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Contributors

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ISLE OF ELY COUNTY COUNCIL.

Annual Report
on the
PUBLIC HEALTH

of the
Administrative County of the
Isle of Ely

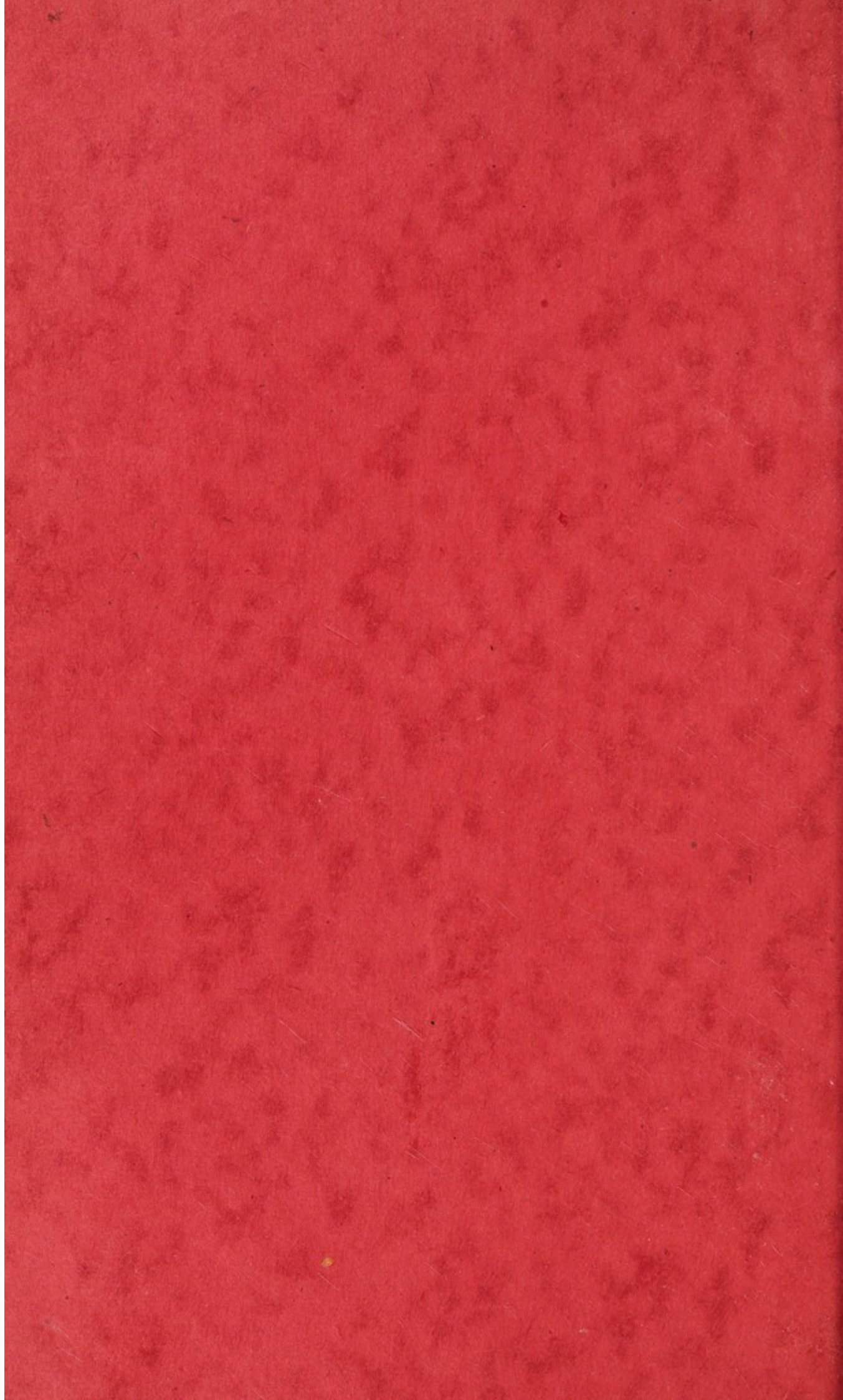
For the Year 1947,

With Summary of Reports of District
Medical Officers of Health,

by

HILDA. R. HAY, M.B., Ch.B., D.P.H.

LITTLEPORT, ISLE OF ELY :
G. T. WATSON, PRINTER, VICTORIA STREET.
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ISLE OF ELY COUNTY COUNCIL.

County Health Committee.

PAYNE, H. (Chairman).

ARMIGER, J. C.	MARTIN, H. G.
BANCROFT, H.	MARTIN, H. J.
BARKER, A. S.	NEWELL, G. W.
BURLING, T.	NORTON, H. H.
COVILL, S. E.	PAYNE, H.
ELGOOD, W. S.	ROSEBERRY, F. G.
GAGE, J.	ROWE, L. W. H.
GREEN, F. W.	TEBBUTT, MISS J.
HERBERT, F. F. (Rev.)	WEBB, W. F. R.
LANGFORD, F. J.	WRIGHT, A.
LEEDING, A. C.	YEOMAN, S. G.

Number 22. Quorum 5.

Co-opted—Drs. K. S. MAURICE SMITH and J. R. F. POPPLEWELL.

Maternity and Child Welfare Committee.

All the County Health Committee and the following Co-opted Members:—

Mrs. COLLINS CLAYTON, Wisbech.

Miss S. M. MARTIN, Littleport.

Mrs. F. SOLE, March.

Number 25. Quorum 5.

Mental Deficiency Committee.

All the County Health Committee and the following Co-opted Members:—

Mrs. COLLINS CLAYTON, Wisbech.

Miss S. M. MARTIN, Littleport.

Mrs. F. SOLE, March.

Number 25. Quorum 5.

Staff.

County Medical Officer of Health.

HILDA. R. HAY, M.B., CH.B., D.P.H.

Assistant County Medical Officers of Health.

G. P. BARCLAY, M.B., CH.B., D.P.H.

E. P. J. MORAN, M.B., CH.B., B.A.O.

Superintendent Health Visitor.

G. M. SANDERS, S.R.N., S.C.M., H.V. Cert.

Health Visitors and School Nurses.

(a)—Council Officials (whole-time).

E. ABBOTT, S.R.N., S.C.M., H.V. Cert.

H. L. MORRIS, S.R.N., S.C.M., H.V. Cert. (left 4/3/47).

C. A. NEW, S.R.N., S.C.M.

M. OLIPHANT MARK, S.C.M., Cert of R.S.I. (Inspector of Nuisances), (left

E. E. REDHEAD, S.R.N., S.C.M., H.V. Cert. 31/3/47).

M. E. ROSE, S.R.N., S.C.M., H.V. Cert., Bd. of Ed.

E. T. TAYLOR, S.R.N., S.C.M.

E. M. WEBSTER, S.R.N., S.C.M., H.V. Cert.

M. E. WOOLCOCK, S.R.N., S.C.M., H.V. Cert. (left 27/2/47).

(b)—Employed by District Nursing Associations (part-time).

The Nurse or Nurses at :—

Haddenham, Little Downham, Manea, Littleport and Sutton

(c)—County Midwives.

J. B. D. BENSON, S.C.M.

A. L. GUIVER, S.C.M.

F. MILLAR, S.C.M.

Clerical Staff.

H. A. HOUSE (Administrative Officer)

C. E. RUSSELL, F. RITCHIE, A. W. ROBOTHAM,

J. GIPSON,

Misses D, SITCH, B. RANDALL, B. DOBSON, E. M. PENDLE,

District Medical Officers under Poor Law Acts :—

J. DWYER, M.B., Ch.B.	(also Public Vaccinator).
C. H. GUNSON, M.B., Ch.B.	" " "
J. R. BARROWCLOUGH, M.R.C.S., L.R.C.P.	" " "
A. C. SMITH, F.R.C.S., L.R.C.P.	" " "
A. BERNARD, M.A., M.B., Ch.B.	" " "
S. GOVERNOR, M.B., B.Ch.	" " "
J. M. HISLOP, M.B., Ch.B.	
S. J. WATSON, M.B., B.Ch.	(also Public Vaccinator).
G. H. LUCAS, M.R.C.S., L.R.C.P.	
C. M. WELLS, L.R.C.P., L.R.C.S., L.R.F.P.S.	(also Public Vaccinator).
J. W. C. FAIRWEATHER, M.B., Ch.B.	" " "
J. B. BAMFORD, M.R.C.S., L.R.C.P.	" " "
W. M. WILSON, M.B., Ch.B.	" " "
D. E. YOUNG, L.R.C.P., L.R.C.S.	" " "
C. THOMAS, M.R.C.S., L.R.C.P.	" " "
W. F. PRENDERGAST, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.	

Public Analyst :—

S. GREENBERG, Ph.D., B.Sc., F.R.I.C.

Vaccination Officers :—

H. A. HOUSE (Ely, March, Whittlesey and Wisbech).

G. SHARPE (Chatteris).

LOCAL SANITARY AUTHORITIES.

Urban Districts and Boroughs.	Clerks.	District Medical Officers of Health.
1. Ely	J. E. Watkins, Esq.	K. S. Maurice Smith, M.R.C.S., L.R.C.P.
2. Chatteris	C. Dobb, Esq.	R. E. Nix, B.A., M.B., B.Ch.
3. March	R. E. Dixon, Esq.	S. Governor, M.B., Ch.B.
4. Whittlesey	H. Kewish, Esq.	W. A. D. Lawson, M.D., Ch.B., D.P.H.
5. Wisbech	J. E. Siddall, Esq.	H. L. Groom, M.R.C.S., L.R.C.P.
Rural Districts.	Clerks.	District Medical Officers of Health.
1. Ely	C. Wickens, Esq.	K. S. Maurice Smith, M.R.C.S., L.R.C.P.
2. North Witchford	F. Whittet, Esq.	C. Thomas, M.R.C.S., L.R.C.P.
3. Thorney	A. F. Whittome, Esq.	J. R. F. Popplewell, M.R.C.S., L.R.C.P.
4. Wisbech	G. Hellier, Esq.	H. L. Groom, M.R.C.S., L.R.C.P.
Port.		
Port of Wisbech	J. E. Siddall, Esq.	R. E. Crockatt, M.B., Ch.B.

**To the Chairman and Members of the
Isle of Ely County Council.**

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my fourth Annual Report on the state of the public health in the County.

There was a further rise in the birth rate to the highest figure recorded since 1921 and this was accompanied by another fall in infant mortality to a figure which constituted a new low record for the Isle. The stillbirth rate was the second lowest ever recorded, but the death rate rose again slightly, for which an increase in the number of deaths occurring in persons aged 65 years and over was mainly accountable.

A widespread epidemic of measles occurred during the early part of the year, but fortunately gave rise to no deaths. Whooping cough also reached epidemic force and, although the number of cases was more than double those notified in any of the three previous years, the deaths numbered only two. Five sporadic cases of poliomyelitis occurred during the later stages of the alarming and fatal epidemic which affected many districts of England and Wales during the summer and autumn, and there was one death. Otherwise there was no undue prevalence of the notifiable infectious diseases which have ceased to be a factor of serious significance in the production of the death rate with two notable exceptions, pulmonary tuberculosis and certain forms of pneumonia.

The health services continued to function in a manner similar to that described in 1946. An extension of the child welfare clinic activities occurred in the rural districts, and there was a marked rise in the number of cases dealt with at the County Hospital, Doddington, where there has always been a ready response to the increasing facilities offered for diagnosis and treatment. The maternity homes in Wisbech and Ely were busier than ever before, and the domiciliary midwifery service was heavily taxed to cope with the rise in the number of births.

As regards the sanitary circumstances of the area, although much needed improvements are envisaged in the schemes drawn up under the Rural Water Supplies and Sewerage Act, 1944, protracted delays were encountered at each of the preliminary stages. The formal enquiries held by the Ministry of Health into the separate schemes for each district took place in due course, and the outcome called for reconsideration of the schemes in certain instances. Further delays were occasioned in fixing the grants from the Ministry of Health and the County Council, and in one instance approval to proceed with the scheme was withheld while the present shortage of man-power and materials continue. It is therefore somewhat disappointing to

record that not even the first schemes to be drawn up under this Act had been put into execution by the end of the year.

Exceptional progress was made under the housing programmes in all the districts, even in those where building operations had not commenced until 1946. As increasing numbers of newly erected dwellings became available for occupation, the crying need for more homes was to some extent alleviated, but waiting lists were still very long.

The outstanding feature of the year was the amount of effort demanded of all who were concerned in planning under the National Health Service Act, 1946. In this area a Health Services Planning Sub-Committee was appointed to carry out the preliminary work on the various schemes, and this Sub-Committee reported back to the parent Committee which had been earlier reconstituted as the County Health Committee under Section 19 of the above act. Disappointment had at first been felt that what appeared the more important health functions of a County Council were to be transferred to other authorities, but as interest in the new schemes developed, and as the provisions of the Children Bill and the National Assistance Bill became known, it appeared that a new phase of responsibility and usefulness might be opening up.

Before taking stock of the future, it might be of interest briefly to examine past achievements in the public health field, particularly as 1947 marked the centenary of the appointment of the first Medical Officer of Health. This was carried out in Liverpool under special statutory powers, and in 1847 Dr. Duncan took up his duties assisted by a single Inspector of Nuisances. Conditions which then obtained in the cities and larger towns seem almost incredible; cholera, smallpox, typhus and other types of infectious disease were still rampant, sanitation and refuse disposal were primitive, water supplies were often heavily infected, and large numbers of the inhabitants lived in hovels and cellar dwellings which were absolutely unfit for human habitation. The influx to the towns of large masses of the population at the beginning of the industrial era had aggravated the risks under which people lived. The death rate was more than double the present rate, the infant and maternal mortality rates were four times as high, while dirt, disease and poverty abounded. The example set by Liverpool was quickly followed in the larger cities, and later in most of the large sanitary districts, as the value became evident of employing an officer especially experienced in sanitary hygiene and responsible for carrying into effect the notable series of enactments dealing with the control of adverse environmental factors. Improvements secured were dramatic for a time, particularly when research work established the true bacterial origin of most infections, but the realisation spread gradually

that there were limits to the beneficial results to be obtained from sanitary measures, and that other methods would have to be followed in order to effect a still further reduction in mortality rates, and in the incidence of illness and disability, much of which was not now of a communicable type.

Public Health activities then entered a second phase concerned mainly with the prevention of disease and the provision of treatment facilities, especially where these would not otherwise have been readily available. The School Medical and the Maternity and Child Welfare Services were set up primarily for advisory work to be carried out among selected groups of the population, and another notable welfare service which followed later was that provided under the Blind Persons Act, 1921. It was soon discovered that preventive work was most effective when closely related to treatment for which health authorities were either directly, or in some measure, indirectly responsible. The scope of the new service, which started with the provision of treatment for cases of tuberculosis and venereal disease was accordingly extended under various statutory powers to include special treatment schemes for common disabilities among school children, and for a specialist medical service to be incorporated in the maternity schemes which could include institutional accommodation for complicated cases. As the main responsibility for these schemes was distributed among various types of health authorities, with the exception of the smaller sanitary authorities, overlapping and difference in standards resulted.

In the year 1929, the larger health authorities were making arrangements for the institutional accommodation for cases of tuberculosis, some of the local supervising authorities had established maternity homes under the Maternity and Child Welfare Act, 1918, and those health authorities who were also sanitary authorities were maintaining isolation hospitals. When the poor law medical services and institutions were transferred to county councils and county borough councils under the Local Government Act of that year, the door was wide open to go-ahead authorities to set up a full range of hospital service by the appropriation of public assistance institutions for general hospital purposes. The tendency then became marked for the main interest to be switched to the highly interesting clinical services away from the less tangible results to be obtained from purely preventive work. This was further emphasised after the passing of the Midwives Act, 1936, when for the first time a well defined duty was placed on local supervising authorities to provide a special branch of the nursing services.

Appointment of County Medical Officers in the smaller administrative counties happened to coincide fairly closely with the beginning of this second phase, and as a matter of interest a study

has been made of the first Annual Report on the state of the public health in the Isle of Ely. This was issued in 1912, and the social conditions which obtained then have not changed materially except for a limited growth in industrial activities in Wisbech and Ely. The population is still mainly employed in agricultural pursuits. This report was concerned mainly with the co-ordination of the work carried out in the sanitary districts and certain vital statistics for that year are given together with similar figures for 1947 :—

ISLE OF ELY

	1912	1947
Population (estimated)	70,448	84,450
Birth rate	21.57	21.57
Death rate	12.54	12.42
Infant mortality	90.13	30.19
*Epidemic death rate	0.42	0.02
Diarrhoea death rate	6.57	0.01
Phthisis death rate	0.92	0.31
Cancer death rate	1.17	1.95

* The epidemic diseases included are smallpox, measles, scarlet fever, whooping cough, diphtheria and enteric fever.

From a study of subsequent annual public health reports it was possible to trace out the beginning of the county medical services and the manner in which they developed for 35 years until they presented the picture which I shall endeavour to draw in the body of this report.

With the passing of the National Health Service Act, 1946, the responsibility for the provision of medical treatment services in hospitals and elsewhere will pass from county councils to regional hospital boards and executive councils. The medical advisory services which are part of the maternity and child welfare and other schemes will remain with local health authorities although they will tend to become absorbed into the general medical services to be provided under Part IV of the Act, and as time goes on, will become more closely interrelated with the hospital and ancillary treatment services under Part II of the Act. With the exception of this loss, the previous health functions of county councils will remain unaffected and certain new functions will be added, the net result of which will be to replace the emphasis on preventive, rather than on curative work. A county council remains the authority ultimately responsible for safeguarding the health of the population in its area, and will continue to exert overall supervisory functions in the field of sanitary hygiene, where so much remains to be achieved in supplying better houses, in extending water supplies and sewerage facilities and in controlling food supplies, especially milk, against

contamination. Through their representation on regional hospital boards, hospital management committees and executive councils, local health authorities act as the principal co-ordinating agents for the medical treatment services, and they are in some measure responsible for securing that their area is adequately covered. The domiciliary medical service can only operate when linked up with the domiciliary nursing, midwifery and ancillary services for which the local health authority are directly responsible. Other direct responsibilities are the new Mental Health Service and several valuable welfare services, of which the care of mothers and young children is the most notable.

Although the Act has been criticised for dealing with the treatment of disease rather than with the preservation of health, it will secure the latter object in so far as local health authorities implement Section 28, which deals with the prevention of illness and the care and after-care of persons suffering from illness. There is wide scope for educational work to be carried out under this Section and, as medical knowledge into the prevention and causation of disease accumulates, it becomes increasingly important for the advisory, medical and nursing staffs employed by a health authority to disseminate the proper information. Physical and mental well-being are the happy possession of very few, and to achieve and maintain this desirable state it is essential that the public should have knowledge of all factors conducive to health and of the importance of improved social conditions.

It was considered that it might be valuable to set forth the new council schemes as finally approved by the Minister and they will be found in an appendix at the end of the report.

In conclusion, I wish to express my special thanks to the Chairman and Members of the County Health Committee for the time they devoted to consideration of these schemes, and for their deep interest in the various developments and constructive criticism where this was required. In addition, I should like to thank all the members of my staff for their ready help during the year when work was exceptionally heavy. I should also like to express gratitude to district medical officers and general practitioners whether concerned directly or indirectly with the health services in the county, and lastly, I should like once again to record my deep appreciation of the valuable service rendered by voluntary workers in many branches of the service.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

HILDA R. HAY,

County Medical Officer.

Administrative County of the Isle of Ely.

The Annual Reports for the year 1947, from the Medical Officers of Health for the Districts within the Administrative County, as submitted to the Isle of Ely County Council, in pursuance of Section 24, of the Local Government Act, 1888, were received as follows :—

	Area.	Medical Officer.	Date Received.	Style.	
Urban Districts	{	Chatteris	Dr. R. E. Nix	Report not to hand	
		Ely	Dr. K. S. Maurice-Smith	Report not to hand	
	March	Dr. S. Governor	Oct. 19th, 1948	Typewritten	
	Whittlesey	Dr. W. A. D. Lawson	Nov. 27th, 1948	„	
	Wisbech	Dr. H. L. Groom	Report not to hand		
Rural Districts	{	Ely	Dr. K. S. Maurice-Smith	Report not to hand	
		North Witchford	Dr. C. Thomas	Report not to hand	
		Thorney	Dr. J. R. F. Popplewell	Aug. 7th, 1948	Typewritten
		Wisbech	Dr. H. L. Groom	Nov. 17th, 1948	Typewritten
	Wisbech Port San. Authority	Dr. Crockatt	Report not to hand		

STATISTICS, 1947.

Area of Administrative County (land & water)acres	239,794												
Rateable Value	£302,135												
Produce of rd. rate 1947/48	£1,233												
Population (Census 1931)	77,705												
Population (estim. to middle of year 1947)	84,450												
No. of live Births in the year	<table border="0"> <tr> <td rowspan="2">males 927</td> <td rowspan="2">{</td> <td>Legitimate 868</td> <td rowspan="2">}</td> <td rowspan="2">1822</td> </tr> <tr> <td>Illegitimate 59</td> </tr> <tr> <td rowspan="2">females 895</td> <td rowspan="2">{</td> <td>Legitimate 837</td> <td rowspan="2">}</td> <td rowspan="2"></td> </tr> <tr> <td>Illegitimate 58</td> </tr> </table>	males 927	{	Legitimate 868	}	1822	Illegitimate 59	females 895	{	Legitimate 837	}		Illegitimate 58
males 927	{			Legitimate 868			}			1822			
		Illegitimate 59											
females 895	{	Legitimate 837	}										
		Illegitimate 58											
Birth-rate per 1,000 population	21·57												
No. of Still-births in the year	<table border="0"> <tr> <td rowspan="2">males 19</td> <td rowspan="2">{</td> <td>Legitimate 17</td> <td rowspan="2">}</td> <td rowspan="2">43</td> </tr> <tr> <td>Illegitimate 2</td> </tr> <tr> <td rowspan="2">females 24</td> <td rowspan="2">{</td> <td>Legitimate 22</td> <td rowspan="2">}</td> <td rowspan="2"></td> </tr> <tr> <td>Illegitimate 2</td> </tr> </table>	males 19	{	Legitimate 17	}	43	Illegitimate 2	females 24	{	Legitimate 22	}		Illegitimate 2
males 19	{			Legitimate 17			}			43			
		Illegitimate 2											
females 24	{	Legitimate 22	}										
		Illegitimate 2											
Still-birth rate per 1,000 total births	23·05												
Total No. of Deaths in the year	<table border="0"> <tr> <td rowspan="2">males 523</td> <td rowspan="2">{</td> <td rowspan="2">}</td> <td rowspan="2">1,049</td> </tr> <tr> <td>females 526</td> </tr> </table>	males 523	{	}	1,049	females 526							
males 523	{					}	1,049						
		females 526											
Death-rate per 1,000 population	12·42												
No. of women dying in, or in consequence of, childbirth	<table border="0"> <tr> <td rowspan="3">Rate per 1,000 total Births</td> <td>from sepsis</td> <td>1</td> <td>·54</td> </tr> <tr> <td>other causes</td> <td>2</td> <td>1·07</td> </tr> <tr> <td>Total</td> <td>3</td> <td>1·61</td> </tr> </table>	Rate per 1,000 total Births	from sepsis	1	·54	other causes	2	1·07	Total	3	1·61		
Rate per 1,000 total Births	from sepsis		1	·54									
	other causes		2	1·07									
	Total	3	1·61										
Number dying under 1 year old	<table border="0"> <tr> <td rowspan="2">males 31</td> <td rowspan="2">{</td> <td>Legitimate 30</td> <td rowspan="2">}</td> <td rowspan="2">55</td> </tr> <tr> <td>Illegitimate 1</td> </tr> <tr> <td rowspan="2">females 24</td> <td rowspan="2">{</td> <td>Legitimate 21</td> <td rowspan="2">}</td> <td rowspan="2"></td> </tr> <tr> <td>Illegitimate 3</td> </tr> </table>	males 31	{	Legitimate 30	}	55	Illegitimate 1	females 24	{	Legitimate 21	}		Illegitimate 3
males 31	{			Legitimate 30			}			55			
		Illegitimate 1											
females 24	{	Legitimate 21	}										
		Illegitimate 3											
Infantile Mortality (rate per 1,000 Births)	<table border="0"> <tr> <td rowspan="2">{</td> <td>in legitimates</td> <td>29·9</td> <td rowspan="2">}</td> <td rowspan="2">30·19</td> </tr> <tr> <td>in illegitimates</td> <td>34·18</td> </tr> </table>	{	in legitimates	29·9	}	30·19	in illegitimates	34·18					
{	in legitimates		29·9	}			30·19						
	in illegitimates	34·18											
Deaths from Measles (all ages)....	0												
„ „ Whooping Cough (all ages)	2												
„ „ Diarrhoea (under 2 years of age)	1												
England and Wales—													
Birth-rate per 1,000 population	20·5												
Death-rate „ „ „	12·0												
Infantile Mortality-rate per 1,000 live births	41·0												
Maternal Mortality-rate per 1,000 total births	1·17												

VITAL STATISTICS.

POPULATION.

The Registrar General has supplied the figure of 84,450 as the estimated mid-year population for 1947.

Statistics for the past ten years are given for comparative purposes.

1938	81,480
1939	81,620 (for births)
	83,760 (for deaths)
1940	87,270
1941	90,540
1942	84,970
1943	83,240
1944	82,030
1945	81,010
1946	83,340
1947	84,450

BIRTHS.

The births in the Urban Districts numbered 1,136 (604 males and 532 females), this being a birth-rate of 22·02 per thousand of population.

In the Rural Districts the births numbered 686 (323 males and 363 females), the Rural birth-rate being 20·88 per thousand.

The total births for the County numbered 1,822 (927 males and 895 females), a birth-rate of 21·57 per thousand. This compares with a birth-rate for England and Wales of 20·5 per thousand.

The illegitimate births in the Urban Districts numbered 71, a rate of 62·5 per 1,000 births. Of this 71, 37 were males and 34 females, giving rates of 61·26 and 63·9 respectively.

For the Rural Districts there were 46 illegitimate births, a rate of 67·06. Of these, 22 were males and 24 females, giving rates of 68·1 and 66·12 respectively.

Taking the County as a whole the illegitimate births numbered 117, or a rate of 64·22. There were 59 male and 58 female illegitimate births, and this gives rates of 67·97 and 64·8 respectively.

ILLEGITIMATE BIRTHS.

Year	Illegitimate Births
1938	61
1939	59
1940	61
1941	64
1942	82
1943	98
1944	149
1945	166
1946	142
1947	117

DEATHS.

The deaths in 1947 numbered 1,049 compared with 1,004 in 1946. Of these 1,049 deaths (523 males and 526 females), 685 occurred in the Urban areas and 364 in the Rural, giving a death-rate per thousand of 12·42.

The birth and death-rates for the Isle for the past 12 years are shown in Table I. together with the rates for England and Wales.

The local rate in 1947 was 12·42 per thousand population as against 12·05 in 1946.

TABLE I.

	Birth Rate		Death Rate	
	Isle of Ely	England and Wales	Isle of Ely	England and Wales
1936	16·24	14·8	*10·88	12·1
1937	15·97	14·9	*10·77	12·4
1938	15·32	15·1	*10·63	11·6
1939	14·99	15·0	11·57	12·1
1940	13·76	14·6	12·16	14·3
1941	14·2	14·2	11·6	12·9
1942	16·76	15·8	10·55	11·6
1943	16·49	16·5	11·83	12·1
1944	18·71	17·6	12·32	11·6
1945	18·07	16·1	12·16	11·4
1946	19·03	19·1	12·05	11·5
1947	21·57	20·5	12·42	12·0

* Corrected Rates.

TABLE II.

ISLE OF ELY		
	Registered Births	Registered Deaths
1936	1,327	999
1937	1,303	987
1938	1,248	973
1939	1,234	969
1940	1,201	1,071
1941	1,286	1,051
1942	1,424	897
1943	1,373	985
1944	1,535	1,011
1945	1,464	985
1946	1,586	1,004
1947	1,822	1,049

INFANT MORTALITY.

A further reduction in infantile mortality occurred in 1947 when the rate was 30·19 per thousand births as compared with 37·2 in the preceding year.

Twenty-two deaths were due to congenital malformation, birth injuries, etc., and eighteen to prematurity; pneumonia and bronchitis together caused nine deaths, diarrhoea one death, whooping cough one and cerebro-spinal fever one.

TABLE III.
INFANT MORTALITY RATES.

Year	Isle of Ely	England and Wales	Year	Isle of Ely	England and Wales
1912	90·13	95	1930	52·19	60
1913	95·24	109	1931	58·11	66
1914	100·80	105	1932	53·68	65
1915	92·22	110	1933	57·7	64
1916	—	91	1934	58·59	59
1917	70·7	96	1935	46·49	57
1918	109·3	97	1936	60·29	59
1919	83·8	89	1937	58·35	58
1920	69·04	80	1938	56·89	53
1921	85·13	83	1939	41·96	50
1922	60·4	77	1940	50·28	55
1923	63·57	69	1941	49·15	59
1924	58·86	75	1942	50·56	49
1925	65·66	75	1943	45·88	49
1926	60·42	70	1944	44·9	46
1927	64·91	69	1945	40·3	46
1928	58·94	65	1946	37·2	43
1929	83·3	74	1947	30·19	41

MATERNAL MORTALITY.

Three women died in, or in consequence of childbirth, giving a rate of 1·61 per thousand total births.

PRINCIPAL CAUSES OF DEATH.

Diseases of the heart and blood vessels remain the principal cause of death, accounting for 48·4 per cent. of all deaths in the Isle of Ely during 1947 when deaths from intracranial vascular disease were included. These conditions occur mainly in the age group 65 years and over, and result from degeneration which appears to be a natural accompaniment to the process of ageing. Measures to control, or modify these diseases have yet to be discovered and treatment is therefore somewhat empirical.

Cancer in its various forms followed as the cause ranking next in importance, and it is possible that we have now reached the stage where diagnosis is so accurate that we are obtaining a true picture of the real incidence of malignant disease. Unfortunately, facilities for treatment are not yet available for every sufferer and there is an urgent need for more hospital beds where patients can be placed in the care of highly skilled medical, nursing and ancillary staffs, and where their treatment is not hampered through lack of suitable equipment. Deaths from cancer also occur mainly in the highest age group.

The record severity of the weather in the first quarter of the year did not produce any rise in the deaths from respiratory diseases. With regard to deaths attributed to pneumonia, it is interesting to record that, whereas the average annual number of deaths from this cause during the years 1935—38 was slightly over 50, it had fallen to below 40 during the years 1944—47. This reduction is probably the result of advances in treatment which have followed recent therapeutic discoveries.

The deaths among persons aged 65 years or over, amounted to 67 per cent. of the total in 1946, but dropped to 63 per cent. in 1947.

ISLE OF ELY.

The percentage contributions to the total deaths made by the more important groups were as shown below.

	1946		1947
Diseases of heart and circulatory system	33·16	....	36·7
Cancer, all forms	15·93	....	15·72
Intracranial vascular lesions	10·35	....	11·72
Bronchitis, pneumonia and other respiratory diseases	10·85	....	9·34
Violent causes	3·98	....	3·62
Tuberculosis, all forms	2·29	....	2·85

TUBERCULOSIS MORTALITY.

Twenty-six deaths were certified as caused by pulmonary tuberculosis (13 in males and 13 in females) during 1947. This rise is not considered to be in any way significant and it should be pointed out that, while there is a steady downward trend to be observed in the mortality from this disease, a certain amount of annual upward or downward fluctuation is to be expected. It should also be remembered that this disease generally runs a very chronic course, and that the deaths recorded in any given year may occur among cases notified many years before.

The deaths from other forms of this disease numbered four, the same as in the previous year, but this number gives no indication of the incidence of less fatal non-pulmonary tuberculosis, which is disfiguring when it affects the cervical glands, crippling when it affects the bones and joints and tragic when it affects the eyes. I wish to take this opportunity again to stress that a high percentage of such cases were originally infected from impure milk supplies which only wholesale pasteurisation can render safe.

TUBERCULOSIS DEATH RATES.

	Pulmonary	Non-Pulmonary	Total
1926	506	195	701
1927	568	052	620
1928	810	116	926
1929	614	154	768
1930	476	154	630
1931	412	219	631
1932	458	153	611
1933	456	177	633
1934	489	123	612
1935	436	109	545
1936	392	147	538
1937	453	074	527
1938	294	147	441
1939	358	155	513
1940	447	138	584
1941	298	088	386
1942	189	105	295
1943	372	06	432
1944	292	097	39
1945	235	123	357
1946	227	047	275
1947	308	047	355

22. Pneumonia ..	1	1	2	1	3	4	4	5	..	13	10	2	4	1	..	..	2	..	2	..	3	3	3	9	16	19	35
23. Other respiratory diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10
24. Ulcer of Stomach or Duodenum ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7
25. Diarrhoea ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
26. Appendicitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
27. Other Digestive Organs ..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	26
28. Nephritis ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	28
29. *Puerperal Post abort. Sepsis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
30. Other Maternal causes ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
31. Premature Birth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18
32. Congenital Malformation, Birth Injuries, &c. ..	1	1	1	1	2	2	2	3	3	8	8	3	2	..	..	..	2	..	..	..	..	..	..	..	..	..	22
33. Suicide ..	2	..	..	..	..	..	..	..	..	7	3	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	16
34. Road Traffic Accidents ..	..	..	..	..	..	..	..	..	..	4	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
35. Other Violent Causes ..	..	..	..	..	..	..	..	..	..	8	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14
36. All other Causes ..	4	4	8	7	6	7	2	6	2	23	28	6	11	1	3	2	..	..	..	..	..	..	..	..	..	..	82
Special Causes (included in No. 36 above).																											
Small-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Polio-myelitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Polio-encephalitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Deaths of Infants under 1 year {	1	2	1	1	4	8	4	9	8	23	16	4	5	1	..	2	2	2	..	2	1	1	8	8	31	24	55
Legitimate ..	1	2	1	1	6	6	3	8	6	22	14	4	4	1	..	2	2	2	..	2	1	1	8	7	30	21	51
Illegitimate ..	..	..	..	..	..	..	..	..	..	1	2	..	1	..	..	..	..	..	..	..	..	..	..	..	1	3	4
Live Births {	60	60	100	89	147	125	90	75	183	604	532	141	145	37	46	30	33	115	189	323	363	363	363	927	895	1822	
Legitimate ..	59	56	98	85	137	119	86	73	165	567	498	128	137	32	43	29	30	112	129	301	339	339	868	837	1705		
Illegitimate ..	1	4	2	4	10	6	4	2	18	37	34	13	8	5	3	1	3	3	10	22	24	24	59	58	117		
Still-births {	3	2	1	2	1	5	2	5	6	4	13	1	2	2	2	..	..	..	3	2	6	6	19	24	24	43	
Legitimate ..	3	2	1	2	1	5	2	5	4	3	11	1	2	2	2	..	..	..	3	1	6	5	17	22	22	39	
Illegitimate ..	..	..	..	..	..	..	..	..	2	1	2	..	..	..	..	..	..	..	..	..	..	..	1	2	2	4	
RESIDENT POPULATION ..	5204	8714	12920	8422	16340	51600	13470	4730	2310	12340	32850	84450	84450	84450	84450	84450	84450	84450	84450	84450	84450	84450	84450	84450	84450	84450	84450

1916 of 1916 in 1915
 Causes of Death of Daughters of This in the 7th Year of Life

Causes of Death at Different Periods of Life in the Administrative County of Isle of Ely in 1947.

CAUSES OF DEATH.	Sex.	Aggregate of Urban Districts.						Aggregate of Rural Districts.							
		All Ages.			65 & upwards			All Ages.			65 & upwards				
		0—	1—5—	15—45—	0—	1—5—	15—45—	0—	1—5—	15—45—	0—	1—5—	15—45—	65 & upwards	
ALL CAUSES	M.	345	23	3	9	25	74	211	178	8	4	0	11	37	118
	F.	340	16	2	1	22	72	227	186	8	1	1	14	47	115
1. Typhoid & Paratyphoid Fevers	M.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
2. Cerebro-spinal Fever	M.	1	1	..	..	..	..	..	0	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
3. Scarlet Fever	M.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
4. Whooping Cough	M.	1	1	..	..	..	..	..	0	..	1	..	..	..	..
	F.	0	..	..	..	..	..	..	1	..	..	..	..	..	..
5. Diphtheria.. .. .	M.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
6. Tuberculosis of Resp'y System	M.	9	..	..	..	4	4	1	4	..	..	..	3	1	..
	F.	7	..	..	..	5	2	..	6	..	..	..	4	2	..
7. Other forms of Tuberculosis ..	M.	2	..	..	2	..	..	..	0	..	..	..	..	..	..
	F.	1	1	..	..	..	..	..	1	..	..	..	..	1	..
8. Syphilitic Disease	M.	2	..	..	..	1	..	1	1	..	..	..	1	..	..
	F.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
9. Influenza	M.	2	..	..	..	..	1	1	0	..	..	..	..	..	..
	F.	2	..	..	..	..	..	1	0	..	..	..	..	..	..
10. Measles	M.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
11. Acute Poliomyelitis and polioenceph.	M.	1	..	..	..	1	..	..	0	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
12. Acute Inf. Encephalitis	M.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
13. Cancer of Buc. Cav. Oesoph. (M), Uterus (F)	M.	4	..	..	..	..	2	2	3	..	..	..	..	1	2
	F.	7	..	..	..	..	4	3	6	..	..	..	..	4	2
14. Cancer of Stom'ch & Duodenum	M.	17	..	..	..	..	7	10	3	..	..	..	..	1	2
	F.	5	..	..	..	..	..	5	5	..	..	..	..	2	3
15. Cancer of Breast	M.	0	..	..	..	..	..	..	0	..	..	..	..	..	..
	F.	10	..	..	..	..	5	5	6	..	..	..	1	8	2

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.

AMBULANCES.

The County Council does not operate its own ambulance service but local needs appeared to be satisfied by the various district arrangements, with the possible exception of Thorney and district.

The Borough of Wisbech and the District Councils of March and Ely each provide an ambulance service; in Chatteris and in Manea the services are provided by Voluntary Committees, and at Whittlesey, Wisbech, Upwell and Littleport, by Divisions of the St. John Ambulance Brigade. There is a lack of uniformity in working arrangements as varying limits to journeys are imposed by certain of the Committees, and the provision of attendants appears to have been made only in the March district where volunteers of the St. John Ambulance Division man the ambulances.

HOSPITAL CAR SERVICE.

This service is operated jointly under the auspices of the British Red Cross Society, the St. John Ambulance Brigade and the Women's Voluntary Services with headquarters in Cambridge. There are local organisers situated in Ely and Wisbech, and in these districts the number of volunteer drivers appear to be adequate for the needs, but it was found difficult to cover the other districts in the county. The rise in the rate of remuneration did not lead to any immediate increase in the number of volunteers and, as this is an exceedingly valuable addition to ambulance transport, it is hoped that the service will be extended in the near future.

DISTRICT AMBULANCES.

	No. of Ambulances	Controlling Authority or Body	Where garaged
Wisbech	Two ...	Joint Committee for Borough of Wisbech, Wisbech and Marshland R.D.C.'s	W. H. Johnson & Sons Ltd., Church Terrace, Wisbech
March	One ...	March U.D.C.	Messrs. Peck & Packer, Dartford Road, March
Ely	One ...	Joint Committee for Ely U.D.C. & R.D.C.	Council's Depot, Barton Road, Ely
Chatteris... ..	One ...	Chatteris Ambulance Committee, Hon. Sec. C. J. Webb, Chatteris.	Messrs. Crawley & Crawley, Chatteris
Manea	One ...	Manea New Ambulance Fund, Hon. Sec., F. J. Rumbelow, 'Claremont,' Station Road, Manea	W. Richardson, "Ashdene," Wisbech Road, Manea
Wisbech	One ...	St. John Ambulance Division, Officer i/c, Mr. S. V. G. Jones, 15, Bedford St., Wisbech	S. C. Sharpe's, Lynn Road Garage, Wisbech
Whittlesey	One ...	St. John Ambulance Division, Officer i/c, Mr. J. Wildbore, 14, Horsegate, Whittlesey	Messrs. Morley's, West End Garage, Whittlesey
Littleport	One ...	St. John Ambulance Division, Officer i/c, Mr. Game, Hempfield Place, Littleport	Private Garage, Hempfield Road, Littleport
Upwell	One ...	St. John Ambulance Division, Officer i/c, Mr. S. Hempson, Three Holes	Lang Horns Lane, Outwell

INFECTIOUS DISEASES AMBULANCES.

	No. of Ambulances	Controlling Authority or Body	Where kept
Wisbech	One ...	Wisbech Joint Isolation Hospital Board	Messrs. Johnson's Garage, Church Terrace, Wisbech
Ely	One ...	Ely Joint Isolation Hospital Board ...	Isolation Hospital, Ely

LABORATORY SERVICE.

The County Council has an agreement with the Emergency Public Health Laboratory Service whereby for the payment of an annual grant the facilities of the nearest laboratory at Tennis Court Road, Cambridge, are placed at the disposal of all doctors in the area.

Increased use was made of this service during 1947, not only by the county medical staff, but also by the general practitioners, and the value of co-ordinated field work was provided on several occasions during outbreaks of infection in maternity homes and in schools.

INSTITUTIONAL TREATMENT.

The provision of hospital treatment for cases of notifiable infectious disease is described later in the report. General hospital treatment is provided in the North Cambs. Hospital, Wisbech and cases from the north-western section of the county tend to be referred to Peterborough and District Memorial Hospital, while cases from the southern half of the county gravitate towards Addenbrooke's Hospital, Cambridge. In addition, an ever increasing number of cases are being dealt with in the recently set-up county general hospital at Doddington.

COUNTY HOSPITAL, DODDINGTON.

Resident Staff.

Surgeon Superintendent	A. Conway, M.B., Ch.B., F.R.C.S. (Ed.).
Resident Medical Officer	S. Silberman, M.D.

Visiting Staff.

Consultant Physician	L. B. Cole, M.A., M.D., F.R.C.P. (Lond.), M.R.C.S. (Eng.).
Consulting Surgeon	J. Lewin, M.B., B.S., F.R.C.S. (Eng.).
Diseases of Women	O. Lloyd, M.D., F.R.C.S. (Eng.).
Diseases of the Ear, Nose and Throat	A. S. H. Walford, M.A., M.B., Ch.B., F.R.C.S. (Eng.).
ditto	K. F. Wilsdon, M.A., B.M., B.Ch., F.R.C.S. (Ed.).
Radiologist	F. R. Berridge, M.B., B.Chir., D.M.R.

The output of work carried out at this Hospital showed a rapid increase in all departments under the able administration of Mr. Alan Conway who continued in his post as Surgeon Superintendent. There were no changes in the panel of visiting consultants, but Mr. Wilsdon's name was added as a surgeon for diseases of the nose, ear and throat. Towards the end of the year it was found possible to enter into arrangements with a pathologist attached to Addenbrooke's Hospital, Cambridge, for the examination of specimens transferred there in the hospital car. There was a continued shortage of nursing staff and it was hoped to relieve the difficult situation by setting up an affiliated training school, but the preliminary negotiations became very protracted and it was not found practicable to carry into effect before the end of the year the minimal structural alterations which had been recommended by the General Nursing Council.

A new physiotherapy department was opened early in the year and a part-time physiotherapist was installed, but the call on her services soon became so great that a full-time appointment was made in the autumn. Structural improvements were carried on and additional equipment was acquired, notably new X-ray plant and labour saving devices in the kitchens.

In order to satisfy a clearly defined need, it was decided to open up facilities for the treatment of private patients. A scheme was approved and arrangements were made to allocate three small first floor wards containing a total of 12 beds for this purpose.

The following statistics will show some details of the actual work carried out during 1947 :—

Admissions and Discharges	....	....	....	....	1289
Deaths	....	....	....	....	60
Transfers	....	....	....	....	58
Number of operations	....	....	....	....	922
Out-patient attendances	....	....	....	....	4442
Number of cases examined in X-ray department	....	....	....	....	3298

MENTAL DEFICIENCY ACTS, 1913—1938.

On the 1st January, 1948, there were known to be 220 persons in the Isle suffering from some form of mental defect.

There were 103 males and 117 females, of whom 35 and 53 respectively were in institutions.

Of the remainder, 59 (27 males and 32 females) were under statutory supervision and 68 (40 males and 28 females) were under voluntary supervision.

TABLE.

	MALES						FEMALES										
	Institution		Guardian-ship		At Home		On Licence		Institution		Guardian-ship		At Home		On Licence		
	under 16	over 16	under 16	over 16	under 16	over 16	under 16	over 16	under 16	over 16	under 16	over 16	under 16	over 16	under 16	over 16	
Moral Imbeciles	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Imbeciles	2	15	—	3	18	—	—	—	—	20	1	4	12	—	—	—	—
Idiots	—	2	—	1	—	—	—	—	—	2	—	—	4	—	—	—	—
Feeble-minded	1	14	—	4	42	—	—	—	—	31	—	—	39	—	—	—	4
	3	32		8	60				—	53	1	4	55				4
	35		68		103		53		54		63		117				

The supervision of mental defectives in their own homes is now carried out by the health visitor in each district as there is no longer a special visitor for this work. The health visitors also assist in the matter of ascertainment.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The Ely Public Assistance Institution is approved by the Board of Control for the reception of 10 females.

The Council has an agreement with the Hertfordshire County Council for 11 beds at Cell Barnes Colony.

Other cases are accommodated as and when vacancies can be secured at various institutions.

The provision of these agreements do not remotely cover our needs and the pressure for places has become most acute now that one institution after another is being closed down owing to lack of staff. The situation promises to increase in gravity.

ORTHOPAEDIC TREATMENT.

No change has taken place in the existing arrangements for this service.

Place	Address	Surgeon	Time
Ely	Dispensary, St. Mary's Street	Mr. Weedon Butler	2nd Thursday in each month at 11 a.m.
Wisbech	North Cambs. Hospital	Mr. Weedon Butler	3rd Thursday in each month at 11 a.m.
Peterborough	Memorial Hospital	Mr. Sleggs	2nd Tuesday in each month at 2 p.m.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLIES AND SEWERAGE ACT, 1944.

During the Year the Chairman of the County Health Committee was nominated as the Council's representative to serve on a proposed Joint Water Board.

The Board is composed of the following authorities :—The Borough of Wisbech, Urban Districts of Chatteris, Downham Market and March, and the Rural Districts of Downham, Marshland, North Witchford and Wisbech.

Application for grants under the above Act were received from Whittlesey Urban District Council and the Ely Rural District Council.

The Ministry of Health was unwilling to give approval to the scheme for the extension of water mains in the Wisbech Rural District having regard to the supply of labour and materials involved.

In the Thorney Water Scheme the County Council pressed the local council to consider the provision of local storage.

The Chatteris Urban District Council submitted a scheme for the disposal of sewage in one part of their area, and this was approved by the County Council. The District Council were asked to prepare a scheme to effect improvement in the disposal of sewage from other portions of the town.

HOUSING.

The following particulars have been received from the various urban and rural authorities regarding housing and give the position as at 31st December, 1947.

Chatteris.

(1) *Council Housing.*

(a) *Traditional.*

Developed but House erection not yet begun	54
Houses on approved tender	60
Houses on approved tender	
Work not yet begun	10
Under construction	28
Houses occupied	22

(2) *Private Enterprise.*

Licences issued and Houses under Construction	21
Licences issued and House construction not commenced	3
Houses occupied	29

Ely.

(1) Permanent Housing : 92 houses at St. John's Road Housing Site were under construction.

(2) Temporary Housing : 8 Huts and 14 Flats had been converted and occupied.

(3) Flats : 30 new Flats had been completed and occupied.

(4) Private Enterprise : 4 houses had been built by private enterprise.

March.

Number of Temporary Houses completed during year ended 31st December, 1947	4
Number of Permanent Houses completed	Nil
Number of Houses completed by Private Enterprise	5
Number of War Damaged Houses rebuilt	1
Number of Houses under Contract at 31st December, 1947	68

Site development works were in progress on the Council's Permanent Housing Site which it is estimated will provide for at least 172 houses.

Whittlesey.

Local Authority. (All permanent) year to 31st December, 1947.

Completed	4
Under construction	36
Contracts let but construction not yet commenced	12

Private Enterprise.

Number completed in year to 31st December, 1947	10
Number under construction at 31st December, 1947	3

*Wisbech Borough.**Permanent Housing.*

24 three bedroom traditional type houses had been completed and a further 12 U.T.2 type had been commenced. Tenders had been invited for a further 12 such houses.

Work had commenced upon 50 B.I.S.F. type houses and 4 of these had been completed.

8 Airey type houses had been allocated to Wisbech and tenders had been invited for these. Preliminary site preparation had been completed for all the above houses.

An additional site for the erection of 40 houses was purchased as the layout approved.

Temporary Housing.

A further 26 Tarran type houses were completed and occupied thus completing the site for 45 of these.

Advance site works are complete for an additional 50 aluminium houses, 26 of which are completed, the remaining 24 being complete with the exception of gas services.

Private Enterprise.

Plans were deposited and approved under the Building Byelaws and the Town and Country Planning Acts for :—

- (i) 30 New Dwellings
- (ii) 1 Re-building of War Damaged House.

10 Licences were issued in 1947 in respect of new dwellings and 2 in respect of War Damaged Houses.

10 new dwellings were completed during the year and 6 are still under construction.

*Ely Rural.**Permanent Housing.*

<i>Sites.</i>	No.	Acres
In hand and not under development at 1.1.1947	2	1
Acquired during 1947	3	11·8
	5	12·8
Taken into development during 1947	1	3
	4	9·8
In hand and not under development at 31.12.1947	4	9·8

Under development at 1.1.1947	9
Brought into development during 1947	1
	<hr/>
Development completed during 1947	10
	4
	<hr/>
Under development at 31.12.1947	6
	<hr/> <hr/>

Houses.

Number covered by contracts placed as at 1.1.1947	144
Number covered by contracts placed during 1947	37*
	<hr/>
	181
	<hr/>
Number under construction as at 1.1.1947	130
Number commenced during 1947	51
	<hr/>
	181
	<hr/> <hr/>

	Bungalows		Houses		Total
	Bedrooms one	Bedrooms two	Bedrooms three	Bedrooms four	
Number completed during 1947	10	4	58	1	73*
Number under construction as at 31.12.1947 :					
Stage of Completion %					
76 to 99			26	2	
51 to 75		8	38		
26 to 50		2	10		
To 25		2	19	1	
		<hr/>	<hr/>	<hr/>	
		12	93	3	108
		<hr/>	<hr/>	<hr/>	<hr/>
					181
					<hr/> <hr/>

Number let during 1947 to members of agricultural population 34

* Covers rebuilding of 3 war-destroyed houses.

Temporary Housing.

Conversion of Hutments at former R.A.F. Hospital Annexe, Ely Road, Littleport :

	Type		
	2-bedroom	3-bedroom	4-bedroom
Number of dwellings provided during 1947	2	13	3

Number let to members of agricultural population 12

Conversion of Hutments at Witchford Airfield :

	Type		
	2-bedroom	3-bedroom	4-bedroom
Number of dwellings provided during 1947	30	1	5
Number let to members of agricultural population	11		
Number of dwellings under construction at 31.12.1947	36	4	

*Private Enterprise.**Permanent Housing.*

Number of dwellings licensed as at 1.1.1947 40

Number licensed during 1947 18

—
58

Number of dwellings completed during 1947 32

Number in course of construction at 31.12.1947 22

Number not commenced as at 31.12.1947 4

—
58

North Witchford.

The Council had twenty permanent houses under construction at the end of 1947, and tenders had been invited for a further sixteen permanent houses. Ten prefabricated houses were completed and occupied with five others under construction.

Private enterprise had eleven houses completed, and thirteen others under construction.

Thorney.

(a) Council houses under construction : Ten, eight of which were nearing completion.

(b) Tender accepted for eight Council houses but not commenced.

(c) Private houses : Four permanent houses completed.

(d) No temporary houses were constructed or contemplated.

*Wisbech Rural.**Housing Authorities—Permanent Housing.*

Sites	{	Possession obtained, development or house erection not yet begun	—
		Developed or under development house erection not yet begun	90
New Dwellings	{	Number on tenders approved	158
		Number under construction	110
		Completed	34

Housing under Licence—Permanent Housing.

New Dwellings	{	Total number on Licences issued	35
		Under construction	5
		Completed	29

SCHOOL HYGIENE.

No part of the building programme approved under the Development Plan had been put into execution by the end of the year, and the sanitary conditions in schools remained as described in my last report. Twenty-eight schools are not yet connected up to a piped water supply and the provision of wash-up facilities is somewhat primitive. The prevention of nuisance in the lavatories is also a difficult matter and scarcely to be avoided during hot weather.

The natural lighting in a few of the oldest schools is rather inadequate, but it is anticipated that these will be the first to be replaced by new schools when building actually commences.

The raising of the school leaving age to 15 years on the 1st April, and the increase in the number of entrants to infants departments consequent on the rise in the birth rate during 1942, led to some over-crowding. This is always dangerous in schools as it tends to favour the transmission of acute respiratory and other ailments.

It is almost impossible to give adequate social training or effective instruction in personal hygiene, unless the environment is favourable and psychological value of modern attractive schools should be taken into consideration as well.

Schools concerned	Diphtheria	Scarlet Fever	Whooping cough	Chicken pox	Measles	German measles	Mumps	Total
81								
Cases	34	211	267	1176	204	13	1905
Contacts	3	...	3	19	...	...	25

No schools were closed by or at the instance of the Local Sanitary Authority.

FOOD AND DRUGS ACT, 1938.

REPORT OF THE COUNTY INSPECTOR OF WEIGHTS AND MEASURES FOR 1947.

It is the duty of the County Council as the Food and Drugs Authority for the whole of the administrative county to carry into execution and enforce the provisions of the Act relating to :—

- (a) the composition of food and drugs,
- (b) margarine, margarine-cheese, butter and milk-blended butter.
- (c) prohibition of sale of tuberculous milk or milk from cows suffering from tuberculosis and
- (d) licensing and control of T.T. and Accredited milk producers.

COMPOSITION OF FOOD AND DRUGS.

Samples taken and requiring examination under this heading are sent to the Public Analyst for the County :—Dr. S. Greenburgh, Ph.D., B.Sc., F.R.I.C., Tenison Road, Cambridge.

During the year under review 283 samples of food stuffs were taken and submitted to the Public Analyst, who reported that 15 samples of milk and 1 of vinegar were unsatisfactory. Three of the unsatisfactory milk samples contained added water and 12 were deficient in fat.

Brief details of proceedings in respect of watered milk are as follows :—

1. Milk Retailer selling milk containing 13·2% added water. Convicted and fined £5.
2. Above Milk Retailer obstructing Inspector—Case dismissed.
3. Milk Retailer selling milk containing 2·83% added water. Convicted and fined £5.

MARGARINE, MARGARINE-CHEESE, BUTTER AND MILK-BLENDED BUTTER.

There is one butter factory registered with the County Council. It was inspected during the year and the requirements of the Food and Drugs Act were being complied with.

TUBERCULOUS MILK.

Every endeavour is made to take as many samples as possible under this heading from milk which is sold to the public in a raw state. Samples are submitted to the Medical Research Council, Tennis Court Road, Cambridge. 34 samples were taken and submitted to the laboratory and in no instance was milk reported to be positive for T.B.

LICENSING AND CONTROL OF T.T. AND ACCREDITED MILK PRODUCERS.

19 T.T. and 18 Accredited licences were in force during the year. The figure for T.T. licences is the highest on record for the county and an increase of 7 over the previous year.

Practically every licence holder was sampled four times during the year. In all, 184 samples were taken of which 31 were incorrect. The testing of these samples is undertaken by the Medical Research Council at their Cambridge Laboratory.

REGULATION 55G.

This regulation deals with the testing of pasteurised milk to ascertain that it has been adequately heat-treated and to ensure a reasonable degree of keeping quality on the day following the day of delivery to the consumer. Although not actually in force the Ministry of Food requested that samples be taken as a bonus is being paid to milk dealers for the heat-treatment of milk.

30 samples were taken and submitted to the Medical Research Council's Laboratory for examination. The result showed that in 9 cases the milk had been inadequately heat-treated and in 11 cases the keeping quality was unsatisfactory.

F. W. Crabtree,
County Inspector.

PREVENTION AND CONTROL OF INFECTIOUS DISEASES.

The incidence of notifiable infectious diseases is set out in the adjoining table and it is again satisfactory to note that there was no prevalence of the most fatal types which used to be so common.

Scarlet Fever.

Prevalence of this disease was lower than in 1946, and confined mainly to sporadic outbreaks encountered usually among children of school age. The disease continued to run a very mild clinical course and many cases were nursed at home. When reports of cases were received from head teachers it was the practice to send a school nurse to swab all possible contacts and to carry out daily inspections of the class-mates as long as it appeared desirable. These preventive measures were linked up with field work carried out by the staff of the Public Health Laboratory at Cambridge, and it appears that outbreaks are usually traceable to nasal carriers of haemolytic streptococci. Daily insufflation of sulphonamide snuff has proved effective in dealing with such carriers and in clearing up sources of infection.

Diphtheria.

Only two cases were notified during the year and there was no death.

The arrangements for the prevention of this disease by adequate schemes for immunisation remain as set out in my last report. The county medical staff and certain general practitioners held regular immunising sessions at the Child Welfare Centres respectively attended by them, and in addition specially arranged sessions were held on school premises. The special schemes for the urban and rural districts of Wisbech and the urban district of Whittlesey continued to function and the number of children immunised by their own practitioners continued to increase. Propaganda literature was distributed at clinics and in schools and there was a good response to the "First Birthday Cards" which were sent out to parents of every infant. The number of booster doses given also rose.

Numbers immunised at county clinics during 1947 :—

Under 5 years	.....	689
5—15 years	.....	218
Booster doses	.....	260

Measles.

As was anticipated a sharp rise occurred in the notifications of this disease during 1947, but cases were mild in character and there were no deaths. It is doubtful whether notification serves any useful purpose so long as cases attended by complications could be admitted to Isolation Hospitals for treatment.

Whooping Cough.

The number of notifications during 1947 was 292 as against 64 in 1946 and 101 in 1945, but the impression is growing among general practitioners that prophylactic immunisation tends to reduce the severity of attacks. The mortality was very low as compared with the number of notifications, but how far this is attributable to protective inoculation has yet to be proved as the whooping cough death rate has shown a steady downward trend over the past 100 years. The following figures may be found interesting.

The aggregate quinquennial deaths from whooping cough in the Isle of Ely were as follows :—

1933—37	1938—42	1943—47
31	12	6

Poliomyelitis.

An alarming epidemic of this crippling disease affected many parts of England and Wales during the summer and autumn months and 5 cases, apparently unrelated to each other, were notified during September. There was one death which occurred during the acute stage of the disease. It has been accepted that the carrier rate of the causative virus rises among the general population before and during an epidemic, but no satisfactory control measures have yet been evolved with the possible exception of advice against crowding. The Assistant County Medical Officers assisted in a special investigation by completing exhausting questionnaires into each case and the known contacts.

Institutional Provision.

No change has occurred in the arrangements described in the Annual Report for 1938. Cases of infectious disease in the northern half of the county are admitted to the Wisbech Isolation Hospital and in the southern half to the Ely Isolation Hospital, each managed by a Joint Hospital Board. The Ely Hospital, which was built for the purpose, affords adequate facilities, but the same cannot be said of the Wisbech Hospital which was originally adapted and which nothing short of rebuilding can render satisfactory.

Cases of smallpox occurring in the County can be dealt with under an agreement with the King's Lynn Borough Council.

As a result of the lessened severity of scarlet fever, to the large measure of control over diphtheria and to the almost total disappearance of the enteric group of diseases, there is now much less demand for institutional treatment in fever hospitals, and wholesale revision of existing institutional arrangements appears to be called for.

Scabies Order, 1941.

The local sanitary authorities have arrangements whereby a limited number of cases of scabies can be given treatment at the Wisbech Public Assistance Institution.

This Order ceased to operate on 31st December, 1947.

Infectious Diseases Notified in the Several Districts
for the Year ending 1947.

Disease	URBAN DISTRICTS.						RURAL DISTRICTS.					Combined Total
	Ely	Chatteris	March	Whittlesey	Wisbech	Total Urban Districts	Ely	North Witchford	Thorney	Wisbech	Total Rural Districts	
Small Pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	2	4	2	19	18	45	3	1	1	2	7	52
Diphtheria .. ..	..	1	..	..	..	1	..	1	..	..	1	2
Enteric Fever ..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	19	1	1	22	5	48	14	9	1	3	27	75
Cholera .. .. .	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro Spinal Fever .. .. .	..	1	..	1	..	2	..	2	..	..	2	4
Encephalitis Lethargica .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Typhus Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Relapsing Fever ..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum .. ..	..	..	1	..	2	3	..	..	..	1	1	4
Puerperal Pyrexia ..	..	..	3	1	..	4	..	..	..	..	..	4
Erysipelas .. ..	..	..	9	2	2	13	..	..	1	..	1	14
Tuberculosis												
(a) Pulmonary	8	6	4	6	14	38	12	..	2	4	18	56
(b) Other	5	2	6	7	2	22	5	..	..	2	7	29
Malaria .. .. .	..	..	..	..	..	..	..	..	..	..	..	..
Chicken Pox .. ..	..	..	1	..	..	1	..	..	..	..	..	1
Measles	288	38	288	123	201	938	174	121	103	93	491	1429
Whooping Cough ..	5	..	69	49	66	189	32	31	12	28	103	292
Other Diseases												
(a) Dysentery .. ..	..	..	..	1	..	1	..	..	..	..	..	1
(b) Acute Poliomyelitis .. ..	..	2	2	..	..	4	..	1	..	..	1	5

PUBLIC VACCINATION.

Return respecting the Vaccination of Children whose Births were Registered during the year 1946, and number of Certificates and Statutory Declarations received by Vaccination Officers during the year 1947.

1.	2.		Number of these Births duly entered by 31st January, 1948, in Columns I., II., IV. and V. of the "Vaccination Register" (Birth List Sheets), viz.:					Number of these Births, which, on 31st January, 1948, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of—				12.		13.		
	1867	December, 1946	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	Total number of Certificates of successful Primary Vaccination of children under 14 received during the calendar year 1947.	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer, irrespective of the dates of birth of the children to which they relate, during the calendar year 1947.	
Registration District.			Col. I.	Col. II.	Col. III.	Col. IV.	Col. V.									
			Successfully Vaccinated.	Insusceptible of Vaccination.	Had Small-pox.	Number in respect of whom Statutory Declaration of Conscientious Objection have been received.	Died Unvaccinated.	Postponement by Medical Certificate.	Removal to Districts the Vaccination Officers of which have been duly apprised.	Removal to places unknown or which cannot be reached and cases not having been found.	Number of these Births remaining on 31st Jan., 1948, neither duly entered in the "Vaccination Register" (Cols. 3, 4, 5, 6 and 7 of this Return) nor temporarily accounted for in the "Report Book" (Cols. 8, 9 and 10 of this Return).					
Chatteris	97	27	54	5	..	6	36	52			
Ely	507	166	2	..	..	216	2	50	8	61	196	234		
March	261	44	..	..	..	163	5	2	..	47	62	183	
Whittlesey	161	27	1	..	..	109	6	..	..	18	32	132
Wisbech	841	184	1	..	..	443	15	67	7	124	205	437		
TOTAL.	1867	448	4	985	33	7	119	21	250	531	1038			

Vaccination.

The details regarding the administration of the Vaccination Acts will be found on page 40.

MATERNITY AND CHILD WELFARE.

HEALTH VISITING.

Staff.

The County Nursing Superintendent acts as Inspector of Health Visitors, of whom there are 6 whole-time employed by the County Council and 6 part-time employed by District Nursing Associations. The failure to fill the vacancies on the health visiting staff owing to shortage of qualified nurses, occasioned these part-time appointments. There has been a vacancy for a full-time health visitor in the Ely urban area since 1944, one in the March area since 1945, and a vacancy exists at Chatteris.

Summary of work carried out by Health Visitors.

Notified Live Births 1956. Notified Still Births 35. Total 1991.
Visits to expectant mothers. First visits 43. Total visits 89.
Visits to children under 1 year of age. First visits 1948.

Total visits 6482.

Visits to children between the ages of 1 and 5 years.

Total visits 5742.

Owing to the difficulty in securing full-time Health Visitors, permission was secured to utilise the part-time services of certain district nurse midwives for infant visiting. Nurses selected either possess the Health Visitors Certificate or had previous experience in such work.

The co-operation of the District Nursing Associations concerned was greatly appreciated and the help given by their staff is proving most useful.

CHILD WELFARE CENTRES.

Centre provided and maintained by the County Council—1 (Manea).
Centres provided and maintained by Voluntary Associations—11.

(March, Wisbech, Thorney, Whittlesey, Ely, Littleport, Chatteris, Prickwillow, Coveney, Sutton and Little Downham).

Total number of children under 5 years of age who attended at the Centres during the year and who, at the end of the year were—

Under 1 year of age—523. Over 1 year of age—686.

Three new child welfare centres were opened up during the year in villages near Ely, and, although there was little choice as regards accommodation to be found, arrangements made proved satisfactory and there was an immediate response from the mothers of young children. This extension of existing facilities for welfare work was the result of the keen interest displayed by the district nurse midwives and by members of the local District Nursing Associations, whose continued assistance is much valued.

Area Covered.	Name of Midwife.	Hon. Sec. of District Nursing Association.
Benwick, Doddington, Wimblington.	Nurse H. Henson, High Street, Doddington. Tel.: Doddington 214.	Mrs. S. R. Payne, High Street, Doddington.
Ely, Witcham.	District Nurses' Home, 68, Fieldside, Ely. Tel.: Ely 124.	Miss H. M. Willink, Palace Green Cottage, Ely.
Haddenham and Wilburton.	Nurse S. Barnes, 3, Perry Way, Haddenham. Tel.: Haddenham 330.	Mrs. C. F. Bester, High Street Haddenham.
Little Downham.	Nurse H. Breadhead, School Lane, Little Downham. Tel.: Pymoor 52.	Mrs. R. C. Stockdale, The Tower, Little Downham.
Littleport and Prickwillow.	District Nurses' Home, 33, Hempfield Place, Littleport. Tel.: Littleport 296.	<i>Jt. Hon. Secs.:</i> Miss M. Peake, Hampden House, Littleport. Mrs. M. Goy, Main Street, Littleport.
Leverington and Gorefield.	Nurse Keable, High Road, Gorefield. Tel.: Newton 74.	H. J. Allitt, Esq., Manor Farm, Newton.
Manea and Welches Dam.	Nurse E. E. Holder, Mill House, Station Rd., Manea. Tel.: Manea 223.	Mrs. A. Hazei, School Lane, Manea.
March.	District Nurses' Home, 2, Regent Avenue, March. Tel.: March 3176.	H. Moore, Esq. March.
Stretham and Thetford.	Nurse H. Cook, 11, Ely Road, Stretham. Tel.: Stretham 235.	Mrs. E. E. Stevens, Cambridge Road, Stretham.
Sutton, Mepal.	Nurse E. A. Butcher, 16, School Lane. Tel.: Sutton 214.	Mrs. H. M. Papworth, High Street, Sutton.
Thorney.	Nurse M. Lawford, 7a, Abbey Place, Thorney. Tel.: Thorney 325.	Mrs. Smith, Gothic House, Thorney.
Whittlesey.	Nurses at— 30, Whitmore Street, Whittlesey. Tel.: Whittlesey 3181.	Miss Norris, 35, Broad Street, Whittlesey.
Wisbech.	District Nurses' Home, 42, Norwich Road, Wisbech. Tel.: 687.	Mrs. Barrett, 13, Tavistock Road, Wisbech.

COUNTY COUNCIL MIDWIVES.

Area Covered.	Name of Midwife.
Chatteris.	Nurse F. Millar, Guisborough House, London Road, Chatteris. Tel.: Chatteris 144.
Fridaybridge.	Nurse J. B. D. Benson, Heathfield, Fridaybridge. Tel.: Fridaybridge 246.
Parson Drove, Wisbech St. Mary.	Nurse A. L. Guiver, "Pitsdale," Leverington Common, Nr. Wisbech. Tel.: Wisbech St. Mary 44.
Gorefield.	County Nursing Association Relief Nurse Seconded to County Council.

COUNTY MATERNITY SERVICES.

ANTE-NATAL AND POST-NATAL SERVICES.

The ante-natal scheme introduced in 1937 to provide for ante-natal and post-natal examinations has continued in operation.

The county ante-natal clinic was transferred at the end of the year from the County Maternity Home to Park Hall, Ruby Street, Wisbech, where it is held on Tuesday mornings; in the future the weekly post-natal clinic will be held there on Thursday afternoons. Mr. W. H. Carlisle, F.R.C.S., D.R.C.O.G., is in attendance.

	Ante-natal	Post-natal
Number of clinics provided and maintained by the Council	1	1
Number of clinics provided and maintained by the Voluntary Associations	1	1
Total number of women who attended at the clinics during the year	573	76
Total number of expectant mothers ante-natally examined and of cases post-natally examined during the year under arrangements made by the Council with private Medical Practitioners	453	82

Domiciliary Midwives.

The Scheme formulated under the Midwives' Act, 1936, whereby the bulk of the domiciliary midwifery and maternity nursing in the area is carried out by the District Nursing Associations has functioned very satisfactorily but to completely cover the needs of the area it was found necessary to appoint whole-time County Midwives in three districts which were not covered for midwifery by Voluntary Associations.

There are 13 District Nursing Associations and they employ thirteen Queen's Nurse Midwives, eight district nurse midwives, one village midwife, one general trained nurse and two assistant nurses. The Associations provide thirteen cars, two auto-cycles and six cycles, whilst two cars are privately owned.

The filling of casual vacancies has been rendered very difficult by the extreme shortage of midwives and it has been found impossible to appoint a County Relief Midwife. It has therefore been essential to arrange a system of mutual relief in the districts and this has been greatly facilitated by the formation of the County Nursing Association in 1942, and the appointment of the County Nursing Superintendent.

Supervision of Midwives.

This is carried out by the County Nursing Superintendent who acts as Non-Medical Supervisor. The total number of midwives practising at the end of the year was as follows :—

	Domiciliary Midwives	Midwives in Institutions	Totals
Employed by the Local Supervising Authority	3	6	9
Under arrangements made with the Local Supervising Authority in pursuance of Section 1 of the Midwives Act, 1936	21	—	21
In Private Practice	—	3	3
	24	9	33

Number of Cases attended during the year by Midwives.

	Domiciliary Cases	Cases in Institutions	Totals
Employed by the Council			
—as Midwives	97	627	724
as Maternity Nurses ...	102	21	123
Employed by Voluntary Assocs.			
—as Midwives	430	65	495
as Maternity Nurses ...	338	84	522
In private practice			
—as Midwives	—	3	3
as Maternity Nurses ...	—	214	214
TOTAL—as Midwives	527	695	1222
as Maternity Nurses ...	440	319	759

Medical aid was summoned in 301 cases, of which 190 were domiciliary and 111 occurred in institutions. Nineteen midwives in practice in the area are qualified to administer analgesics in accordance with the requirements of the Central Midwives' Board. 13 Gas and Air Analgesia machines are in use in the County.

*Institutional Midwifery.**(a) County Maternity Home, Wisbech.*

Shortage of midwives continued to be the most pressing problem during 1947, and was so acute during the autumn months that the admission of out-county cases had to be temporarily restricted. The position had become slightly easier at the end of the year, and in spite of difficulties, the output of work created a record for the Home. The Matron resigned and left in October and the senior staff sister was appointed Acting Matron in her place.

During the year a scheme for utilising the services of part-time nurses was adopted and conditions of service and scales of pay drawn up and approved. A definite response ensued and helped to ease the staff shortage.

Several further improvements were carried out on this old building with benefit to patients and staff alike. Electric fans were installed wherever natural ventilation was inadequate in hot weather, that is, in the first floor wards, labour ward and in the kitchen. The installation of the electric food lift was completed towards the end of the year and eased the work of the domestic and nursing staff considerably. Complete refurnishing of the staff quarters was approved and partially completed by the end of the year.

The Acting Matron has kindly supplied the following analysis of cases which will give some indication of the extent to which complicated as well as normal cases are dealt with. In those cases where caesarean section was indicated, patients were transferred to the North Cambs. Hospital, Wisbech, for the actual operation and brought back to the County Maternity Home to be nursed as soon as was considered safe.

Statistics for 1947.

Number of cases delivered	....	....	....	....	....	334
Number of live births	....	....	....	....	....	326
Number of still births	....	....	....	....	....	8
Babies born before admission	....	....	....	....	....	9
Total cases nursed	....	....	....	....	....	354
Twins	....	....	....	....	....	4
Neo-natal deaths	....	....	....	....	....	10
Maternal deaths	....	....	....	....	....	1

Analysis of Cases.

Forcep deliveries	....	....	....	....	....	9
Breech deliveries	....	....	....	....	....	17
Placenta Praevia	....	....	....	....	....	1
Toxaemia	....	....	....	....	....	21
Pyelitis	....	....	....	....	....	1
Medical aid summoned for :—						
Puerperal Pyrexia	....	....	....	....	....	8
Ophthalmia	....	....	....	....	....	5
Patients sent to other hospitals	....	....	....	....	....	3
Manual removal of placenta	....	....	....	....	....	1
Transfusions given	....	....	....	....	....	6
Post-partum haemorrhage	....	....	....	....	....	1
Mitral stenosis	....	....	....	....	....	3
Acute mastitis	....	....	....	....	....	1
Congenital abnormality	....	....	....	....	....	2
Thrombosed veins	....	....	....	....	....	1

Total Attendances.

Ante-natal clinics	....	....	....	....	....	1793
Post-natal clinics	....	....	....	....	....	50

The number of cases admitted from the Isle of Ely was 207, from Holland 44, from Norfolk 22, and in addition 81 evacuee expectant mothers from London were admitted from the hostel, which was operated by the County Council on behalf of the Ministry of Health.

(b) *Bowthorpe Hall, Wisbech.*

During the year work continued on preparing specifications etc., in connection with the adaptation and new construction work at the proposed maternity home.

(c) *Grange Emergency Maternity Home, Ely.*

The demand for beds in this Home from local residents continued to increase and as evacuee expectant mothers continued to be sent down from London throughout the year, the output of work was greater than in any preceding year. The number of cases admitted rose to 316 of which 175 were evacuees and 141 were local of whom 117 resided in the Isle of Ely and 24 in adjoining districts of other counties.

Staffing difficulties were not so pronounced as at the County Maternity Home, Wisbech, thanks largely to the popularity of the new matron and also to the very pleasant surroundings provided there.

(d) *March Maternity Home.*

This home has been run for many years under the auspices of the March District Nursing Association to whom a small annual grant has hitherto been paid in return partly to cover the facilities provided for the holding of weekly Ante-natal and Post-natal clinics and partly to cover the accommodation offered there which helps to cover the need for beds in the area.

During 1947 the number of beds in the home was extended from 6 to 10 and a grant of considerable size was made to help to cover the costs.

(e) *Hospital provision for complicated cases.*

In addition to the provision made at the County Maternity Home, Wisbech, there were also arrangements for sending complicated cases to Addenbrooke's Hospital, Cambridge, and to the West Norfolk and King's Lynn Hospital. During the year an arrangement was also entered into whereby cases from the Ely district could be referred to White Lodge Hospital, Newmarket.

During the year 62 cases were sent into Addenbrooke's Hospital, Cambridge, 4 to County Hospital, Cambridge, and 1 to West Norfolk and King's Lynn Hospital, under the County Maternity Scheme.

(f) *Registration of Nursing Homes.*

At the end of the year six private maternity homes with a total of 22 maternity beds remained on the register. The number of births which took place being 217.

(g) Priority Dockets for the purchase of Sheets.

The Board of Trade scheme for the issue of priority dockets has continued during the year. 647 expectant mothers applied for dockets and 1294 dockets were issued.

OBSTETRIC CONSULTANT SERVICES.

The services of the following consultants are available to general practitioners in connection with complicated cases occurring in domiciliary practice :—

W. H. Carlisle, M.B., Ch.B., F.R.C.S.(Ed.), D.R.C.O.G.

J. O. Harrison, M.A., M.B., B.Ch., F.R.C.S.(Eng.).

O. Lloyd, M.D., F.R.C.S.(Eng.).

OPHTHALMIA NEONATORUM.

Four cases were notified during the year and recovered with home treatment.

PUERPERAL PRYEXIA.

Four cases occurred; three in domiciliary midwifery and one in institutions. One case was admitted to hospital for treatment.

DENTAL TREATMENT OF EXPECTANT MOTHERS.

During the year 71 offers of treatment were made under the Authority's Scheme and were accepted by 10 mothers.

HOME HELPS.

It was not found possible to launch the scheme approved by the Council in 1945, owing to continued difficulties in recruiting suitable types of helpers, the reasons for which were discussed in my last report.

CARE OF ILLEGITIMATE CHILDREN : CIRCULAR 2866.

The services of the Social Welfare Workers of the Ely Diocesan Association for Moral Welfare and the Wisbech and District Society for Social Services have continued to be used in connection with the ascertainment and visiting of expectant unmarried mothers and of unmarried mothers and their children. 42 cases were visited in the Ely area and 24 in the Wisbech area. Advice and help was offered in each case and vacancies were found in homes or hostels for 11 persons, whilst others made their own arrangements regarding confinement and aftercare of the child. During the year the County Council assumed responsibility, subject to the means of the person being investigated, for the maintenance at homes and hostels for an extended period after the confinement,

CARE OF PREMATURE INFANTS.

Two sets of equipment were ordered for use in the care of premature infants in the district or at the County Maternity Home.

In view of the difficulty in obtaining, and using special equipment on the district, a number of premature infants were transferred from their homes into the North Cambs. Hospital or the County Maternity Home at Wisbech, during the year.

CHILD LIFE PROTECTION.

The statutory inspection of foster mothers continues to be carried out by the Health Visitors. Nineteen foster mothers were inspected during the year and the total number of children boarded out at the end of the year was 21.

ADOPTION OF CHILDREN (REGULATIONS) ACT, 1939.

During 1947, nine homes were visited under the above Regulations.

TUBERCULOSIS.

The arrangement whereby one of the senior medical officers of Papworth Village Settlement visits the Isle to carry out the clinical tuberculosis work was continued during 1947. Dr. R. B. Murphy, who succeeded Dr. Wollaston in 1945, conducted the diagnostic clinic and the dispensary service.

Ascertainment.

The weekly Diagnostic Clinic which was inaugurated at the County Hospital in 1944 was even more successful than in the previous year and the number of cases referred, showed a remarkable rise.

Dispensaries.

County Clinic, County Hall, March—every Wednesday afternoon.

County Clinic, Lynn Road, Wisbech—

alternate Thursday mornings.

County Clinic, Downham Road, Ely—

alternate Thursday afternoons.

Institutional Treatment.

Under an agreement with the Committee of Creton Sanatorium, three beds are reserved for male, and six for female cases, requiring sanatorium treatment. This reservation, which was the utmost that could be secured, is not adequate for the needs for sanatorium beds and the difficulty of obtaining vacancies elsewhere for early cases increased as the year wore on largely due to the shortage of nursing staff in Papworth and similar institutions.

With regard to advanced or chronic cases, the difficulty of disposal was often insurmountable and many cases had to remain in their homes where it was impossible to arrange adequate isolation and satisfactory nursing care. Although the total number of such cases is not large, the fact that they can disseminate infection remains a very pressing problem.

Report of Clinical Tuberculosis Officer.

"I have the honour to present the following report on the work of the Tuberculosis Officer for the year 1947.

At the Diagnostic Clinic held at the County Hospital, Doddington on Wednesday mornings, 358 new cases were seen and an opinion given to the patient's doctor. Of these, 28 cases were diagnosed as tuberculous.

During the year 35 patients were recommended for sanatorium treatment, and at the end of the year 27 patients had been admitted to the following sanatoria :—

Papworth	11	Manfield	4
Creton	9	Preston Hall	1
		R.S.B. Hospital, Margate	2.

Fifty-three notifications have been received during the year, 39 of which were pulmonary and 14 non-pulmonary. This number includes those cases of service personnel notified direct by the Ministry of Health.

A total number of 523 attendances were made at the Dispensaries during the year. In addition, 316 artificial pneumothorax re-fills have been carried out and 4 domiciliary visits paid to patients who were unable to attend the dispensaries.

At the end of the year there were 268 patients on the Tuberculosis Register, 151 pulmonary and 117 non-pulmonary.

MEMORANDUM 266/T.

Twenty-five cases of early pulmonary tuberculosis received an allowance under the Scheme during 1947.

DETAILS OF CASES SEEN AT THE DIAGNOSTIC CLINIC, DODDINGTON.

Total number of cases seen at Doddington, including routines	864
Number of X-rays taken	796
Number of new cases examined	358
Number of cases diagnosed as tuberculous	28

R. B. Murphy,

Clinical Tuberculosis Officer."

TUBERCULOSIS.

Details of the Notifications received during the year 1947 under the Public Health
(Tuberculosis) Regulations, 1912. Previous years also given for comparison.

Details of Notifications	NOTIFICATIONS ON FORM A.											Total Primary Notifications	Total Notifications on Form A.
	Number of Primary Notifications												
	Age Periods												
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and upwards		
Pulmonary: Males in 1931	2	..	3	6	3	5	3	2	..	24	25
" " in 1932	1	1	..	3	7	7	1	1	..	21	21
" " in 1933	1	2	..	2	6	3	2	..	1	17	17
" " in 1934	..	1	1	1	3	6	5	7	1	3	1	29	29
" " in 1935	1	4	2	9	6	6	2	..	30	30
" " in 1936	1	1	4	4	11	12	6	4	..	43	43
" " in 1937	1	..	1	5	5	7	1	3	1	24	24
" " in 1938	..	1	..	..	2	3	7	7	1	2	1	24	25
" " in 1944	1	1	2	5	6	7	1	..	2	25	25
" " in 1945	..	1	..	..	1	2	8	4	3	5	..	24	25
" " in 1946	1	..	3	3	11	1	2	3	2	26	26
" " in 1947	1	..	1	3	7	2	4	1	1	21	21
Females in 1931	6	6	6	5	3	2	1	29	29
" " in 1932	1	1	1	6	..	4	2	..	..	15	15
" " in 1933	..	1	2	1	2	7	4	3	2	1	..	23	23
" " in 1934	2	3	5	3	3	5	..	1	22	22
" " in 1935	2	3	3	4	1	2	2	17	17
" " in 1936	1	2	2	5	11	8	5	1	..	35	35
" " in 1937	1	4	..	4	5	4	1	3	22	23
" " in 1938	5	3	3	..	1	1	13	13
" " in 1944	1	1	1	6	6	1	1	..	17	17
" " in 1945	1	..	4	7	4	4	..	1	..	21	21
" " in 1946	1	..	7	7	10	1	..	3	1	30	30
" " in 1947	2	..	2	1	1	1	..	7	7
Non-Pulmonary: Males in 1931	..	4	4	4	1	2	3	1	..	..	..	19	19
" " in 1932	..	2	1	2	3	2	1	1	..	..	..	12	12
" " in 1933	2	2	7	5	..	2	1	..	1	..	1	21	21
" " in 1934	2	3	8	7	2	1	2	..	..	1	..	26	26
" " in 1935	..	2	6	2	..	2	1	4	1	1	..	19	19
" " in 1936	..	2	8	5	..	3	2	1	2	1	..	24	24
" " in 1937	..	4	5	5	2	..	2	1	..	..	1	20	20
" " in 1938	..	6	6	2	3	1	2	1	..	..	..	21	21
" " in 1944	..	2	5	3	2	..	..	..	1	..	..	13	13
" " in 1945	..	3	3	3	2	1	..	1	..	..	..	13	13
" " in 1946	..	2	8	4	..	3	1	..	..	..	..	18	18
" " in 1947	..	1	..	3	2	..	3	1	..	..	..	10	10
Females in 1931	..	1	5	3	..	1	..	1	1	..	..	12	12
" " in 1932	1	1	5	3	..	3	1	..	..	14	14
" " in 1933	..	1	2	2	..	1	3	..	1	2	..	12	12
" " in 1934	1	3	5	..	..	4	2	..	1	..	1	17	17
" " in 1935	..	2	4	1	..	3	3	..	..	..	..	13	13
" " in 1936	..	5	6	1	8	3	2	..	..	1	1	27	27
" " in 1937	..	3	4	2	4	3	..	2	..	..	..	18	19
" " in 1938	..	4	7	3	1	1	3	1	1	..	..	21	22
" " in 1944	..	1	10	4	..	..	1	1	1	..	..	18	18
" " in 1945	1	2	5	3	3	1	1	1	..	1	1	19	19
" " in 1946	4	2	..	3	1	1	..	..	..	11	11
" " in 1947	1	1	1	..	1	..	..	..	..	4	4

VENEREAL DISEASES.

The following table shows the details of Isle of Ely cases treated for venereal disease during 1947 at the clinics at Cambridge, King's Lynn and Peterborough.

Year	Total Cases attending for Consultation	Cases of				Total Out-Patient Attendances
		Syphilis	Soft Chancre	Gonorrhoea	Non-venereal Conditions	
1919	35	12	..	16	7	..
1920	48	26	..	16	6	416
1921	41	17	..	23	1	341
1922	26	7	..	10	9	265
1923	29	10	1	16	2	288
1924	19	9	..	7	3	280
1925	40	12	..	21	7	293
1926	12	3	..	8	1	278
1927	21	4	..	14	3	244
1928	47	20	1	21	5	564
1929	56	15	..	32	9	827
1930	53	13	1	31	8	603
1931	40	7	..	30	3	797
1932	52	11	1	31	9	629
1933	71	17	1	29	24	843
1934	84	22	..	34	28	1475
1935	102	28	1	45	28	2770
1936	83	10	..	37	36	1502
1937	58	16	..	25	17	1280
1944	90	15	..	16	59	1278
1945	82	8	..	13	61	988
1946	120	20	..	17	83	1366
1947	78	14	..	21	43	1208

Of the total cases attending the clinic at Cambridge (including cases from areas other than the Isle of Ely) 13% ceased treatment before their cure was completed.

Of those attending at Peterborough (again including cases from areas other than the Isle of Ely) 9% ceased treatment before their cure was completed.

Of those attending at King's Lynn (again including cases from areas other than the Isle of Ely) 5% ceased attendance before completion of treatment.

Regulation 33b.

During the year notification of 2 cases was received on Form 1 in accordance with Regulation 33b.

No efforts were made outside the scope of the Regulation to follow up any of these cases.

This Regulation expired on 31st December, 1947.

WELFARE OF THE BLIND.

The functions of the County Council continued to be carried out in a highly satisfactory manner under agency arrangements with the Isle of Ely Society for the Blind. A full-time Secretary and Home Worker are employed, and registration of new cases is undertaken by ophthalmologists who pay domiciliary visits when this is necessary.

Attempts are always made to secure vacancies in special homes for pre-school children suffering from blindness, and one young child was placed in the Sunshine Home, Northampton, during 1947. Children of school age are admitted to the Eastern Counties School for Blind and Deaf Children, Gorleston, and further training is arranged, wherever possible, for young persons and adults. One blind person is now being trained at the Royal Midland Institution for the Blind, Nottingham.

The Home Worker paid 1808 domiciliary visits to registered blind persons in the Isle during the year, and under the Home Workers Scheme, six blind persons received augmentation of their wages. An opportunity was granted for her to attend the annual refresher course arranged by the Southern Regional Association for the Blind.

There are 105 unemployable blind persons on the register, of whom three are deaf blind, and 52 receive domiciliary assistance in accordance with the County Council regulations.

Emphasis is laid on preventive work and there are 21 names on the observation register, which includes mainly elderly persons.

Cases of congenital blindness are referred to the Southern Regional Association for the Blind who arrange home investigations and follow-up of the other members of the family.

The Secretary has submitted the following report on the work carried out during the year and a description of the Holiday Home at Hunstanton :—

ISLE OF ELY SOCIETY FOR THE BLIND.

ANNUAL REPORT FOR YEAR ENDED 31ST DECEMBER, 1947.

There were 138 names on the register on the 31st December, 1947. During the year 11 new cases of blindness were registered, there were 11 deaths and 3 cases were de-certified, following successful operations for cataract.

The trainee at the Royal Midland Institution for the Blind continued to learn basket making and the brush maker continued to be employed at the Norwich Institution for the Blind. About 24 persons were engaged in suitable occupations, as pastime or Home Workers; in wool rug making, basket making, chair caning, stool seating, hand and machine knitting. The Braille and Moon readers were provided with weekly papers and monthly magazines by the Society, in addition to their library books.

Over £1,600 was collected during the year for our voluntary fund. A house, facing the sea, at Hunstanton was purchased, redecorated, furnished and equipped for holidays for the blind. The first visitors were admitted on the 23rd June, 1947. Blind persons resident in the Isle of Ely were given preference and when there were vacancies blind persons and their guides from other areas were admitted. Since the hostel opened until the 31st December, 1947, one hundred persons spent a happy holiday at the Hostel. Blind persons from this County were admitted free of charge for a fortnight and fares to Hunstanton were paid. Their guides were charged one guinea each per week. Blind persons and guides from other areas were charged two guineas each per week. The Hostel remained open during the winter months and blind persons from the Isle of Ely who had not

spent a holiday there could then do so, and for one guinea per week—guides two guineas per week—they could spend an indefinite period at the Hostel during the winter. The fee for persons from other areas remained at two guineas each per week.

The Social Class was held on the first Monday of each month at Wisbech, and proved to be very successful. Some pastime occupations were attempted and card games, dominoes and refreshments were very much enjoyed.

Parties of blind persons and their guides were taken to pantomimes at Peterborough and Ely early in the year.

EXTRACTS FROM THE DISTRICT REPORTS.

I.—URBAN.

CHATTERIS URBAN DISTRICT.

Area, 13,719 acres.

1947 Statistics :—Birth Rate, 23·06. Death Rate, 14·4.
Infantile Mortality, 25·0. Illegitimacy Rate, 41·6.

Estimated mid-year (1947) population—5,204.

ELY URBAN DISTRICT.

Area, 14,764 acres.

1947 Statistics :—Birth Rate, 21·68. Death Rate, 14·0.
Infantile Mortality, 10·58. Illegitimacy Rate, 31·75.

Estimated mid-year (1947) population—8,714.

MARCH URBAN DISTRICT.

Area, 19,777 acres.

1947 Statistics :—Birth Rate, 25·05. Death Rate, 10·22.
Infantile Mortality, 36·76. Illegitimacy Rate, 58·82.

Estimated mid-year (1947) population—12,920.

WHITTLESEY URBAN DISTRICT.

Area, 23,362 acres.

1947 Statistics :—Birth Rate, 19·59. Death Rate, 13·18.
Infantile Mortality, 42·42. Illegitimacy Rate, 36·36.

Estimated mid-year (1947) population—8,422.

WISBECH MUNICIPAL BOROUGH.

Area, 4,666 acres.

1947 Statistics :—Birth Rate, 23·87. Death Rate, 14·99.
 Infantile Mortality, 43·59. Illegitimacy Rate, 97·44.

Estimated mid-year (1947) population—16,340.

II.—RURAL.

ELY RURAL DISTRICT.

Area, 65,999 acres.

1947 Statistics :—Birth Rate, 21·23. Death Rate, 12·77.
 Infantile Mortality, 31·47. Illegitimacy Rate, 73·43.

Estimated mid-year (1947) population—13,470.

NORTH WITCHFORD RURAL DISTRICT.

Area, 26,088 acres.

1947 Statistics :—Birth Rate, 17·55. Death Rate, 10·36.
 Infantile Mortality, 12·05. Illegitimacy Rate, 96·39.

Estimated mid-year (1947) population—4,730.

THORNEY RURAL DISTRICT.

Area, 21,796 acres.

1947 Statistics :—Birth Rate, 27·27. Death Rate, 10·39.
 Infantile Mortality, 63·49. Illegitimacy Rate, 63·49.

Estimated mid-year (1947) population—2,310.

WISBECH RURAL DISTRICT.

Area, 49,798 acres.

1947 Statistics :—Birth Rate, 20·58. Death Rate, 9·6.
 Infantile Mortality, 7·87. Illegitimacy Rate, 51·18.

Estimated mid-year (1947) population—12,340.

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Approved by the Ministry of Health, 20th June, 1936

Administrative County of the Isle of Ely.

Proposals

for the establishment of a service

for the

Care of Mothers and Young Children

under Section 22 of the

National Health Service Act, 1946.

Approved by the Ministry of Health, 8th June, 1948.

PART I.

General Statistical Data.

1. Total mid-1946 population of the Authority's area....	84,340
2. Total mid-1946 number of children under 5 in the Authority's area	6,818
3. Number of registered live births in the Authority's area, legitimate and illegitimate :—(a) 1945	1,464
(b) 1946	1,586

Existing Service.

A. ANTE-NATAL CLINICS :

(i) Number of clinic premises	3
(ii) Number of Expectant Mothers who attended in 1946....	611
(iii) Number of sessions held weekly	4

(Wisbech 2, March 1, Ely 1)

B. POST NATAL CLINICS :

(i) Number of Clinics	1
(ii) Number of sessions held weekly	1

C. ARRANGEMENTS MADE WITH GENERAL PRACTITIONERS :

(i) Number of women ante-natally examined	545
(ii) Number of women post-natally examined	43

D. CHILD WELFARE CLINICS :

(i) Number of Clinics	11
(ii) Number of sessions held weekly	6

In addition there are 2 fortnightly sessions, and 3 monthly sessions.

E. DAY NURSERIES

F. RESIDENTIAL NURSERIES PROVIDED UNDER MATERNITY AND CHILD WELFARE POWERS

} NIL

G. MOTHER AND BABY HOMES :

H. DENTAL TREATMENT GIVEN IN 1946 :

(i) To expectant and nursing mothers	15
(ii) To children under five	8
Radiographs	Nil
Conservative Treatment	Nil
Supply of dentures	30

PART II.

Service which it is proposed to operate on the Appointed Day.

A. GENERAL ARRANGEMENTS.

(1) ADMINISTRATIVE ARRANGEMENTS.

(a) **Central Administration.**

The County Medical Officer will be responsible for administration of the Service for the Care of Mothers and Young Children; with the assistance of an Administrative Officer and full-time services of one clerk.

The County Nursing Superintendent will be responsible for all advisory work in connection with clinics and supervisory work among midwives and health visitors with the assistance of one part-time clerk.

Subject to the approval of the local Education Authority, the Senior Dental Surgeon will be designated County Senior Dental Officer, and will be responsible for the operation of the dental service with the assistance, part-time, of one clerk.

(b) **Staffing Arrangements.**

General practitioner obstetricians will attend the proposed ante-natal and post-natal clinics and as part of the service provided under Part IV of the Act will also examine expectant mothers in their homes, when necessary.

The Assistant County Medical Officers will attend all infant Welfare Centres, twice weekly at Wisbech, weekly at March, fortnightly at Ely, Littleport, Chatteris, Little Downham, and Whittlesey and monthly at Prickwillow, Coveney, Sutton, Manea, Doddington and Thorney.

The attendance of general practitioners at certain ante-natal and post-natal clinics and Infant Welfare Centres will be continued where necessary.

Subject to the approval of the Local Education Authority, the Senior Dental Surgeon and possibly three Assistants will each give part-time service to the operation of the dental scheme.

The County Council midwives and district nurse midwives will be attached to the nearest ante-natal and post-natal clinics and will assist the doctors in attendance. The midwives will continue to carry out ante-natal supervision in the home.

All the full-time health visitors and certain part-time district nurse midwives will be attached to the infant welfare centres and will be responsible for advisory work among the mothers and children; clerical work at these clinics might be carried out by members of the Voluntary Committees.

(c) Clinic Facilities.

(i) It is proposed to hire premises for the additional ante-natal and post-natal clinics and to provide the necessary equipment which will include couches, screens, sterilising apparatus and other nursing requisites. It might also include a portable X-ray outfit if this were not provided by the Regional Hospital Board as part of a specialist's equipment. The clinic at Wisbech is already equipped.

(ii) It is proposed that the facilities for holding twelve of the thirteen infant welfare centres shall continue to be secured through voluntary organisations subject to payment of grants by the Local Health Authority. The remaining centre at Manea, will be operated directly by the Local Health Authority.

(2) JOINT ARRANGEMENTS.

Joint arrangements will be made with other Local Health Authorities if the need arises.

(3) ARRANGEMENTS WITH VOLUNTARY ORGANISATIONS.

These include arrangements, proposed under Section 24, with the County Nursing Association for the part-time services of certain district nurse midwives to carry out health visiting duties, and arrangements for provision of infant welfare centres by Voluntary Committees. The Authority will take such steps as may be necessary to ensure that the service provided by the Voluntary Committees will at all times be maintained at a satisfactory standard.

(4) LIAISON WITH OTHER BODIES.

It is proposed in conjunction with the Regional Hospital Board and the Executive Council to secure proper co-ordination between the Council's arrangements for the care of mothers and young children and the hospital, specialist and general medical services.

In particular, approach will be made to the Regional Hospital Board, Eastern Region, for the following purposes :—

- (a) Provision of consultant obstetricians to attend the proposed ante-natal and post-natal clinics at March, Wisbech and Ely, possibly once a month.
- (b) Provision of a consultant paediatrician at infant welfare centres at March, Wisbech and Ely, possibly once a month for an experimental period.
- (c) To discuss the possibility of clinical assistants for one or more Assistant County Medical Officers.
- (d) To enquire whether it will be permissible to use the ante-natal clinic at March Nursing Home for district cases.
- (e) To ascertain to what extent X-ray facilities will still be available for this service at the County Hospital, Doddington, and at the North Cambs. Hospital, Wisbech.

B. PARTICULAR ARRANGEMENTS WHICH IT IS PROPOSED TO OPERATE ON THE APPOINTED DAY.

(1) CLINICS.

- (a) Provision will be made for six ante-natal clinics :—two weekly sessions at Wisbech, one weekly session at March and Ely and one fortnightly session at Chatteris, Littleport and Whittlesey.
- (b) The numbers would not justify the establishment of *separate* post-natal clinics at the outset and post-natal cases could be dealt with at ante-natal clinics. At Wisbech it might be possible to confine a part of a session to post-natal work.
- (c) Provision will be made for thirteen infant welfare centres :—sessions twice weekly at Wisbech, weekly at Ely, Littleport, March, Chatteris, Whittlesey, and fortnightly at Prickwillow, Sutton, Coveney, Doddington Thorney, Manea, and Little Downham.

These arrangements will be varied as necessary to meet the changing needs of the service.

(2) CARE OF PREMATURE INFANTS.

(a) **Infants nursed at home.**

It is proposed to provide the following items of equipment for issue on loan, where special measures are necessary for the care of Premature Infants at home :—

DESCRIPTION	NUMBER
Heated cots of approved type	2
Heated blanket pads	2
Hot water bottles small	8
Special Feeding bottles	4
Wall thermometers	4
Mucus catheters	4

It is anticipated that the services of a paediatrician will be made available by the Regional Hospital Board for visits to premature infants being nursed at home. These and other special arrangements which may be required for the care of premature infants will be discussed with the Board before the appointed day.

(b) Transport to Hospital.

Where, in certain cases, Hospital or Maternity Home Treatment is necessary, special precautions during conveyance would be necessary and it is proposed that for this purpose a heated basket cot and oxygen apparatus shall be provided.

(3) DENTAL CARE.

All forms of dental treatment, including dentures where necessary, will be provided for expectant and nursing mothers and children under the age of five, special attention being paid to conservative treatment.

It is proposed to provide :—

- (i) (a) and (b). Six clinics for expectant mothers and pre-school children.
- (ii) Four dentists to give part-time service equalling the half time of one surgeon.
- (iii) One session to be held weekly at each of the proposed six clinics.
- (iv) Dentures to be obtained by the Local Health Authority under arrangements with a commercial firm or firms.

(4) SUPPLY OF WELFARE FOODS.

If the need arises, the Council will distribute, on behalf of the Ministry of Food, those Welfare foods which are included in the Government's Welfare Food Scheme. Arrangements will also be made for other welfare foods to be supplied where the welfare of expectant mothers or young children so requires.

(5) PROVISION OF MATERNITY OUTFITS.

It is proposed that each domiciliary midwife shall carry a stock, provided by the Local Health Authority, to be distributed to patients who cannot travel to the nearest shopping centre. Otherwise outfits will be supplied on receipt of an official form to be supplied by the midwife through arrangements to be made with local pharmacists.

(6) NURSERY PROVISION.

- (a) Day Nurseries. No provision.
- (b) Residential Nurseries. To be considered at a later date.
- (c) Other forms of provision for the care of children during the day time only, such as registered daily guardians and creches in infant welfare centres will be considered at a future date.

(7) CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

The existing arrangements with the Ely Branch of the Diocesan Association for Moral Welfare and the Wisbech and District Society for Social Service appear to cover the needs of the area and are to be continued.

Briefly, these arrangements provide for the ascertainment and visiting of unmarried mothers and for assisting them to secure accommodation in Homes or Hostels. Where desired, endeavours are made to find foster parents for the children, but after the appointed day, this function will be exercised with due regard to the powers and duties of the County Council under the Children Act, 1948, and Regulations made thereunder. If an unmarried mother is unable to meet the full charges at a Home or Hostel, the County Council assumes responsibility in full or in part for such charges.

The County Council contributes to the organisations referred to, either on a "per case" basis or by way of fixed annual grant.

PART III.

Development Plan.

It is felt that the above proposals will provide an adequate service for the area at the outset. No expansion of the services would be required in the very near future, but as they develop it might be necessary to appoint additional medical and dental staffs. It might also be found desirable to establish additional infant welfare centres and to arrange special clinic sessions for post-natal cases.

The provision of daily creches in the larger towns might be a useful measure and for the care of premature infants the services of a specially trained nurse might be made available.

The County Council will keep these matters under review, and will arrange for the additional staff and services to be provided as soon as the need arises.

In addition it is proposed to expand and develop, as soon as practicable, the arrangements for the dental care of expectant and nursing mothers and of children under the age of five so as to provide adequate facilities for every expectant mother to be examined by a dental practitioner following her first attendance at an ante-natal clinic; for the periodical examination of children under five; and for the necessary treatment to be provided for expectant and nursing mothers and young children, particular attention being given to conservative treatment.

Administrative County of the Isle of Ely.

Proposals
for the provision
of a

Midwifery Service

under Section 23 of the

National Health Service Act, 1946.

Approved by the Ministry of Health, 12th June, 1948.

Administrative Staff.

The County Medical Officer will be the senior administrative officer for the midwifery service with the assistance of the Superintendent Nursing Officer, an Assistant Superintendent Nursing Officer, and two clerks.

The Superintendent and the Assistant Superintendent will be officers of the County Council, and the appointments will be made in consultation with the County Nursing Association.

Transport.

It is proposed that each District Nurse Midwife shall be provided with a motor car.

It has been recommended by the County Nursing Association that District Nursing Associations owning cars (12 in number) shall hand them over to the County Nursing Association as from the Appointed Day. Further cars will be purchased as required.

Analgesia.

All the District Nurse Midwives not already qualified will be trained in the administration of an approved method of Analgesia and the necessary apparatus will be provided.

PART III.

Development Plan.

It is anticipated that the whole of the County will be adequately covered (as at present) by the proposed service described in Part II.

Further additions to the midwifery staff will be provided, however, if the needs of the service require and the supply of trained personnel permits.

Administrative County of the Isle of Ely.

Proposals

for the establishment of a

Health Visiting Service

under Section 24 of the

National Health Service Act, 1946.

Approved by the Ministry of Health, 9th June, 1948.

PART I.

Statistical Data.

1.	Area of the County	375 square miles.
2.	Total mid-1946 population	84,340
3.	Number of notified live births in 1946	1,835

Existing Service.

Health visiting in the County is at present carried out mainly by full-time staff employed by the County Council and partly by arrangement with District Nursing Associations whereby certain suitable qualified District Nurses, employed by District Nursing Associations carry out part-time health visiting.

The following staff is employed :—

Full-time County Council health visitors and school nurses 10
(full establishment)

NOTE.—There are at present four vacancies in the establishment.

Part-time health visiting and school work (Littleport area) 2

Part-time health visiting only (Haddenham, Sutton, Manea,
and Little Downham)

The full establishment of health visitors directly employed by the County Council is 10, but for some time there have been four vacancies which, in spite of repeated efforts, it has not been possible to fill. In consequence, pressure of work on the remaining health visitors is very heavy and to relieve this pressure as far as possible, arrangements have been made with certain District Nursing Associations for the part-time services of the District Nurses employed by them.

PART II.

Description of the service which will operate on the Appointed Day.

Full-time Health Visitors.

1. The service will be provided directly by the County Council employing 10 full-time health visitors.

In pursuance of the Act the scope of the service will be the visiting of persons in their own homes for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant and nursing mothers, and as to measures necessary to prevent the spread of infection.

Temporary Arrangements with Voluntary Organisations.

2. Deficiencies due to shortage of staff will be covered by means of arrangements with the County Nursing Association (which will as from the Appointed Day control the whole of the District Nursing Services in the area) for the part-time services of suitable qualified District Nurses.

As mentioned in Part I there are four vacancies at present and, in view of the general shortage of health visitors throughout the country, it is anticipated that these vacancies will not be filled by the Appointed Day.

Furthermore two of the existing full-time health visitors are over 60 years of age.

It is contemplated, therefore, that arrangements for the part-time services of District Nurses will have to be continued to provide the equivalent of six full-time health visitors.

These arrangements will continue as long as the deficiencies in full-time staff exist, but will cease as and when vacancies in full-time staff are filled.

Administration.

3. The service will be under the control of the County Medical Officer.

4. It is not proposed to make any joint arrangements with other Local Health Authorities.

Transport.

5. Transport will be by private car in each case, this being the only suitable means in this County to ensure an efficient service.

PART III.

Development Plan.

It is considered that the service indicated in Part II will adequately meet the needs of the area. The Local Health Authority will review the service from time to time, however, and the staff will be augmented if in the light of experience such a course appears necessary.

Administrative County of the Isle of Ely.

Proposals

for the establishment of a

Home Nursing Service

under Section 25 of the

National Health Service Act, 1946.

Approved by the Ministry of Health, 12th June, 1948.

PART I.**Statistical Data.**

1. Area of the County	....	....	375 square miles
2. Total mid-1946 population	....	....	84,340

PART II.**Description of the Service which will operate on the Appointed Day.****General Administrative Arrangements.**

1. The service will be provided entirely by arrangement with the County Nursing Association, to which all except one of the District Nursing Associations in the County are at present affiliated.* The whole of the cost of the service will be borne by the Local Health Authority.

Consultations have taken place between the Local Health Authority and the County Nursing Association and the Local Health Authority is satisfied that an adequate service for the whole of the area will be provided in the following manner :—

- (i) The County Nursing Association will appoint a General Committee representative of the District Nursing Associations and the Local Health Authority. On this Committee will also be represented (subject to their agreement) the following bodies, or such other bodies as may be agreed from time to time :—

The Isle of Ely Executive Council.

The East Anglian Regional Hospital Board.

The Royal College of Nursing.

The Royal College of Midwives.

The Local Medical Committee referred to in Section 32 of the Act.

The Parish Council of any Parish not contained within the area of a District Nursing Association.

- (ii) The above-mentioned General Committee will appoint an Executive Committee which will be charged with the detailed administration of the Service. Not less than fifty per cent. of this Committee will be representatives of the Local Health Authority.

- (iii) The County will be divided into eight administrative areas for each of which an area Sub-Committee will be appointed for the purpose of co-ordinating the service and for the arrangement of relief duties as and when required.

* It is anticipated that the one exception will become affiliated to the County Nursing Association prior to the Appointed Day.

- (iv) The District Nursing staff will be employed by the County Nursing Association, but will, subject to the approval of the County Nursing Association, be selected for appointment by the respective District Nursing Associations.
- (v) The whole cost of the Home Nursing Service will be borne by the Local Health Authority by reimbursement of expenditure incurred by the County Nursing Association within an estimate approved by the Local Health Authority.
- (vi) The County Nursing Association will employ 31 District Nurses in the service plus 3 County Staff Sisters.

Administrative Staff.

- 2. (a) The County Medical Officer will be the senior administrative officer.
- (b) The Local Health Authority will employ a Superintendent Nursing Officer and an Assistant Superintendent Nursing Officer.
- (c) Two clerks will be employed in this service and the midwifery service combined.

Transport.

3. It is proposed that each District Nurse shall be provided with a motor car.

It has been recommended by the County Nursing Association that District Nursing Associations owning cars, of which there are 12, shall hand them over to the County Nursing Association as from the Appointed Day.

It is intended to purchase further cars as required.

PART III.

Development Plan.

The proposals have been formulated with the object of providing a complete and adequate service as from the Appointed Day.

The Nursing Staff proposed is considered to be the minimum required to implement the proposals and the County Nursing Association will review the service from time to time and if further staff are found to be required, arrangements will be made as circumstances permit.

(iv) The District Nursing staff will be employed by the County Nursing Association, but will be subject to the approval of the County Nursing Association, be selected for appointment by the respective District Nursing Associations.

(v) The whole cost of the Home Nursing Service will be borne by the Local Health Authority by reimbursement of the expenditure incurred by the County Nursing Association within an estimate approved by the Local Health Authority.

(vi) The County Nursing Association will employ 31 District Nurses in the service plus 3 County Staff Nurses.

2. (a) The County Medical Officer will be the senior administrative officer.

(b) The Local Health Authority will employ a Superintendent Nursing Officer and an Assistant Superintendent Nursing Officer.

3. It is proposed that each District Nurse shall be provided with a motor car.

4. It has been recommended by the County Nursing Association that District Nursing Association owning cars of which there are 12 shall hand them over to the County Nursing Association as from the Appointed Day.

5. It is intended to purchase further cars as required.

6. The proposed plan is to be submitted to the County Council for their consideration and will be carried with effect from the Appointed Day.

The proposals have been formulated with the object of providing a complete and adequate service as from the Appointed Day.

The Young still proposed is considered to be the minimum required to implement the proposals and the County Nursing Association will review the service from time to time and if further steps are found to be required arrangements will be made as circumstances permit.

Administrative County of the Isle of Ely.

Proposals

for the provision of

**Diphtheria Immunisation
and Vaccination Services**

under Section 26 of the

National Health Service Act, 1946.

PART I.

Statistical Data.

1. Total mid year 1946 population of the Authority's area	84,340
2. Mid 1946 child population of the Authority's area :	
(a) under 5 years	6,818
(b) ages 5—15	12,570
3. Number of registered live births in the Authority's area :	
(a) 1945	1,464
(b) 1946	1,586
4. Estimated percentage of mid 1946 child population who have been immunised against diphtheria up to 31/12/46 :	
(a) under 5 years	70%*
(b) ages 5—15	60%
5. An estimate of the number of vaccinations against smallpox and immunisations against diphtheria of children aged 0—15 years which are likely to be undertaken in the year to 31st March, 1949 :	
Vaccinations	358
Immunisations : 0—5 years	1,238
5—15 years	500

* Accurate figures are available only for immunisations carried out by the County Medical Staff but it is known that immunisations are also performed by general practitioners in their private capacity.

PART II.

Diphtheria Immunisation.

A. Children under 5.

- (a) It is proposed that immunisation against diphtheria be carried out at immunising sessions by the County Medical Staff with the assistance where required of local practitioners subject to their agreeing to take part in such service, and that opportunity be afforded to all practitioners in the area to take part in the Authority's arrangements for the carrying out of individual immunisations.

- (b) Regular weekly sessions are now held in four of the urban districts and at infant welfare centres and/or minor ailment clinics. Arrangements are made as numbers accumulate in the remaining areas for sessions to be held on school premises by permission of the Education Authority. All sessions are attended by the County Medical Staff. It is proposed to continue these existing sessional arrangements and to utilise the services of general practitioners as and when required to conduct certain sessions in place of the County Medical Staff. Where existing accommodation is inadequate, suitable premises are to be hired and if necessary adapted for the purpose of holding immunising sessions.
- (c) (i) A personal letter will be sent to all parents on registration of birth as to the protection afforded and times advised for immunisation and vaccination. A birthday card will also be sent in respect of each child on attaining the age of one year.
- (ii) Health Visitors, School Nurses, Midwives and District Nurses will carry and distribute a supply of forms showing the facilities which exist for immunisation. These forms will be distributed during home visiting and at the various clinics. Health Visitors will be expressly charged with responsibility for making every effort to secure the immunisation of the children under school age in their respective districts of duty, for collecting forms of consent from the parents, and for keeping such note with regard to these children as will enable the Health Visitor to carry out this part of her work systematically.
- (d) A continuous display of posters will be shown at Child Welfare and Minor Ailment Clinics, and when routine medical inspections are held at schools. Cinema flashes twice per year will be shown in all cinemas. There will be periodical local displays of large posters as issued by the Central Council for Health Education and Exhibitions of films where possible.
- (e) The public will be kept constantly informed, by appropriate means of publicity, of all the facilities provided for free immunisation, including the places and times at which sessions are held.

B. Children of School Age.

- (a) The arrangements for the immunisation of children of school age will be as indicated in paragraph A(a) above.

- (b) Sessions will be arranged as numbers accumulate at schools and where possible immunisation will be carried out on the school premises.
- (c) School Nurses will also have leaflets to distribute to parents at home or at routine medical inspections. All head teachers of primary schools will issue hand-bills to each parent of entrant, containing information similar to that contained in the personal letter (see A(c)(i)) and stressing the value of re-inforcing doses.
- (d) Displays of posters will be arranged periodically and leaflets will be distributed at schools by head teachers. Special displays of posters will be arranged at routine medical inspections and at Minor Ailment Clinics.
- (e) As far as possible public notice will be given of the places and times at which sessions are to be held.
- (f) Children requiring re-inforcing injections will be dealt with at the sessional clinics.

C. Record and payment of fees.

Arrangements will be made for all Medical Officers and general practitioners performing immunisation under the Authority's scheme at sessions or in individual cases, to submit appropriate records to the local health authority. Fees will be paid to practitioners on the basis of the receipt of records, as agreed upon centrally with the profession.

D. Medical Arrangements.

The medical arrangements will be as indicated in paragraph A(a) and (b) above.

Smallpox.

A. Infant Vaccination.

The medical practitioners in the area will be asked to enter into an agreement to undertake vaccination on request either in their own surgeries or in the patient's home. A letter will be issued to every parent of new born children, drawing attention to the facilities existing for vaccination.

It is not proposed to hold sessional clinics for performing vaccination.

The Authority will expressly urge midwives and health visitors in particular, and all other persons whose duties afford them appropriate opportunity to encourage infant vaccination: and will make administrative arrangements with a view to relating the action taken towards securing vaccination to the registration of births.

The Authority will keep the public constantly informed of the facilities provided for free vaccination.

The Authority will adopt such measures of health education in the matter of infant vaccination as may be appropriate, and will have regard in this respect to such advice as may be given by the Minister.

B. Records and payment of fees.

Every practitioner performing vaccination under the Authority's scheme will be required to submit an appropriate form of record to the County Health Department and fees will be paid on the basis of receipt of such records as agreed upon centrally with the profession.

C. Arrangements in the event of an outbreak of smallpox.

For the purpose of dealing with any outbreak of smallpox and the increased demand for vaccination or re-vaccination which would thereby arise, arrangements will be made whereby the Council's Medical and Nursing Staff could, at short notice, be directed to assist in meeting such demand and suitable premises in each district will be selected for the purpose of carrying out vaccination on a large scale.

Arrangements would be made to advise the public about vaccination (or re-vaccination) as a precaution, and to be fully informed of all the facilities available, including the services of the family doctor.

D. Medical Arrangements.

The medical arrangements will be as indicated in paragraph A above.

The Authority will exercise its powers and health visitors in particular and all other persons whose duties afford them appropriate opportunity to encourage infant vaccination; and will make administrative arrangements with a view to retaining the action taken towards securing vaccination to the registration of births.

The Authority will keep the public constantly informed of the facilities provided for infant vaccination.

The Authority will adopt such measures of health education in the matter of infant vaccination as may be appropriate, and will have regard to the report of such advice as may be given by the Minister.

B. Records and payment of fees.

Every practitioner performing vaccination under the Authority's scheme will be required to submit an appropriate form of record to the County Health Department and fees will be paid on the basis of receipts which records are filed upon centrally with the profession.

C. Arrangements in the event of an outbreak of smallpox.

For the purpose of dealing with any outbreak of smallpox and the increased demand for vaccination or re-vaccination which would thereby arise, arrangements will be made whereby the Council's Medical and Nursing Staff could, at short notice, be directed to assist in meeting such demand and suitable premises in each district will be selected for the purpose of carrying out vaccination on a large scale.

Arrangements would be made to advise the public about vaccination (or re-vaccination) as a precaution and to be fully informed of all the facilities available including the services of the family doctor in relation to the vaccination of his children.

B. Medical Arrangements.

The medical arrangements will be as indicated in paragraph A above.

It is noted that in the event of an outbreak of smallpox, the Council's Medical and Nursing Staff would be directed to assist in meeting such demand and suitable premises in each district will be selected for the purpose of carrying out vaccination on a large scale.

Arrangements would be made to advise the public about vaccination (or re-vaccination) as a precaution and to be fully informed of all the facilities available including the services of the family doctor in relation to the vaccination of his children.

Administrative County of the Isle of Ely.

Proposals under Section 27 for the establishment of an Ambulance Service of the

National Health Service Act, 1946.

Approved by the Ministry of Health, 11th June, 1948.

PART I.**Statistical Data.**

Population (Mid-1946)	84,340
Area (in square miles)	375

Particulars of existing ambulance services.

Information as to the existing ambulance services has, for convenience, been set out in tabulated form, and is attached hereto as Tables I, II, and III.

The bulk of the existing ambulance work in the County is at present carried out by the services operated by District Councils, none of whom employ officers solely or mainly for this purpose. The part-time staff employed by the Ely Urban and Rural District Councils Joint Committee are council employees engaged primarily on other duties, and will not, therefore, be transferable under Section 68 of the Act. The other district councils make arrangements with local commercial firms for the provision of drivers, no attendants being provided at Wisbech and the voluntary services of members of St. J.A.B. being utilised as attendants at March. The staffing of ambulances provided by voluntary organisations is in all cases on an entirely voluntary basis.

All the ambulances used in the existing services in the County have been in operation for several years, none having been purchased more recently than 1938, and two, one provided by the Joint Committee at Wisbech and one provided by March Urban District Council, are in need of immediate replacement. A new vehicle is on order in replacement of the one at Wisbech. A new engine has recently been installed in the ambulance at Ely, but it is considered that a replacement vehicle will be required in the year 1948/49.

With the exception of the general and fever vehicles at Ely, all ambulances are at present garaged, serviced and maintained by local commercial firms. No premises are available to be transferred under Section 69.

The sitting-case car service (for details see Table III) which was so successfully operated by the Women's Voluntary Service during the war years, is now operated in Ely, Wisbech and Whittlesey through the Hospital Car Service, and considerable difficulty is being experienced in meeting the requirements in Whittlesey and Wisbech. The charge made for journeys under this service is 3d. per mile.

PART II.

1. Service which will operate from the appointed day.

It is proposed to continue the operation of the existing ambulance services within the county, administering directly those services now operated by district councils or combinations of these. Arrangements will be made for the continuance of the existing facilities provided in respect of the infectious disease ambulances, which will however be available to the general service in an emergency. The districts of the county to be covered in this manner are set forth in Table I.

Voluntary organisations will continue to cover the remaining districts in the county as set forth in Table II.

While no reinforcement of existing services is envisaged, it is intended that an improvement in this service will be effected by the provision of attendants generally, by the training of personnel and by the removal of any restriction on journeys.

The Hospital Car Service will continue to be utilised for sitting-cases and it is anticipated that the increase in mileage rates will prove an inducement to drivers.

Authorisation for the use of vehicles will be accepted from the County Health Department, Hospital Authorities, general practitioners, midwives, district nurses and health visitors, and in cases of emergency, calls from any source will be answered.

A. Co-ordination of existing services.

All inter-county ambulance services will be linked together in a system of mutual relief.

Commercial firms in Ely, March and Wisbech will be approached to operate the vehicles under the direction of the County Medical Officer.

The voluntary organisations who are prepared to continue to provide an ambulance service for the districts enumerated in Table II will be required to enter into agency agreements which will contain appropriate financial arrangements with regard to maintenance, garaging, the provision of drivers and attendants, and replacement of the respective vehicles.

B. Redistribution and augmentation of existing resources.

No diversion of vehicles is proposed and the number of cars on the service does not appear to justify the setting up of ambulance stations.

C. Consultation with other Local Health Authorities in regard to joint arrangements.

Arrangements will be made with all neighbouring local health authorities for mutual assistance in boundary areas, and in emergency.

Arrangements have been made with the Norfolk County Council under which the Isle of Ely County Council will provide a service in the Marshland Rural District of Norfolk.

D. Staff.

The County Medical Officer will be the officer directly responsible for the administration of the ambulance service. The clerical duties will be performed by the staff of the Public Health Department.

It is proposed that local commercial firms in Ely, March, and Wisbech shall provide such drivers and service staffs as may be required for the services to be directly operated by the local health authority.

Voluntary organisations will continue to make their own arrangements as regards drivers, attendants and maintenance personnel. The voluntary organisations will, in addition, provide personnel to act as attendants in those ambulances operated directly by the local health authority.

It is not anticipated that the services will require any whole-time drivers, attendants or maintenance staff, but if it becomes necessary in the light of experience, to provide whole-time staff, not more than 12 whole-time driver-attendants, or their equivalent in part-time staff will be engaged, either directly by the Council or by the voluntary organisations.

E. Maintenance and Servicing.

There will be no variation in existing arrangements as set forth in Tables I and II (column 7).

2. Development Plan.

It is proposed to effect a replacement of the older vehicles commencing with the ambulance at March.

With regard to sitting-case cars, it is hoped that the operation of the new scheme will result in increased efficiency. No plan to operate a direct service of sitting-case cars is contemplated at the present time, but if it should become necessary to provide a direct service, not more than 3 cars will be obtained.

The possibility of combining with the Fire Service for the provision of a comprehensive ambulance service operated directly by the Local Health Authority may be considered at a later date.

**SURVEY OF EXISTING AMBULANCE SERVICES IN THE COUNTY OF THE ISLE OF ELY.
EXISTING AMBULANCE SERVICES.**

TABLE I.—SERVICES PROVIDED BY COUNTY DISTRICT COUNCILS.

1 Authority	2 Districts served	3 No. of Vehs.	4 Type and make	5 Carrying capacity	6 General Condition	7 Garage, servicing and maintenance facilities	8 Personnel employed		9 No. of calls in a year
							Drivers	Attnds.	
Ely U.D.C. Ely R.D.C. Joint Committee.	Ely U.D.C. & R.D. Journeys to Cty. Hosp., Doddington, Addenbrooke's, Cam- bridge and Newmarket.	1	25 h.p. Morris	2	13 years Fair	Provided by local commercial firm.	1 P.T.	1 P.T. un- trained	256
March U.D.C.	March U.D. Journeys also undertaken in N. Witchford R.D. at request of C.C.	1	25 h.p. Morris	2	1934 Poor	do.	1 P.T.	Vol. trained St. J.A.B.	158*
Wisbech B., Wisbech and Marshland R.D.C's. Joint Committee.	B. & R. District of Wisbech East Elloe & Marshland (Norfolk) R.D's.	1 1	25 h.p. Morris 25 h.p. Morris	2 2	New Good 9 years Good	do.	1 P.T. 1 P.T.	None	808

SERVICES PROVIDED BY JOINT ISOLATION HOSPITAL BOARDS.

Ely J.I.H.B.	Ely U.D. Ely R.D. Chatteris U.D.	1	16 h.p. Austin	1†	1935	Isolation Hospital, Ely.	1 P.T.	Hosp. Staff.	146†
Wisbech J.I.H.B.	Whittlesey U.D. March U.D. Marshland R.D. Wisbech B. & R.D. Thorney R.D. North Witchford R.D.	1	25 h.p. Morris	2	11 years Fair	Provided by local commercial firm.	1 P.T.	Hosp. Staff	127

*Mileage for year ended 31/3/46—4,121.

†Could be altered to take 4 stretchers.

‡Includes journeys to fetch bedding, etc.
Mileage for year ended 31/3/46—1,601.

TABLE II.—SERVICES PROVIDED BY VOLUNTARY ORGANISATIONS.

1 Voluntary Organisation.	2 Districts served.	3 No. of Vehs.	4 Type and make.	5 Carrying capacity.	6 General condition.	7 Garage, servicing and maintenance facilities.	8 Personnel employed		9 No. of calls in a year.
							Drivers.	Attnds.	
Chatteris Ambulance Committee.	Chatteris, Mepal, Doddington and Wim- bington. Journeys undertaken to Adden- brooke's and County Hospital.	1	18 h.p. Austin	2	1938 Good	Provided by local commercial firm.	1 Vol.	None	Approx. 65*
Manea New Ambulance Fund.	Manea, Wimblington, Doddington.	1	25 h.p. Wolseley	2	1936 †excellent	Provided by local commercial firm.	10 Vol.	4 un- trained	26
St. J.A.B., Littleport.	Littleport area. Southery and Little Downham.	1	30 h.p. Chev.	2	See below	Private hired garage	2 Vol. St.J.A.B. 1 day. 1 night.	Vol. St.J.A.B.	Approx. 150
St. J.A.B., Whittlesey.	Whittlesey, Ponder's Bridge, Benwick, Coates, Eastrea, Thorney and surrounding areas. Journeys also to P'boro and Addenbrooke's and County Hospital.	1	27 h.p. Bedford	2	1938 Good	Provided by local commercial firm.	St.J.A.B. 1	Trained St.J.A.B. 1	237
Upwell.	Upwell, Outwell, Welney and Christchurch.	1	30 h.p. Chev.	2	Good	Garaged at Outwell. Servicing etc., local commercial firm in Upwell.	Vol.	Vol.	
St. J.A.B., Wisbech.	Wisbech area. (Road patrol).	1	30 h.p. Chev.	4	Good	Garaged at Fire Station. Servicing, etc. by local com- mercial firm.	Vol.	Vol.	

*505 cases conveyed since ambulance purchased in 1938. †Originally a private car converted in 1944. Littleport—Present ambulance an ex-wartime service ambulance. New ambulance is on order.

TABLE III.—OTHER MEANS OF TRANSPORT.

1 Authority or Organisation providing service.	2 Districts served.	3 No. of Vehs.	4 Type and make.	5 Carrying capacity.	6 Personnel provided		7 No. of calls in a year.
					Drivers.	Attendants.	
Hospital Car Service, Ely (B.R.C.S.)	Southern half of County, i.e., Ely, Littleport, 100ft. Bank, Welney, March, Wimblington, Doddington, Chatteris.	4	Private cars.		4 Vol.		428 Mileage for year ended 31/12/46—14,989.
Whittlesey (B.R.C.S.)	Whittlesey, Thorney, Eastrea, Coates, King's Dyke.	3	Private cars.		3 Vol.		Approx. 30.
Wisbech (B.R.C.S.)	Wisbech, Long Sutton, and surrounding villages.	3	Private cars.		3 Vol.		Approx. 12.

1	2	3	4	5	6	7	8	9
Institution	Name of Institution	City	State	Type of Institution	Date of Report	Number of Cases	Description of Cases	Remarks
(RWC 2)	St. Mary's Hospital	St. Louis	Missouri	Hospital	1913	15	Cases of typhoid fever	Report by Dr. J. H. ...
(RWC 2)	St. Vincent's Hospital	St. Louis	Missouri	Hospital	1913	10	Cases of typhoid fever	Report by Dr. J. H. ...
(RWC 2)	St. Joseph's Hospital	St. Louis	Missouri	Hospital	1913	12	Cases of typhoid fever	Report by Dr. J. H. ...
(RWC 2)	St. Ann's Hospital	St. Louis	Missouri	Hospital	1913	8	Cases of typhoid fever	Report by Dr. J. H. ...
(RWC 2)	St. Francis Hospital	St. Louis	Missouri	Hospital	1913	11	Cases of typhoid fever	Report by Dr. J. H. ...
(RWC 2)	St. Charles Hospital	St. Louis	Missouri	Hospital	1913	9	Cases of typhoid fever	Report by Dr. J. H. ...
(RWC 2)	St. Peter's Hospital	St. Louis	Missouri	Hospital	1913	7	Cases of typhoid fever	Report by Dr. J. H. ...
(RWC 2)	St. Elizabeth's Hospital	St. Louis	Missouri	Hospital	1913	6	Cases of typhoid fever	Report by Dr. J. H. ...
(RWC 2)	St. Ann's Hospital	St. Louis	Missouri	Hospital	1913	5	Cases of typhoid fever	Report by Dr. J. H. ...
(RWC 2)	St. Joseph's Hospital	St. Louis	Missouri	Hospital	1913	4	Cases of typhoid fever	Report by Dr. J. H. ...
(RWC 2)	St. Francis Hospital	St. Louis	Missouri	Hospital	1913	3	Cases of typhoid fever	Report by Dr. J. H. ...
(RWC 2)	St. Charles Hospital	St. Louis	Missouri	Hospital	1913	2	Cases of typhoid fever	Report by Dr. J. H. ...
(RWC 2)	St. Peter's Hospital	St. Louis	Missouri	Hospital	1913	1	Cases of typhoid fever	Report by Dr. J. H. ...

Administrative County of the Isle of Ely.

Proposals for the provision of a Service

for the Prevention of Illness, Care and After Care

under Section 28 of the
National Health Service Act, 1946
(incorporating Amendment No. 1).

Approved by the Ministry of Health, 16th October, 1948.

PART I.

A. Tuberculosis.

Workshops, Settlements, etc.

The Local Health Authority propose to continue to make arrangements for the rehabilitation of suitable patients at Papworth Village or other settlements.

Night Sanatoria.

There is no need at the present time to set up Night Sanatoria in this area.

Tuberculosis Care Committees.

The County Health Committee, to whom the Local Health Authority have delegated all their powers under the National Health Service Act, 1946, has resolved to undertake themselves, the duties of the Tuberculosis Care Committee.

Care and After Care Organisation.

The County Health Committee will, through their officers, be responsible for the Care and After-Care Organisation, the main objects of which will be to provide a link with the services to be provided by the Regional Hospital Board, and to establish close co-operation with the medical, health visiting and social services provided in the area, but in such a manner as to eliminate any overlapping.

The County Medical Officer who is also County School Medical Officer, will remain the administrative officer in charge of schemes under this section and become responsible for their execution, working in close conjunction with District Medical Officers of Health for the purposes of continuing the present system of records and of consultation regarding any matters affecting environmental conditions.

A nurse with special experience in the after-care and rehabilitation of the tuberculous is to be employed full-time as a Tuberculosis Visitor and Social Worker. She will be concerned primarily with the social and physical welfare of patients and contacts in their homes, and she will carry out her duties in the full knowledge and utilisation of all welfare services provided in this area, either by the Local Health Authority, or otherwise.

The Tuberculosis Visitor will be responsible for the distribution of equipment and comforts to be provided by the Local Health Authority such as

- (a) Revolving shelters for issue on loan to patients requiring them.
- (b) Sick-room equipment and nursing requisites.
- (c) Additional clothing when necessary, and extra nourishment.

The Tuberculosis Visitor will also link up with any voluntary organisations, for the purpose of securing equipment and comforts for patients being nursed at home which will amplify the stocks carried by the Local Health Authority.

The domestic and economic welfare of the patient's family will become the concern of the Care Organisation, and the Committee will consider applications for financial support which cannot be dealt with through voluntary organisations or under Social Security Legislation. Arrangements for boarding-out of the children of infected parents will also be considered.

The County Health Committee will review these functions from time to time and modify, or amplify them as considered desirable.

Return to Employment.

Help will be given in appropriate cases to obtain the benefit of the arrangements made by the Ministry of Labour and National Service under the Disabled Persons (Employment) Act.

Arrangements for obtaining suitable employment will be made through the appropriate organisations, voluntary or otherwise, for discharged patients who are not disabled.

Integration with other parts of the National Health Service.

While it is realised that a Clinical Tuberculosis Officer will be provided by the Regional Hospital Board for the purposes of diagnostic and treatment work among the tuberculous, it is proposed to set up an arrangement whereby the services of such an officer will be also available to the Local Health Authority for advisory work in connection with their functions as regards prevention of illness, care and after-care, particularly the latter. It is proposed to approach the Regional Hospital Board in this matter with a view to ascertaining whether this appointment may be a joint appointment or arranged on a joint-user basis.

It is proposed that with the approval of the Regional Hospital Board, the Tuberculosis Visitor and Social Worker employed by the Local Health Authority, shall be permitted free access to the local hospitals and tuberculosis dispensaries in order that the preventive and after-care services may be rendered more effectual.

B. Mental Illness or Defectiveness.

The provision of a Mental Health Service, including care and after-care of persons suffering from mental illness or defectiveness is dealt with in the Council's proposals under Section 51 of the Act.

C. Other types of illness (or illness generally).

- (a) The Local Health Authority will develop appropriate provision (not being provision within the scope of the Authority's Welfare Service under the National Assistance Act) for the after-care of the sick, and in particular of cases discharged from hospital, regarding which it will seek to obtain information through administrative arrangements with the Regional Hospital Board.
- (b) Invalid foods, aids to nutrition and nursing equipment will be provided at an approved charge, where necessary.
- (c) It is proposed to afford facilities for the provision of convalescent home treatment for delicate mothers and/or young children where such treatment is not otherwise provided, or is not treatment falling within the scope of the hospital services of the Regional Hospital Board.

D. Provision of Nursing Equipment and Apparatus.

It is proposed that each District Nursing Association shall keep a "loan cupboard" containing such articles as :—

Bed pans, urinals, mackintosh sheeting, feeding cups, sputum mugs, douche cans, steam kettles, inhalers, air rings and bed cradles.

It is further proposed to make available larger items of equipment such as water beds, bed rests, bed blocks, sand bags, commodes, crutches and wheel chairs. In this connection the British Red Cross Society is to be approached to ascertain if they are able and willing to provide these larger items and to make arrangements for the storing, distribution and collection thereof.

E. Venereal Disease.

So far as the Local Health Authority arranges under Section 28 for the follow-up of persons under treatment, or known or believed to be infected, such arrangements will be carried out in co-operation with the Medical Officers of the treatment centres.

F. Health Education.

The Local Health Authority, in connection with their arrangements under Section 28, will seek to develop health education in their area by all appropriate means,

Administrative County of the Isle of Ely.

Proposals

for the provision of

Domestic Help

under Section 29 of the

National Health Service Act, 1946.

Approved by the Ministry of Health, 9th June, 1948.

PART I.

Statistical Data.

Area	375 square miles.
Population (mid-1946)	84,340.

Existing Service.

(a) No organised service exists at present. District Nurse midwives obtain the names of suitable women and submit them to their patients. Arrangements are then made directly by the individuals concerned. This type of service is available only to a very limited extent.

(b) The Women's Voluntary Service has been asked to endeavour to organise a domestic help service and a member of this organisation serves as a co-opted member of the County Nursing Association.

(c) In 1945, the following scheme for the provision of a domestic help service was approved by the County Council.

- (i) That the County Council acting as Welfare authority approve the employment of Home Helps for maternity cases.
- (ii) That advertisements be inserted in the Press inviting applications from women who would be prepared to accept employment as and when required as Home Helps in their own area.

(a) if employed on a weekly basis, at £2 12s. 6d. per week of approximately 48 hours.

(b) if employed on an hourly basis at 1s. 6d. per hour—subject to the maximum weekly payment not exceeding £2 12s. 6d.

- (iii) That the names of persons intimating their willingness to accept such employment be notified to the District Nursing Associations in order that the nurses may advise their patients of the help which is available if required.
- (iv) That the Home Helps be employed only as and when required, as it is considered that full time employment is not practicable in a rural area.
- (v) That Home Helps be paid if possible by the District Nursing Associations or, failing the agreement of the Associations direct by the County Council.

- (vi) That the patient, or person responsible for her maintenance, be required to repay the full amount paid to the Home Help unless by reason of poverty this is impossible, when the amount payable will be determined in accordance with a scale.
- (vii) That the District Nursing Associations be requested to undertake the recovery of the patients' contributions, but failing their agreement, the County Council to make a direct collection.
- (viii) That in the event of a District Nursing Association agreeing to pay the Home Helps and recovering the contributions from the patient, the Association shall be reimbursed by the County Council any excess of payments over receipts on production of the necessary forms and receipts at not more than quarterly intervals.

The Scheme was duly advertised but no applications were received.

PARTS II AND III.

Proposals as to future service, and development.

It is proposed to continue the arrangements referred to in paragraphs (a) and (b) above and to re-advertise the scheme referred to in paragraph (c).

In addition Women's Institutes and Mothers' Unions are to be asked to suggest names of suitable applicants to become domestic helps.

It is considered that the appointment of a full-time organiser would not be justified in this County.

(vi) That the patient or person responsible for her maintenance be required to repay the full amount payable for her maintenance unless by reason of poverty this is impossible, when the amount payable will be determined in accordance with a scale.

(vii) That the District Nursing Association be requested to undertake the recovery of the patients' contributions, failing their agreement, the County Council to make a direct collection to that effect.

(viii) That in the event of a District Nursing Association refusing to pay the Home Help and recovering the contributions from the patient, the Association shall be reimbursed by the County Council any excess of payments over receipts on the production of the necessary forms and receipts at any time.

The scheme was duly advertised but no applications were received.

PARTS II AND III

Proposals as to future services and development.

It is proposed to continue the arrangements referred to in paragraphs (a) and (b) above and to re-organise the scheme referred to in paragraph (c) as follows:

In addition Women's Institutes and Mothers' Unions are to be asked to suggest names of suitable applicants to become domestic help.

It is considered that the appointment of a full-time organiser would not be justified in this County.

It is suggested that the following be considered as a basis for the re-organisation of the scheme:

(i) That the Home Help be employed only as and when required and that full-time employment be discontinued in all instances.

(ii) That Home Help be paid if possible by the District Nursing Association or, failing the agreement of the Association, by the County Council.

Administrative County of the Isle of Ely.

Proposals
for the establishment of a
Mental Health Service
under Section 51 of the
National Health Service Act, 1946
(incorporating Amendment No. 1).

Approved by the Ministry of Health, 16th October, 1948.

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PART I.

Statistical Data.

Population of the area	84,340
Number of patients at present chargeable to the Local Authority under the Lunacy and Mental Treatment Acts	209
Number of patients dealt with under those Acts by the Relieving Officers of the Area during the year 1946	42
Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts during the year 1945	3
NOTE.—Ascertainment has, since 1942, been restricted owing to the fact that there has not been a Visitor possessing the necessary qualifications.	
Number of persons reported to the Local Authority as mentally defective during the year 1945	4

PART II.

A. General.

(i) The existing Mental Deficiency Committee of the County Council, comprising 22 members of the Council, and three co-opted members, is to be re-designated the Mental Health Sub-Committee to be responsible to the County Health Committee for control and administration of the mental health services as from the Appointed Day.

(ii) The County Medical Officer is to be responsible for the organisation, control and medical direction of the mental health services.

B. Medical Services.

The County Medical Officer and one Assistant County Medical Officer, both of whom have taken a special course in mental diseases, are to be employed part-time (i.e. in conjunction with their other duties) in the mental health service, and it is considered, will be able to deal with most of the medical work in connection with mental defectives and educationally sub-normal children.

Where the services of a specialist are required, it is proposed to secure, by arrangement, the services of the specialist staff of the Regional Hospital Board.

C. Non-Medical Services.

(a) Staff.

(i) It is proposed to appoint two full-time officers with suitable qualifications and experience to undertake the duties of "duly

authorised officers" for the purposes of the Lunacy Mental Treatment and Mental Deficiency Acts as amended by the National Health Service Act, 1946. It is improbable that the duties of "duly authorised officers" for the area will afford full time employment and the officers appointed will be required to undertake other duties in connection with the authority's health services. In addition, it is proposed that at least two other suitable persons shall be authorised to carry out the duties of "duly authorised officer" on a part-time basis. If necessary, arrangements will be made for these officers to attend a course of instruction such as is recommended in Ministry of Health Circular 100/1947.

As the duties of "duly authorised officer" require that such officer shall be available at all times, it is felt that it would not be in the best interests of the service to make any arrangement for the joint user of an officer of the Regional Hospital Board or any other authority or body.

(ii) It is also proposed to appoint a mental welfare officer who is to be a female officer with the appropriate qualifications and experience. This officer would carry out all duties under the Mental Deficiency Acts, including supervision of the training of defectives both at home and in occupation and industrial centres, and, if necessary, would be empowered to carry out certain of the duties of "duly authorised officer."

An appointment of this nature would provide useful liaison with the services in connection with Health Visiting under Section 24 and the prevention of illness, care and after-care under Section 28 of the Act, and also with any psychiatric social worker employed by the Regional Hospital Board.

(b) **Occupational Training.**

It is proposed to establish occupation centres in urban districts in the area of the local health authority. In this connection it is felt that co-operation with voluntary organisations is desirable. An active branch of the National Association for Mental Health exists in the Borough of Cambridge and it is proposed to approach this body for assistance in the organisation of the proposed occupation centres.

D. Ambulance and Transport Facilities.

It is proposed that this part of the service shall be afforded by the authority's ambulance and ancillary services under Section 27 of the Act, subject to the provision, where required, of a trained attendant who could most appropriately be a member of the staff of the Mental Hospital or Institution to which the patient is to be removed.

authorized officers" for the purpose of the Lunacy Mental Treatment and Mental Deficiency Acts as amended by the National Health Service Act, 1946. It is improbable that the duties of "chief authorized officers" for the time being will afford full-time employment and the officers appointed will be required to undertake other duties in connection with the authority's health services. In addition, it is proposed that at least two other suitable persons shall be authorized to carry out the duties of "chief authorized officer" on a part-time basis. If necessary arrangements will be made for these officers to attend a course of instruction such as is recommended in Ministry of Health Circular 100/1947.

As the duties of "chief authorized officer" require that such officer shall be available at all times it is felt that it would not be in the best interests of the service to make any arrangement for the joint use of an officer of the Regional Hospital Board or any other authority or body.

(ii) It is also proposed to appoint a mental welfare officer who is to be a female officer with the appropriate qualifications and experience. This officer would carry out all duties under the Mental Deficiency Act, including supervision of the training of delictives both at home and in occupation and industrial centres, and if necessary would be empowered to carry out certain of the duties of "chief authorized officer" attached to the duties of "chief authorized officer".

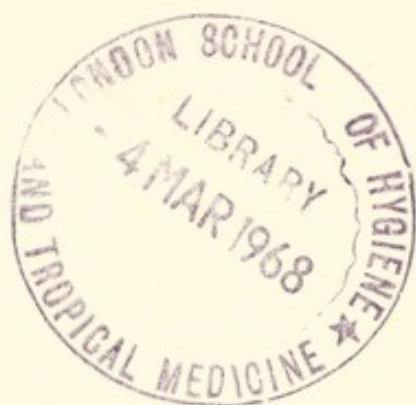
An appointment of this nature would provide mental health services in connection with Health Visiting under Section 24 and the prevention of illness, care and after-care under Section 25 of the Act, and also with any psychiatric social worker employed by the Regional Hospital Board.

(b) Occupational Training

It is proposed to establish occupational centres in certain districts in the area of the local health authority. In this connection it is felt that co-operation with voluntary organizations is desirable. An active branch of the National Association for Mental Health exists in the district of Cambridge and it is proposed to approach this body for assistance in the organization of the proposed occupational centres. A list of training and research centres is attached to this report and to the minutes of the Committee.

D. Ambulance and Transport Facilities

It is proposed that this part of the service shall be afforded by the authority's ambulance and auxiliary services under Section 27 of the Act subject to the provision, where required, of a trained attendant who could most appropriately be a member of the staff of the Mental Hospital or Institution to which the patient is to be removed.



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