number of vehicles which were supposed to serve as Ambulances if the need came were brought for a mere song. It is understood that in many cases the cost of the purchase did not exceed £5. It was not long in 1940 when it became clear that this silly and shortsighted policy had to be altered pretty quickly and a fleet of Ambulances which consisted of a light body on a Ford v-8 chassis was bought. They were too fast—a disadvantage in dealing with casualties—and they tended to roll on corners due principally to the method of springing, but they were a definite improvement on what we had, and the springing problem was got over without great difficulty. They were each fitted to carry four stretchers. At the present time the County has 17 first line Ambulances which are maintained in readiness.

A number of second line vehicles were also arranged for. These were usually tradesmen's vans which could be brought in if necessary. They were a rather unknown quantity especially in the daytime, since so many were out on their ordinary duties that it was practically impossible to assume 100% turnout. A summary of numbers and location is given in the appendix.

(5) **FIRST AID POINTS.** (a) Originally there was only one class, i.e. **Official** points but subsequently an additional kind or "unofficial" point came into being as the result of the patriotism and drive of the inhabitants of various villages and hamlets which not having been included in the original list decided that they also wanted some First Aid Equipment and purchased it through their own efforts. Some of these people were extraordinarily keen and one detachment regularly cycled a distance of six miles to take lectures and bought quite a lot of equipment. It was most unfortunate therefore that owing to limitations imposed by the

Ministry of Health on supplies we were not able to help them more than we did and I should like to express my grateful thanks to them for their untiring efforts.

The establishment of aerodromes in the County so close to six villages as to actually go up to the back gardens of some houses, altered the problem of First Aid there to a material degree. Two of the villages had fully Up-graded Points but the others had only the usual First Aid Point Equipment. After an additional issue requested on account of increased risk of casualties had not been agreed to by the Ministry, additional equipment was obtained from the Joint War Organisation. An additional Ambulance was approved and stationed at the largest village affected.

(b) **Up-graded Points.** It has already been mentioned that owing to the scattered nature of the County representations were made that the equipment of some of the First Aid Points should be increased in view of their isolated nature and that instead after a lot of argument we were given additional Mobile Units. However the threat of invasion caused the Ministry of Health to revise their ideas and some of the larger villages especially those which owing to their isolated position might be cut off by airborne attack were issued with considerable more equipment and were allowed to locate their First Aid staff and equipment in a more or less suitable building. This latter was of course a great innovation since an official First Aid Point according to the Ministry's idea was a box costing not more than 5/- in a suitable (and preferably a Doctor's) house. The establishment of the Up-graded First Aid Point as these special ones were called naturally gave the point prestige and they were regarded as the places to which any casualty would be taken and retained if necessary for some days if paratroops or other difficulties prevented evacuation to Hospital. In addition further Up-graded Points were set up in "Defended Places" and additional equipment supplied. Eventually it could be said that no village or hamlet was without First Aid supplies nor without the arrangements to obtain more if required.

In addition the Joint War Organisation of the British Red Cross and Order of St. John contributed extensive supplies which the Ministry felt unable to, such as blankets, dressings, hot water bottles, towels, etc. In this alone they performed a first class service for which we should be duly grateful.

(6) **DEFENDED PLACES.** (a) With the threat of invasion looming large a conference was held in January, 1941, with officials of the Ministry of Health regarding the necessity of making special provisions at places which the Military considered vital for defence to deal with the casualties which might be expected. This provision included of course equipment and the selection of buildings

in which the casualties could be held and treated. One rather curious thing about this business was that, actuated, I understand by the Military Authorities, the Ministry insisted that the buildings selected should be inside the perimeter defence thereby exposing the unfortunate casualties to greatly increased danger from concentrated enemy attack if there had ever been any necessity to house them !

A list of Defended Places where additional Medical provision was made is given in the appendix but the First Aid Point on the North Brink in Wisbech was Up-graded and at Queen Adelaide near Ely additional equipment was also provided. The position at Guyhirn was, however, unsatisfactory owing to the small number of civilians which would be actually left there if an invasion had been attempted. As a result the Medical provision there was almost entirely through Home Guard or Home Forces equipment.

(b) **Special Hospitals.** In dealing with this aspect of invasion it must be mentioned that very shortly after the fall of France enquiries had been made about Hospital provision for a large number of casualties and the Cromwell School at Chatteris and the Queens School at Wisbech had been earmarked. The Cromwell School by virtue of its specially suitable construction was particularly favourable for the setting up of a Hospital and eventually a considerable amount of work was done there such as blackout, additional sluices, bedding and mattresses, and a complete operational schedule was worked out in collaboration with the Headmaster as to how the school could be converted to a Hospital with the beds set up in approximately 24 hours. It was then looked upon as one of the very few Key Reserve Hospitals in the whole region.

(7) **HOSPITAL PROVISION. Accommodation for War Casualties.** In 1938-1939 a survey of all the Hospitals in the County had been made from the point of view of their suitability and they were all classified accordingly. It was decided that in view of its peace time work that the North Cambs. should be the Cl. I.A. Hospital for the area and that the Public Assistance Institutions should be regarded as Class II. Hospitals, (Cl. I.A. Hospitals were those with full operating theatre facilities). The commencement of indiscriminate air attacks was however a different thing and it became obvious that additional full Hospital Provision i.e. I.A. was necessary.

As long ago as 1936 the original County Air-Raid Precautions Committee had considered Doddington Public Assistance Institution as a suitable place for a base Hospital, and this was a recurring decimal up to 1939. The Ministry had however steadfastly refused to agree and even the commencement of air attacks on this Country did not make them alter their minds although a military objective which in other countries has been regarded as a suitable object for

attack was located only a short distance away from one of the principal towns ! Eventually after a great deal of "persuasion" the Ministry agreed and the decision was taken to up-grade the Doddington Public Assistance Institution. In view of the age of the building this was no easy task and the only actually brand new building was the operating theatre which being without windows and air-conditioned is one of the most modern in the whole Eastern Region. The up-grading of the Hospital which was completed late in 1942 gave the County a further 150 beds all of which could be used for casualties though the upper floor was really intended for ambulant cases since there is no lift and the staircases are too narrow as a general rule to carry stretchers up them.

The Ely area was tremendously fortunate in having right on its doorstep a large very modern Service Hospital. So modern was it in fact that it was not completed till 1940. The co-operation between the medical staff of the hospital and the Civil Defence Casualty Service has been close, and I must record my very great appreciation of the assistance so willingly given by the various Commanding Officers and the whole Hospital staff. In accordance with the Ministry's requirements simple facilities for cleansing any seriously wounded gas contaminated cases which might arrive, were provided at both civil Cl. I.A. hospitals.

(8) **Incidents :** There is a very little difference in practice between casualties caused by our own aircraft crashing and those caused by direct enemy action so the incidents at Coates and Sutton are included in this section.

The first casualties which occurred in the County were at a Searchlight Post at Ely where one person was killed and another injured, both non-civilians ; some slight damage was done to the Public Assistance Institution also. This was in May, 1940, and though bombs and mines were dropped at intervals in various areas inside the County the first really serious incident involving civilians occurred in Wisbech in daylight on the 11th November, 1940, when a stick of bombs aimed perhaps at certain public utility plants was dropped at 15.16 hours. It was raining heavily at the time and the rescuers were naturally hampered though they did very well indeed. One person was killed and 14 injured, several seriously. Additional bombing incidents have occurred as follows :—

(a) At Wisbech on the night of 16/17 July, 1941, when a stick of bombs fell across the town. Several casualties resulted, one being fatal and a number of houses were damaged.

(b) At Wimblington on 23/24 July, 1942. Two slight casualties. Two houses damaged.

(c) At March on the night of 28/29 July, 1942, when a stick of bombs fell on a row of houses and inflicted considerable damage.

Five persons were killed and thirty-four injured, while nearly one hundred houses in all were damaged, many of them severely.

(d) Machine gunning at Shippea Hill 29/30 July, 1942. One casualty.

Two serious incidents have occurred here through planes crashing. The first was at Coates on the night of 4/5 March, 1943, when a bomber crashed after hitting a tree. It fell on two houses and caught fire. The houses were destroyed and four civilians were killed.

The next was at Sutton on September 8th, 1943, when a bomber crashed on taking off. It had bombs on board and caught fire after crashing on some Council houses. Two civilians were killed and four injured while several houses were badly damaged.

In all these incidents where it was needed the Rest Centre Organisation functioned very well indeed and its smooth operation was a credit to all concerned.

(9) **PERSONNEL.** It is impossible to praise the Personnel of the various services too highly. Since the beginning of the war with the exception of the caretakers at some of the First Aid Posts who received some payment no person in the rank and file has received one penny and they have done their work as volunteers most nobly. Practically nowhere else in the Country has so extensive a service been manned almost entirely by unpaid Personnel as the Civil Defence Services of this County and unfortunately their efforts have not always received the attention and consideration which they so thoroughly merited. In this the Casualty Services certainly deserve their meed of praise and though there have not, fortunately, been many incidents to deal with, what has been done, has been done well. The monotony of night duty with nothing to do or the period from about Mid 1940 to 1941 when the sirens went regularly every night and often several times in a night were stern tests but the volunteers never failed in their self-appointed task. This applies to Personnel of all branches of all the Casualty Services, towns and villages alike. In some ways the latter had even the harder task since by no means all were near enough to get the mental bracing which the sirens undoubtedly bring and so had to carry on with practices, lectures and occasional exercises, etc., without the knowledge or excitement of hearing an "Alert."

No praise can be too high and expressions of thanks are quite inadequate but to the fact that there were "millions like them" can it be attributed that the British Commonwealth has been fitted to survive.

(10) **CASUALTY BUREAU.** On the face of it, this is to deal with casualties but it is really more than that. The routine day to day work is not seen by any but those in intimate contact and it is only when an incident occurs where there are casualties among the civilian population that it comes in any way into the limelight. It is however in its routine job an essential part of the medical organisation of the Services since every service patient admitted to Hospital has to have his/her name recorded and the Casualty Bureau is responsible for seeing that the records go to the right place. As there is a large number of Record Offices (nearly one for each regiment) in the army alone it can be seen that the job has to be done very carefully to be done properly otherwise there would be chaos in the various Record Offices. In addition the Bureau is responsible for sending particulars to the Ministry of Pensions Record Office of any civilian casualties and for making out an official list giving full particulars of any civilian casualty that may occur in the County. All this has been done in the Health Department without any special or increased staff.

(11) **CIVIL NURSING RESERVE.** This is the organisation set up by the Ministry of Health to try and ensure that in war time an adequate nursing staff is available for Hospitals, Sick Bays, Maternity Homes, etc. It functions through what is known as the Local Emergency Organisation of which the County Medical Officer is the Chairman and the secretarial work is done in the Public Health Department. At the outbreak of war and for some time afterwards (till 1941) three grades of recruits could be enrolled :—those who were mobile, i.e. able and willing to go anywhere in this Country, those who were immobile full-time, and those who were immobile part-time ; a number of the latter joined the various First Aid Posts.

At the present time the Reserve recruits only whole-time mobile members. They have to be medically examined (usually by the Public Health Department Staff), arrangements made for their 14 days intensive course of hospital training (in the case of the lowest grade, i.e. Nursing Auxiliaries), and this having been finished, they are posted by the Regional Nursing Officer.

Early in 1941 in order to take the work of organising all the necessary courses, etc., off the County Medical Officers a Civil Nursing Organiser was appointed. She only works two days per week in this County and the necessary administrative arrangements re salary, terms of service, etc., were made through the Cambridge County Council and their County Medical Officer. However again all secretarial work, all the records re nursing vacancies, domestic staff required, etc., for all the Hospitals and Maternity Homes in the County comprehensive returns for which have to be sent to the Ministry of Health's Regional Office regularly has to be carried out in this department and though in this County the work has not

perhaps required a special appointment nevertheless an appreciable amount of extra work is involved.

(12) **LAY STAFF OFFICER.** Since the beginning of the war difficulty has been experienced in coping with the stock taking and store keeping of all the items issued to the scheme-making authority's Casualty Services, issue of stocks, etc. This was performed by the Council's professional staff from the beginning of the war for several months though it is a job which could be well performed by a competent Lay Officer. In addition, owing to the fact that there was no one to deputise for the County Medical Officer at the Control Room it was decided in 1943 to appoint a Lay Staff Officer for the Casualty Service, and already this appointment has proved its value.

(13) **ADMINISTRATION.** This is similar to, and part of that for the rest of the Civil Defence Services, i.e. the County is divided into **five** areas in each of which an area (sub) Controller is responsible the final Controlling Authority resting at County Control which is located in the County Hall. Although from the point of view of operations the area Controller is allowed to move services within his own area if incidents arise (reporting to County Control in the usual way) he is not allowed to move services outside his own area without instructions. This applies of course especially to the Casualty Services and particularly to the Mobile Units.

ISLE OF ELY COUNTY COUNCIL.

FIRST AID POSTS.

Chatteris	Disused Girls' School, New Road.
Ely	Central Hall, Market Street.
Littleport	Oddfellows Hall, Church Lane.
March	Palace Hall.
Whittlesey	Public Hall.
Wisbech, No. 1	Chapel Schoolroom, Little Church Street.
Wisbech, No. 2	Greenall's Store, Artillery Street.

MOBILE UNITS.

Ely	T. H. Nice & Co., Garage, St. Mary's Street.
Haddenham	The Lodge.
March	Fitzhugh's Garage, Creek Road.
Whittlesey	Morley's Garage, West End.
Wisbech	Miss Peckover's Garage, Chapel Lane.

CLEANSING STATIONS.

Ely	F.A. Post, Central Hall, Market Street. U.D.C. Depot, Barton Road. Police Station.
Chatteris	F.A. Post, disused Girl's School, New Road. (Reserve: Cromwell School.)
March	F.A. Post, Palace Hall. Police Station, High Street. County Hall.
Whittlesey	F.A. Post, Public Hall. U.D.C. Depot, Inham's Road. Police Station.
Wisbech	F.A. Post, Little Church Street. Cleansing Station, Lynn Road. Police Station, South Brink. (Reserves: Grammar School, South Brink. High School, North Brink.)

FIRST AID PARTIES.

Chatteris	Grove House. F.A. Post, New Road.
Ely	County Clinic, Downham Road. F.A. Post, Central Hall, Market Street.
Littleport	F.A. Post, Oddfellows Hall, Church Lane.
March	Report Centre, Redbridge House. County Hall. Town Hall.
Whittlesey	U.D.C. Depot.
Wisbech	Dr. Groom's House, 27, Hill Street. Dr. Groom's Surgery, Old Market. Lynn Road. Borough Depot.
Sutton	The Methodist Chapel.
Parson Drove	Dr. Dwyer's House.
Outwell	Old Norfolk School.
Manea	British Legion Club.
Thorney	Abbey Rooms.

AMBULANCES.

	1st Line.	2nd Line.
Chatteris	2	1
Ely	4	2
Littleport	1	1
March	3	5
Sutton	1	—
Whittlesey	2	3
Wisbech	4	9
	—	—
	17	21

FIRST AID POINTS.

Upgraded:	Official:	Unofficial:
Benwick	Burnt Fen	Euximoor
Black Horse Drove	Coates	Fen and Dairy Houses
Christchurch	Coldham	Tips End
Coveney	Elm	Thorney Toll
Doddington	Gorefield	Wrydecroft
Fridaybridge	Guyhirn	
Little Downham	Haddenham	
Manea	King's Dyke	
March	Leverington	
Mepal	Little Ouse	
Parson Drove	Little Thetford	
Prickwillow	Murrow	
Queen Adelaide	Newton	
Rings End	Ponder's Bridge	
Stretham	Purl's Bridge	
Sutton	Pymore	
Thorney	Stuntney	
Tydd St. Giles	Stonea	
Upwell	Turves*	
Wisbech	Wilburton	
	Wimblington	
	Wisbech St. Mary	
	Witcham	
	Witchford	

Defended Places where Special Medical Provision was made.

Wisbech	No. 2 First Aid Post
	Up-graded First Aid Point
Ely	Queen Adelaide—Up-graded First Aid Point
Littleport	First Aid Post