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COUNTY OF THE ISLE OF WIGHT.

REPORT

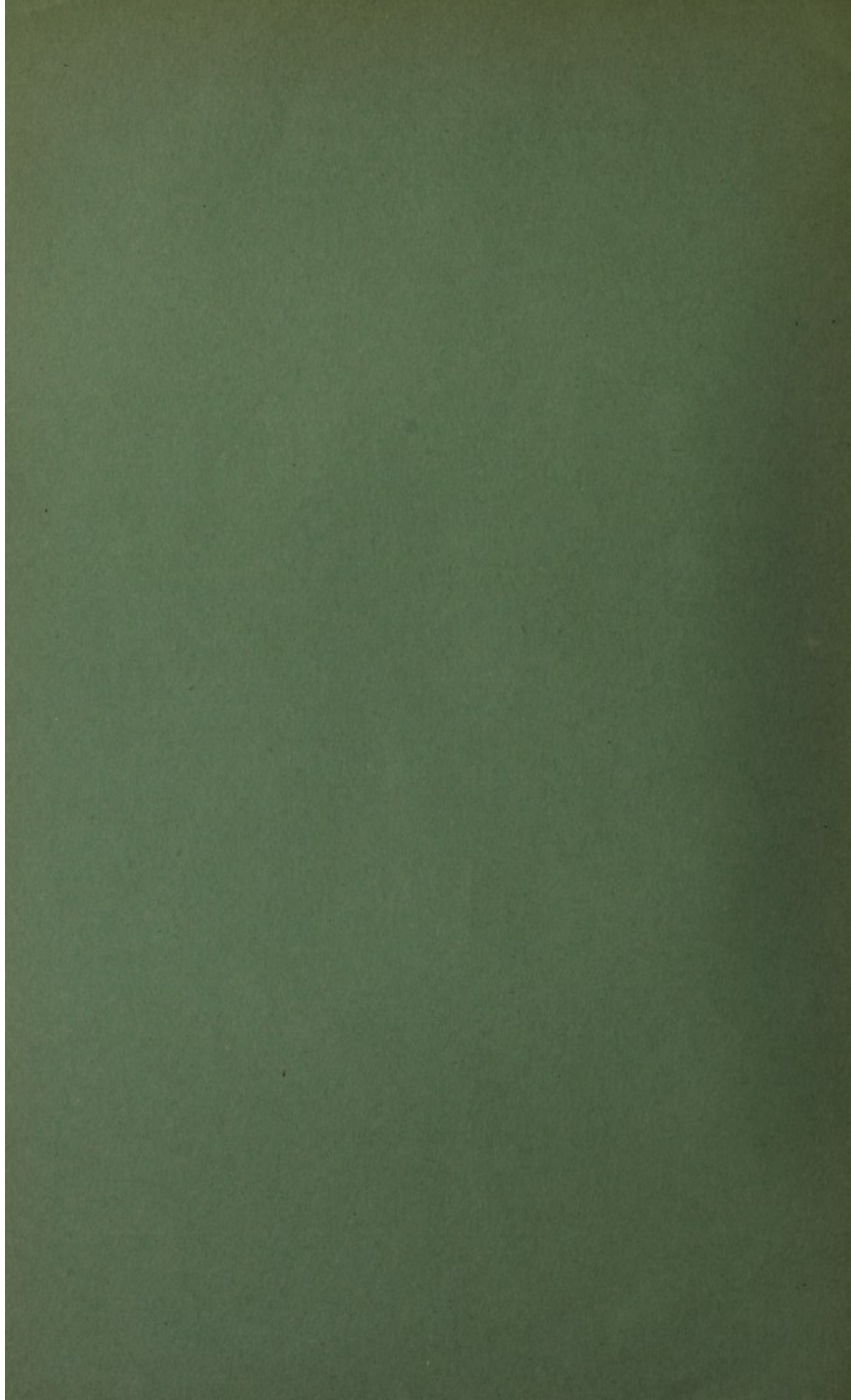
OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1950.





REPORT ON THE HEALTH OF THE ISLE OF WIGHT FOR THE YEAR 1950.

*To the Chairman and Members of the Health Committee
of the Isle of Wight County Council.*

Ladies and Gentlemen,

I have the honour to submit to you in respect of the year 1950, the Annual Report on the Health and Vital Statistics of the Isle of Wight.

The year under review was the second full year of the operation of the National Health Service Act and it was a year of definite progress. Many of the difficulties which other and larger counties have experienced have not been met with in this County, mainly because of the close co-operation which exists between the three committees which administer the Act, not only at Committee level, but also at officer level. The fact that so many members of the Local Health Authority are also members of the Hospital Management Committee and the Executive Council and that the County Medical Officer is also a member of the Hospital Management Committee and the Local Medical Committee of the Executive Council, must surely tend towards smoother working of the Service as a whole. As far as the Part III Services are concerned, this is certainly the case and I can most confidently state that owing to the good relations existing between my department and the hospital consultants, the general practitioners and the administrative officers of the other bodies, it has been made easier to administer the Services for which the Local Health Authority are concerned.

It is not possible to develop a National Hospital Service overnight and changes and expansions are constantly taking place. This necessitates a close watch being kept on such services as the Ambulance Service in order to keep pace with the increased demand. For example, the rapid expansion of the Physiotherapy and Radiography Services has led to a much greater demand on the Hospital Car Service than was anticipated with a consequent increase in the cost and therefore a steady expansion of the Ambulance Service must be faced.

There is no doubt, however, in my mind that the general public take too much for granted and are demanding as a right conveyance to hospital or clinic by the ambulance service whereas there is no entitlement to this except where for medical reasons public transport cannot be used.

Thanks to the weekly returns from the Ministry of National Insurance, it is possible now to assess the amount of illness in the insured population throughout the year and as the insured population now comprises roughly one third of the total population, the statistics are a valuable guide as to the day to day health of the people and together with the vital statistics give a view in retrospect of the health of the Island generally.

Generally 1950 was a moderately healthy year and apart from the usual rise in the morbidity rates in the first three months of the year and a much smaller rise in August, probably due to the "Polio" scare, the rates remained fairly constant.

The total number of deaths however, 1,342 (52 more than in 1949), has only once been exceeded in the last 50 years, namely in 1940 when there were 83 more.

The number of deaths of infants under one year on the other hand, equalled the lowest record of 29 in 1939.

The number of births was 98 fewer than in 1949 and the excess of deaths over births was 77.

The Registrar General's estimate of the population in mid 1950 was 94,210, 890 more than in 1949, and as the excess of deaths over births was 77, the increase of population due to migration was presumably 967.

There were no changes in the medical staff during 1950.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

WILLIAM S. WALLACE.

County Hall,

Newport, I.W.

July, 1951.

Throughout this Report the figures in brackets refer to those of the previous year.

TABLE I.—VITAL STATISTICS OF ALL DISTRICTS—1950.

Area.	Rural District	Cowes.	Newport.	Ryde.	Sandown-Shanklin.	Ventnor.	Whole County.	England & Wales: Rate per 1000
No. of live births	250	237	276	258	163	81	1265	
Males	124	128	137	116	81	43	629	
Females	126	109	139	142	82	38	636	
No. of still births	10	5	7	6	—	—	28	
Males	6	2	3	5	—	—	16	
Females	4	3	4	1	—	—	12	
Live Birth-rate per 1000 population (crude)	14.4	13.8	13.6	13.1	12.7	11.7	13.4	15.8
Comparative factor for calculation of Birth Rate	1.16	1.05	1.07	1.06	1.05	1.12	1.06	
Comparative Birth Rate	16.7	14.5	14.6	13.9	13.3	13.1	14.2	
Still Birth-rate per 1000 total (live and still) births	38.5	20.7	24.7	22.7	—	—	21.65	
Number of deaths of infants under 1 year of age	6	5	8	3	5	2	29	
Infantile mortality rate per 1000 live births... ..	24.0	21.1	29.0	11.6	30.7	24.7	22.9	29.8
Number of Women dying in or in consequence of child birth—								
(a) From Sepsis	—	—	—	—	—	—	—	
(b) From other causes	—	—	1	1	—	—	2	
Deaths from Measles (all ages)	—	—	—	—	—	—	—	
Deaths from Whooping Cough (all ages)	—	—	—	—	—	—	—	
Total No. of Deaths	247	229	253	312	194	107	1342	
Males	120	115	121	142	95	47	640	
Females	127	114	132	170	99	60	702	
Crude death-rate per 1000 population	14.2	13.4	12.5	15.8	15.2	15.5	14.2	11.6
Comparative factor	0.71	0.83	0.88	0.72	0.71	0.71	0.78	
Comparative death-rate	10.08	11.12	11.0	11.4	10.8	11.0	11.1	
Population—Registrar General's Estimate (Civilians and Non-Civilians)	17320	17130	20310	19750	12790	6910	94210	

TABLE II.

POPULATION OF COUNTY DISTRICTS.

Sanitary Authority.	Population at 1931 Census.	Registrar General's Estimate of Population for:				
		1946	1947	1948	*1949	*1950
I.W. Rural District ...	16538	15440	15840	17140	17580	17320
Cowes U.D. ...	16022	15420	15720	16350	16360	17130
Newport M.B. ...	18864	19810	20310	20300	20110	20310
Ryde M.B. ...	18472	19080	19530	20090	19730	19750
Sandown-Shanklin U.D.	11615	12020	12600	13170	12650	12790
Ventnor U.D. ...	6943	5610	5750	6590	6890	6910
Whole County ...	88454	87380	89750	93640	93320	94210

*These figures include Civilians and Non-Civilians.

TABLE III. SHOWING VITAL STATISTICS DURING TEN YEARS.
(1941—1950 Inclusive.)

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
No. of Live Births ...	1166	1325	1366	1396	1414	1616	1780	1483	1363	1265
No. of Still births ...	43	42	39	29	47	42	29	40	41	28
Live birth-rate per 1,000 population ...	13.9	16.6	17.7	18.1	17.6	18.5	19.8	15.8	14.7	13.4
Still-birth rate per 1,000 total (live and still) births ...	36.9	30.7	27.8	20.35	32.2	25.3	16.0	26.3	29.2	21.65
Live birth-rate per 1,000 population England & Wales	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8
No. of deaths of infants under 1 year of age	53	37	47	49	51	50	68	40	42	29
Infantile mortality per 1,000 live births	44.8	27.9	34.4	35.1	36.1	30.9	38.2	27.0	30.8	22.9
Infantile mortality rate for England & Wales	59.0	49.0	49.0	46.0	46.0	43.0	41.0	34.0	32.0	29.8
Population—Registrar General's estimate...	83020	80010	77310	77270	80350	87380	89750	93640	*93320	*94210
No. of women dying in consequence of Childbirth:										
(a) From Sepsis	3	1	2	—	1	1	—	1	1	} 2
(b) From other causes	1	4	2	5	—	4	2	2	3	

*These figures include Civilians and Non-Civilians.

BIRTHS.

The number of live births was 1,265 (98 fewer than in 1949) giving a birth rate of 13.4 per 1,000 living (14.7). Sixty-seven of these were illegitimate as against 80, 101, and 106 for the previous three years.

For the first time the Registrar General has given an area comparability factor for births which allows for the differing age and sex distribution of the population in different areas and so making it possible to compare birth rates with other areas. The birth rate thus adjusted is 14.2 against 15.8 for England and Wales.

INFANTILE MORTALITY.

Twenty-nine infants died before reaching the age of one, giving an infant mortality rate of 22.9 (30.8). This is the lowest rate ever recorded on the Island. The rate for England and Wales was 29.8.

DEATHS.

The number of deaths registered and corrected for inward and outward transfers was 1,342 (1,290), 640 males and 702 females. This number is 52 in excess of 1949 and is the second highest recorded in 50 years. In 1940, 1,425 deaths were registered.

Apart from an increase of three in the age group 5—14 and of 90 in the 65 and over age group, every other group shows a decrease (*see Table V*).

Of the total number of deaths, 75.9 per cent (72.01 per cent) were over 65 years of age.

The area comparability factor for deaths given by the Registrar General allowing for differing age and sex distribution of the population enables comparable death rate to be given, namely 11.1 against an unadjusted death rate of 14.2 per 1,000 population.

TABLE IV.—SHOWING THE NUMBER OF DEATHS OF CERTAIN DISEASES FOR THE TEN YEARS, 1941—1950.

CAUSES OF DEATH.	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Whooping Cough	4	1	—	4	1	1	1	1	—	—
Diphtheria	—	—	1	—	—	—	2	—	—	—
Tuberculosis of respiratory system	35	30	32	37	24	33	46	30	28	24
Other forms of tuberculosis ...	5	10	7	7	2	5	7	4	4	3
Influenza	21	17	39	13	6	16	6	3	18	10
Measles	1	—	—	—	1	1	—	—	1	—
Acute poliomyelitis and polio- encephalitis	—	—	—	—	—	—	1	—	1	4
Cancer	162	166	159	184	185	186	202	186	186	210
Intra-cranial vascular lesions ...	128	127	125	148	136	147	162	145	137	192
Heart diseases	376	399	414	395	441	431	465	438	518	501
Other disease of circulatory system	18	22	21	25	27	23	37	34	33	41
Bronchitis	68	46	54	47	50	48	41	43	54	54
Pneumonia	37	35	26	28	25	21	36	33	35	28
Other respiratory diseases	12	19	11	12	19	9	10	14	11	7
Diarrhoea, under 2 years	—	1	1	—	3	—	10	1	2	—
Puerperal and post-abortive sepsis	3	1	2	—	1	1	—	1	1	} 2
Other maternal causes	1	4	2	5	—	4	2	2	3	
Congenital malformation	30	15	16	24	24	28	30	28	23	11
Motor vehicle accidents	10	13	7	7	5	4	2	9	6	3
All other accidents	—	—	—	—	—	—	—	—	—	18
Other violent causes	54	122	99	38	18	24	24	21	25	8
Isle of Wight.										
Death rate per 1,000 Population ...	15.05	16.3	16.7	16.2	15.2	13.6	14.7	12.9	13.9	14.2
*Comparable death rate per 1,000 ...	—	—	—	—	—	—	—	—	10.7	11.1
England & Wales.										
Death rate per 1,000 Population ...	12.9	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6

*Not available from 1940 until 1949.

TABLE V. SHOWING DEATHS IN VARIOUS AGE GROUPS. 10 YEARS 1941—1950.

AGES.			1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
0 - 1	Males ...	...	30	21	31	27	33	27	38	19	27	15
	Females ...	...	23	16	16	22	18	23	30	21	15	14
	TOTAL ...	...	53	37	47	49	51	50	68	40	42	29
1 — 4	Males ...	...	9	9	8	10	6	6	6	11	8	1
	Females ...	...	8	12	4	7	4	3	5	3	2	—
	TOTAL ...	...	17	21	12	17	10	9	11	14	10	1
5 — 14	Males ...	...	7	5	5	2	7	5	1	2	4	5
	Females ...	...	7	9	5	6	5	2	6	3	2	4
	TOTAL ...	...	14	14	10	8	12	7	7	5	6	9
15 — 44	Males ...	...	50	62	52	44	38	33	45	41	37	31
	Females ...	...	45	75	50	55	38	37	24	30	32	25
	TOTAL ...	...	95	137	102	99	76	70	69	71	69	56
45 — 64	Males ...	...	133	131	142	131	121	129	132	108	139	124
	Females ...	...	130	120	122	120	118	77	117	109	95	104
	TOTAL ...	...	263	251	264	251	239	206	249	217	234	228
65 and over	Males ...	...	375	408	390	388	383	397	409	374	433	464
	Females ...	...	433	435	465	441	452	447	502	488	496	555
	TOTAL ...	...	808	843	855	829	835	844	911	862	929	1019
GRAND TOTAL			1250	1303	1290	1253	1223	1186	1315	1209	1290	1342

PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL.

(a) **Medical.** Whole-time.

Medical Officer of Health, School Medical Officer and Welfare Officer
 Assistant County Medical Officers (including maternity and child welfare, and school medical services) and Medical Officers of Health to various districts

William S. Wallace, M.C., M.B., Ch.B., D.P.H.
 John Mills, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
 (Deputy County Medical Officer).
 Donald Warren Browne, M.R.C.S., L.R.C.P., D.P.H.,
 D.T.M. & H.

Assistant County Medical Officers (mainly maternity and child welfare, and school medical services)

Anne Simpson, M.B., Ch.B., D.P.H.
 Muriel James, M.B., Ch.B.

Dental Surgeon (Schools and maternity and child welfare services)
 Assistant Dental Surgeon

Frederick George Harvey, B.D.S. (Resigned 28-1-50).
 Gerald Simons, L.D.S.
 Herbert John Nicholls, L.D.S.
 Morris, Mrs., L.D.S. (Part-time). (Resigned 10-5-50).

Advisor—Mental Health Services
 Superintendent of Health Visitors
 Superintendent of Midwives

Charles Davies-Jones, M.B., Ch.B.
 Miss B. Filley, S.R.N., S.C.M., H.V., Dip. Nursing
 (Lond. University).
 Miss E. Moss, S.R.N., S.C.M.

(b) **Others.** Whole-time.

Dental Attendants
 Physiotherapist
 Speech Therapist
 Ambulance Officer
 Hospital Car Organizer
 Home Help Organizer

Mrs. D. Dunn.
 Mrs. M. Wetherick.
 Miss P. Twort, M.C.S.P., M.E., L.E.T.
 (Resigned 15-9-50).
 Miss O. Abotomey, B.A., L.C.S.T.
 Mr. R. F. Sullivan.
 Miss C. Hind.
 Mrs. W. Janion.

GENERAL PROVISION OF HEALTH SERVICES.**Public Health Act, 1936, Section 187.***Registration of Nursing Homes.*

At the beginning of the year, twenty-eight Homes were registered under the Public Health Act, and during the year three applications for registration were received. Three registrations were withdrawn during the year, one because of the death of the Proprietress, one because the owner left the Island and the other because the owner wished to discontinue taking patients. At the end of the year there were twenty-eight Nursing Homes registered, eleven for maternity cases only, six for maternity and other patients, and eleven for non-maternity cases. One hundred and thirty inspections were made during the year.

Public Education in Health.

Twenty-six lectures on health matters were given by the medical officers to various organisations.

INSPECTION AND SUPERVISION OF FOOD.

The County Council's duties in connection with sampling under the Food and Drugs Act, 1948, are undertaken by the department of the Chief Inspector of Weights and Measures. The following particulars relate to samples taken during the year:—

TABLE VI.—SHOWING FOODS AND DRUGS OF WHICH SAMPLES WERE SUBMITTED FOR ANALYSIS DURING THE YEAR ENDED 31st DECEMBER, 1950.

<i>Description of Sample.</i>	<i>Number obtained.</i>	<i>Number certified as satisfactory.</i>	<i>Number certified as adulterated or not up to standard.</i>
Milk	98	92	6
Milk (on delivery)	3	1	2
Milk (Appeal to cow)	3	3	—
Almonds Ground	1	1	—
Bread Procea	1	1	—
Breakfast Sausage	1	1	—
Bubble Gum	1	—	—
Butter	1	1	—
Calamine Lotion	1	1	—
Candy Crunch	1	—	1
Chocolate Roll	2	2	—
Chocolate, sweetened powdered	1	1	—
Chutney Fruit	1	1	—
Chutney Mango	1	—	1
Elixir Ephedrine Mixture	1	1	—
Ferri-Betalin	1	1	—
Flour, self-raising	1	1	—
Flour, soya	1	1	—
Fruit and Cream	1	1	—
Fudge, nut-filled	1	1	—
Honey Lumps	1	—	1
Honey Wheat Crunch	1	1	—
Horseradish Sauce	1	1	—
Ice Cream	5	5	—
Iodine, Tincture of	1	1	—
Jam, cherry	1	1	—
Jam, damson	1	1	—
Jelly	1	1	—
Jelly Cream	1	1	—
Jelly Dessert	1	—	1
Jelly, table	1	1	—
Lard	1	—	1
Margarine	1	1	—
Mayonnaise, french	1	1	—
Milk, condensed	1	1	—
Milk Pudding (Full cream)	1	1	—
Olive Oil	1	1	—
Pancake Mixture	1	1	—
Paste, fish	1	1	—
Paste, meat	3	2	1
Peaches and Cream, fresh	1	—	1
Pepper	3	2	1
Pepper Flavoured Compound	1	1	—
Pepper, white	2	2	—
Peppermint Essence	1	1	—
Processed Peas	1	1	—
Quinine, Ammoniated Tincture of	1	1	—
Relish	1	1	—
Rennett Essence	1	1	—
Salad Cream	5	5	—
Sausage Meat	1	—	1
Sausages	6	6	—
Sausages, beef	6	6	—
Sausages, pork	6	5	1
Scurf and Dandruff Lotion	1	1	—
Sherry, British	1	1	—
Shredded Suet	1	1	—
"Sparkling Cherryade"	1	1	—
Syrup Lactic Creosote	1	1	—
Tomato Ketchup	3	2	1
Vegetable Salad	1	1	—
Vinegar, malt	1	1	—
Vinegar, non-brewed	2	—	2
"Wight Spice Cordial"	1	1	—
Wine, barley	1	—	1
Wine, ginger	1	1	—
TOTAL ...	199	176	22

Number analysed by Public Analyst ...	...	...	...	...	114
Number analysed Departmentally—Milk ...	...	...	...	...	85
Total ...	...	...	...	...	199

TABLE VII.—SHOWING THE NUMBER OF SAMPLES OBTAINED FROM EACH AREA FOR THE PURPOSE OF ANALYSIS DURING THE YEAR ENDED 31st DECEMBER, 1950.

<i>District.</i>	<i>New Milk.</i>	<i>Other Samples.</i>	<i>Total.</i>
Arreton ...	1	—	1
Bembridge ...	—	2	2
Brading ...	3	—	3
Carisbrooke ...	—	1	1
Chale ...	1	—	1
Cowes ...	6	16	22
Cranmore ...	1	—	1
East Cowes ...	4	—	4
Freshwater ...	4	—	4
Gurnard ...	3	—	3
Lake ...	1	—	1
Newbridge ...	—	5	5
Newport ...	18	21	39
Rookley ...	1	—	1
Ryde ...	36	21	57
Sandown ...	2	4	6
Seaview ...	1	—	1
Shanklin ...	4	16	20
Shorwell ...	3	—	3
St. Helens ...	—	1	1
Totland ...	5	—	5
Ventnor ...	5	8	13
Whitwell ...	1	—	1
Yarmouth ...	4	—	4
	104	95	199

FOOD AND DRUGS (MILK AND DAIRIES) ACTS, 1944.

A total of 225 samples of milk were taken during the year from herds whose milk is not Tuberculin Tested and is retailed raw without heat treatment. These were examined for the presence of live Tubercle Bacilli at the Public Health Laboratory, Winchester. Five of these milks were found to be positive and arrangements were at once made with the producers to have the milk heat treated at the plant of the Isle of Wight Creameries, Ltd. The Divisional Inspector, Ministry of Agriculture and Fisheries, took appropriate action to detect and deal with the offending animals.

The two pasteurising premises licensed by the County Council have been subject to supervision, and samples of pasteurised milk from these premises have been taken at the rate of six samples monthly. The results of samples for the year under review were 100 per cent satisfactory.

In addition to the above, samples from the two Hospital Dairy Farms at Whitecroft and St. Mary's are taken at the rate of 12 a year at the request of the Minister of Health and submitted to the Methylene Blue Test at the Pathological Department at the Royal I.W. County Hospital, Ryde. Further samples from these two farms are taken quarterly at the request of the Minister for submission to biological examination at the Public Health Laboratory, Winchester.

MILK AND DAIRIES ACTS AND ORDERS.

TABLE VIII.

1.	Number of Registered Dairy Farmers in the County 31-12-50 ...	...	...	...	557
	Number of herd inspections by Vets ...	...	...	...	753
	Number of animals examined ...	...	...	...	20,323
	Number of animals slaughtered ...	...	...	...	13
2.	Number of samples taken for T.B., year 1950 ...	...	...	...	225
	Number of samples positive ...	...	...	...	5
	Number of affected farms ...	...	...	...	5
	Number of visits to affected farms by Vets ...	...	...	...	9
	Number of cows slaughtered under T.B. Order as result of above ...	...	...	...	5

TABLE IX. SHOWING NUMBER OF SAMPLES COLLECTED.

Designation.	No. of Samples Collected.	Type of Examination.					
		Methylene Blue.		Phosphatase		Biological	
		Passed.	Failed.	Passed.	Failed.	Pos.	Neg.
Pasteurised	72	72	—	72	—	—	—
Non-Designated	225	—	—	—	—	5	220
Hospital Farms :							
Non-Designated	24	24	—	—	—	—	—
Non-Designated	8	—	—	—	—	—	8*
Totals	329	96	—	72	—	5	228

*These samples also gave negative results for *Brucella Abortus*.

INFECTIOUS DISEASE

TABLE X.—NOTIFICATIONS MADE TO MEDICAL OFFICERS OF HEALTH DURING THE YEAR ENDED 31st DECEMBER, 1950.

	Isle of Wight Rural District	Cowes.	Newport.	Ryde.	Sandown-Shanklin.	Ventnor.	Totals.
Small Pox	—	—	—	—	—	—	—
Scarlet Fever	14	10	24	15	6	5	74
Diphtheria	—	—	—	—	—	1	1
Enteric Fever	—	—	—	—	—	—	—
Pneumonia	10	2	12	—	1	1	26
Puerperal Pyrexia	—	—	2	—	2	—	4
Acute Poliomyelitis :							
Paralytic	27	5	10	3	6	3	54
Non-Paralytic	11	10	9	2	7	2	41
Infective Encephalitis	1	—	1	1	—	—	3
Post Infectious Encephalitis	—	—	—	—	—	—	—
Erysipelas	4	1	4	2	1	—	12
Ophthalmia Neonatorum	—	—	—	—	—	—	—
Measles	12	7	20	110	25	159	333
Whooping Cough	40	2	15	18	7	6	88
Dysentery	—	—	—	—	—	—	—
Malaria	—	1	1	—	—	—	2
Meningococcal Infection	1	—	1	—	—	—	2
Para Typhoid Fever	—	—	—	—	—	—	—
Food Poisoning	—	1	—	4	—	—	5
*Pulmonary Tuberculosis	16	14	16	25	13	7	91
*Other forms of Tuberculosis	5	1	7	9	1	—	23
Totals	141	54	122	189	69	184	759

*N.B.—These figures include notifications of one non-pulmonary and 32 pulmonary cases which have come to reside in the Island.

Owing to a drop in the numbers of notifications of measles and whooping cough during the year, the total number of notifications received of all infectious diseases was down by almost 50 per cent compared with 1949, and the only disease in which the notifications received were increased to any extent was poliomyelitis.

Diphtheria was conspicuous by its almost complete absence and scarlet fever showed an increase of four cases only. The number of notified cases of food poisoning was surprisingly low and one is forced to the conclusion that notification of this disease is not being carried out to any extent.

The black spot in the picture was the number of cases of acute poliomyelitis notified. Although the total number of cases did not justify the term epidemic, the notice which was taken of the disease by the Public Press made one feel that a pestilence had visited the Island. The fact that we were the first holiday resort to have sufficient cases to justify mention in the press together with bad initial handling of publicity, was responsible for a press campaign which, from the economic point of view, was ruinous to the Isle of Wight Season.

It is easy to be wise after the event and now looking back it seems that the Health Department may have been over cautious, but it is within the bounds of possibility that had the precautions not been taken, a very much larger outbreak might have occurred in view of the extreme virulence of the virus.

I append a brief account of the outbreak :—

Up to the middle of July, 1950, five cases of poliomyelitis had been notified in the Island, two in Newport, one in Ryde, one in Shanklin and one in Chale.

Area A.—Freshwater.

On July 11th and 12th, two cases were seen, both from the same class in a junior school at Freshwater and these two cases linked up with five others. In the same class in the Junior School, was a boy who had a vague history of being out of sorts and the Father and Mother of this boy developed the disease on the 10th and 12th of August respectively. Another case from the same school, but in a different class, was recorded on August 12th. Seven other cases in the Freshwater area did not appear to have any direct or indirect contact with the school but most of them, including a general medical practitioner, a grocer's roundsman and a shop assistant travelled round a good deal.

Area B.—Newport.

Cases soon occurred in Newport, the first on the 20th July, having a direct connection with the School at Freshwater, in that for three weeks, a lady and her husband stayed in a house in Freshwater from which a boy attended the affected class in the Junior School and she herself attended the school prize giving on July 6th. The husband subsequently developed the disease on the 22nd July, 1950. An infant child from this family, as both parents were in hospital, was taken to the house of the grandparents at a mill between Newport and Freshwater. She developed the disease on the 31st July, 1950. An aunt of the baby, living in the mill developed vague symptoms on August 1st and a woman who worked in the same office in Newport developed paralytic poliomyelitis subsequently. Further an R.A.F. Sergeant on leave visited the mill and on returning to his Unit on the mainland developed poliomyelitis. Subsequent cases developing in Newport had no demonstrable link with the first cases.

Area C.—South of Newport.

A lady living in Godshill Parish became paralysed on August 11th. She has a sister who was a near neighbour and a personal friend of the first case in Newport to whom she spoke frequently before admission to hospital. The two sisters met twice weekly, once in Newport and once in Rookley (the mother's home) and in the next door house at Rookley an eight year old girl was taken to hospital on August 10th. A further four cases in this group have a possible link with these two cases.

During the remainder of August and September, cases kept cropping up in other parts of the Island and in all 52 paralytic and 38 non-paralytic cases were notified during the outbreak which, together with the five notified earlier in the year, makes a total of 54 paralytic and 41 non-paralytic cases during the year. These were situated according to Sanitary districts as follows :—

<i>Newport.</i>	<i>Ryde.</i>	<i>Rural District.</i>	<i>Cowes.</i>	<i>Sandown-Shanklin.</i>	<i>Ventnor.</i>
19	5	38	15	13	5

As far as could be ascertained, 11 of these cases were imported cases, but to offset this, we have been notified from the mainland of 18 cases who developed poliomyelitis which was undoubtedly contracted on the Island.

In view of the fact that, for every known case, there are probably five missed cases, it is probable that the total number of people harbouring the virus in the Island was in the region of 500.

It is perhaps therefore fair to say that the action taken by the district medical officers in advising visitors not to bring children and young adults to the affected areas in the Island was wise.

Luckily the disease, although severe in many cases, only caused three deaths in the Island and as far as is known, one on the mainland.

The end results too were remarkably good, and only seven cases were sufficiently paralysed to require treatment in an orthopaedic hospital. This fact may be due to the early diagnosis of the disease with the resulting confinement to bed in the very early stages.

TABLE XI.—CERTAIN INFECTIOUS DISEASES NOTIFIED IN THE ISLAND DURING 1950, ACCORDING TO AGE GROUP.

Age.	Diph- theria.	Scarlet Fever.	Poliomyelitis.		Measles	Whooping Cough.	Food Poisoning.
			Paralytic	Non-P ^l ytic			
Under 1	—	1	1	—	3	7	—
1 and under 2	—	3	3	—	27	7	1
2 and under 3	—	6	—	—	20	18	—
3 and under 4	—	8	1	1	55	11	—
4 and under 5	—	4	1	—	17	9	1
5 and under 10	—	37	9	7	182	32	—
10 and under 15	—	7	8	8	23	1	—
15 and under 25	—	7	9	10	4	2	2
25 and under 35	—	1	19	13	—	—	—
35 and under 45	1	—	3	1	—	—	—
45 and under 65	—	—	—	1	1	1	1
65 and over	—	—	—	—	1	—	—
Total ...	1	74	54	41	333	88	5

TABLE XII.—NOTIFICATIONS OF CERTAIN INFECTIOUS DISEASES RECEIVED DURING THE PAST TEN YEARS.

Disease.	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Small Pox ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	21	47	125	116	109	66	41	102	70	74
Diphtheria ...	4	1	9	—	6	3	20	4	2	1
Enteric Fever	1	2	—	—	—	—	—	—	—	—
Paratyphoid	—	—	2	—	—	34	—	—	—	—
Pneumonia	39	18	29	20	7	23	24	26	24	26
Puerperal Pyrexia ...	20	24	15	12	13	20	15	6	7	4
Meningococ- cal Infection	13	3	2	2	3	2	2	1	2	2
Acute Polio- myelitis and Polio En- cephalitis ...	—	2	—	—	—	—	46	7	11	95
Acute Encephalitis Infective ...	1	—	—	—	1	—	1	—	—	3
Acute Enceph- alitis Post Infectious ...	—	—	—	—	—	1	—	—	—	—
Erysipelas ...	9	11	8	8	12	17	15	17	11	12
Ophthalmia Neonatorum	5	4	6	2	2	1	2	1	—	—
* Measles ...	726	77	426	975	231	566	605	396	927	333
* Whooping Cough ...	492	56	19	316	22	153	102	333	156	88
Dysentery ...	1	—	—	—	1	—	—	—	—	—
Malaria ...	—	—	—	1	—	1	—	—	1	2
				Relapse						
Undulant Fever ...	—	—	—	—	—	1	—	—	—	—
Brucella Abortus In- fection ...	—	—	—	1	—	—	—	—	—	—
† Food Poisoning	—	—	—	—	—	—	—	—	157	5
Tuberculosis Pulmonary	59	90	103	108	98	90	118	64	91	91
Tuberculosis Non-Pul- monary	28	32	16	20	13	18	28	28	26	23

* Notifiable as from 23-10-39.

† Notifiable as from 1-1-49.

CARE OF MOTHERS AND YOUNG CHILDREN.

During the year 1,276 births were notified to the Health Department whereas Table I shows that 1,293 were registered, a difference of 17. Sixteen births occurring on the Island were not notified to the Medical Officer of Health and the odd one not accounted for is due to the fact that the figure of 1,293 given by the Registrar General is the number of births actually occurring on the Island corrected for inward and outward transfers and is the true figure on which the birth rate is calculated.

Of the 1,276 births notified, 598 or 46.9 per cent (46.9 per cent) took place at home, and of the remaining 678, 27.1 per cent took place in private nursing homes (35.3 per cent) and 26 per cent in hospitals (17.8 per cent).

These figures show that apparently the hospital admissions are increasing at the expense of nursing homes. Actually St. Mary's Hospital has increased its number of maternity beds and consequently had a larger number of admissions on social grounds whilst many women who formerly went to nursing homes are now prepared to be confined at home, for reasons mainly financial, but partly because they are able to obtain Home Helps from the Council's Service.

Of the 1,276 notified births, 1,246 were live births and 30 were still births.

TABLE XIII. DETAILS OF BIRTHS NOTIFIED TO THE COUNTY MEDICAL OFFICER DURING 1950.

<i>Year 1950.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total Births.</i>	<i>Born at Home.</i>	<i>Born in Nursing Home.</i>	<i>Born in Hospital.</i>	<i>Total.</i>
Live Births	615	631	1246	586	342	318	1246
Still Births	16	14	30	12	4	14	30
Total	631	645	1276	598	346	332	*1276

*N.B.—It will be noted that there is a difference of 19 more live births and 2 less still births recorded by the Registrar General and entered in Table I of this report. The reason for this apparent discrepancy is that in Table XIII only the births notified in the actual year are entered, whereas, in the Registrar General's figures all births registered during the year (including those unnotified) but corrected for inward and outward transfers are entered.

Ante-Natal Clinics.

There is no change in the number of ante-natal clinics since the last report but there has been a definite falling off of the numbers of expectant mothers attending.

The general practitioner each year is becoming more and more conscious of the value of ante-natal care. Many of them are still prepared to refer their patients to the Authority's clinics for routine check up and for mothercraft training but others prefer not to send their patients and this number is increasing for various reasons. Another factor is that as more women are accepted for admission to hospital and are seen at the ante-natal clinic run by the hospital, their doctors quite rightly do not refer them to the Authority's clinics in addition.

I believe it is possible to put too much emphasis on ante-natal care and for an expectant mother to be examined soon after conception at three different clinics. First, she consults the domiciliary midwife who ought to inform her of her right to engage a doctor but who may refer her in the first instance to the clinic doctor. She then sees her own doctor who after examination may refer her for hospital admission and finally, having been accepted for admission, she is asked to attend the hospital clinic. In one case all this happened within a very few days.

This overlapping is due to the fact that three different bodies can be responsible for the maternity services, the Local Health Authority, the employer of the domiciliary midwife, the Executive Council, the employer of the general practitioner obstetrician, and the Regional Hospital Board, the employer of the specialist and the provider of the hospital bed.

It ought to be possible so to co-ordinate the services provided by these three bodies so that one, two or all three of them can function smoothly when required. The patient's comfort and the future of the child should be the first consideration of all concerned and no selfish motives of loss of practice or loss of prestige should enter into the matter.

Post-Natal Clinics.

No special clinics are held for post-natal examinations. These are made either at welfare centres, ante-natal clinics or at home by appointment.

In all, 31 new cases were seen and 39 attendances made.

Family Planning.

Monthly clinics are held at Newport and Ryde and women specifically recommended by medical practitioners for advice are seen.

The number of sessions held in 1950 was 25 and at these 135 women made 203 attendances.

Infant Welfare.

One new centre was opened during the year and the existing 24 centres continued to be well attended. Attendances amounted to 11,112 (13,369), 7,130 by infants under one year and 3,982 by children between one and five years.

TABLE XIV.

INFANT WELFARE CENTRES.

Name of Centre.	Place where Held.	How often Held.	Day and Time on which Doctor Attends. (All times are p.m.)	No. of Children who attended Centres during the year.		No. of Children who first attended the Centres during the year and who on the date of their first attendance were:—		No. of Children in attendance at the end of the year who were then:—		Total No. of attendances made by Children included in column (5)
				(5)	(6)	Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Between the ages of 1 and 5.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Arreton	Chapel Room	Monthly	Fifth Wednesday at 2.30	18	4	3	4	14	9	27
Bembridge	Chapel Room	Monthly	Third Monday at 2.30	49	11	—	10	39	71	100
Brading	Church Room	Monthly	Second Tuesday at 2.30	50	18	1	13	37	57	93
Brighthelm and Brooke	Wilberforce Hall	Monthly	Third Tuesday at 3.0	44	10	1	6	26	61	59
Calbourne	The Rectory	Occasionally	Fifth Tuesday at 3.0	19	6	—	5	10	10	15
Carisbrooke	Church Hall	Twice Monthly	Third Wednesday at 2.30	58	20	1	13	15	191	139
Chale	Methodist Church Hall	Monthly	Fourth Tuesday at 3.0	19	5	—	3	14	17	56
East Cowes	Church Hall	Twice Monthly	First and third Thursdays at 2.30	90	35	3	29	53	286	172
Cowes	Northwood House	Weekly	Second and fourth Wednesdays at 2.30	217	54	10	63	153	953	439
Freshwater	British Legion Hut, Princes Rd.	Twice Monthly	Second Tuesday at 2.30	53	21	13	24	9	197	160
Godshill	Village Hall	Monthly	Third Monday at 2.30	39	5	3	6	33	42	67
Newport	County Hall	Weekly	First and Third Thursdays at 2.30	400	132	13	87	74	1507	784
Whitwell	Women's Institute Hall, Whitwell	Monthly	Second Friday at 3.0	45	20	1	16	29	38	69
Northwood	Women's Institute Hall	Twice Monthly	Fourth Wednesday at 2.30	47	15	1	11	23	180	111
Ryde	Methodist Hall, Well St.	Weekly	Wednesday at 2.30	324	151	7	92	36	2137	448
St. Helens	Lower Green, Methodist Sunday School	Monthly	Fourth Thursday at 2.30	55	13	4	9	29	93	129
Sandown	Methodist Hall	Twice Monthly	First and third Tuesdays at 2.30	186	81	9	53	123	577	368
St. Lawrence	Village Hall	Monthly	Fourth Friday at 2.30	11	7	3	4	7	26	10
Seaview	Methodist School	Monthly	First Monday at 2.30	50	13	10	17	10	70	80
Shanklin	Methodist Hall, Regent St.	Twice Monthly	Fourth Tuesday at 2.30	157	26	—	32	119	172	159
Shorwell	Chapel Hall	Tuesdays	Second Thursday at 3.0	26	10	3	10	13	52	56
Ventnor	Church Hall, Alpine Rd.	Twice Monthly	First Friday at 2.30	64	32	5	26	38	232	142
Wootton	Methodist Hall	Monthly	Fourth Friday at 2.30	24	9	5	9	15	30	41
Wroxall	Church Hall	Monthly	First Friday at 2.30	56	32	—	15	41	85	158
Yarmouth	The Institute	Monthly	Third Friday at 3.0	36	6	4	4	20	37	100

Care of Premature Babies.

All babies with a birth weight of under 5½lbs. are notified to the Local Health Authority and suitable action taken. Table XV shows particulars of the number notified and the fate of these babies up to the end of four weeks.

TABLE XV. CARE OF PREMATURE OR UNDERWEIGHT INFANTS.

(i.e. babies weighing 5½lbs. or less at birth.)

	1950.	1949.
Number of notified premature or underweight infants born on the Island during 1950 and 1949	66	88
Percentage of all live births	5.3	6.5
Number of premature babies notified who were:—		
(a) Born at home	20	31
(b) Born in hospital	31	35
(c) Born in nursing homes	15	22
Number of those born at home who were:—		
(a) Nursed entirely at home	18	29
(b) Removed to hospital	2	2
Number of those born at home who died:—		
(a) During the first 24 hours	2	7
(b) Between 2nd and 28th day	1	1
Number of those born at home who survived at the end of four weeks... ..	17	23
Number of those born in hospitals who died:—		
(a) During the first 24 hours	3	4
(b) Between 2nd and 28th day	5	6
Number of those born in hospitals who survived at the end of four weeks	23	25
Number of those born in nursing homes:—		
(a) Who died during the first 24 hours	2	2
(b) Who died between the 2nd and 28th day	2	—
(c) Who survived at the end of one month	11	20

Orthopaedic Treatment.

Children under five with orthopaedic defects are seen at the clinic at the County Hall which is held monthly and to which the Regional Hospital Board sends a consultant. During the calendar year 91 attendances were made by children under school age. Four children were referred from this clinic for treatment at the Lord Mayor Treloar Hospital, Alton.

Dental Treatment.

The Council's Senior Dental Surgeon has kindly furnished the following report:—

"Until May, regular dental examinations were carried out at all the welfare clinics and treatment was performed at the various dental clinics in the Island. Unfortunately, however, Mrs. Morris, who had been responsible for this work on a part-time basis, resigned on leaving the Island. Since May, the two school dentists have seen and treated any cases which have sought treatment or been referred to them, although it has not been possible for them to carry out routine inspections.

One hundred and forty-five mothers were examined during the year, 117 of whom were found to be needing treatment. Treatment was accepted in 73 cases, but it is likely that many of those, not accepting, received treatment under the National Health Service by private practitioners. In the case of young children, 250 were examined and 121 needed treatment, this being accepted on behalf of 110 of them.

Comprehensive treatment has been carried out including the supply of artificial dentures to those mothers in need of them."

A summary of the work performed is as follows:—

TABLE XVI. NUMBERS PROVIDED WITH DENTAL CARE.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers ...	145	117	73	49
Children under five	250	121	110	91

TABLE XVII. FORMS OF DENTAL TREATMENT PROVIDED.

	<i>Extractions.</i>	<i>Anaesthetics.</i>		<i>Fillings.</i>	<i>Scalings or Scaling and gum treatment.</i>	<i>Silver Nitrate treatment.</i>	<i>Dressings (Including denture fittings).</i>	<i>Radio-graphs.</i>	<i>Dentures provided.</i>	
		<i>Local.</i>	<i>General.</i>						<i>Complete.</i>	<i>Partial.</i>
Expectant and Nursing Mothers	169	63	39	115	16	—	183	—	5	13
Children under five	128	63	11	175	—	21	34	—	—	—

MIDWIFERY SERVICES.

During the year 73 midwives notified their intention to practise of whom 52 practised throughout the year and 21 for part of the year.

At the end of the year, 50 state certified midwives were practising in the Isle of Wight; seven in hospitals, 10 in nursing homes, five independently and 33 on the nursing staff of the Local Health Authority.

In addition, one state certified midwife notified her intention to practise as a maternity nurse during the year.

In supervising the work of the midwives, 72 routine and five special visits of inquiry were made.

The returns submitted by the 73 midwives and the one maternity nurse show that the number of confinements attended by them during the year was 1,263 (1,383). Of these, 754 (860) births were attended as maternity nurses and 509 (523) as midwives. In addition one maternity nurse, not a midwife, attended at 31 births.

Of the 1,294 confinements attended by midwives and maternity nurses, 607 (637) were attended by the Authority's domiciliary midwives, 185 (238) as midwifery cases and 422 (399) as maternity cases.

During the year twin births occurred in 11 cases and triplets in one.

In 60 instances, midwives sent for medical aid and an analysis of the aid forms shows that 54 were in respect of the mother, five in respect of the child and one in respect of both mother and child. A further analysis of the 54 in respect of the mother shows that 13 were for complications of pregnancy, seven for miscarriage or threatened miscarriage, 23 for causes arising out of labour and 11 for causes arising after labour.

Of the 23 causes arising during labour:—

7 were on account of obstructed or delayed labour
 3 " " " " abnormal presentation
 1 was " " " " haemorrhage
 12 were " " " " ruptured perineum

In addition to the above summonses for medical aid, the midwives notified 14 stillbirths, three performing last office, four liability to be a source of infection, seven artificial feeding and one death of a child.

Caesarean Section.

Twenty-three of the deliveries on the Island were by section. Twenty-one took place at St. Mary's Hospital, one at Shanklin Cottage Hospital and one in a nursing home.

Puerperal Pyrexia.

Four cases were notified during the year, two in Newport Borough and two in the Sandown-Shanklin Urban District. Three of the cases developed in domiciliary deliveries and one in a nursing home delivery. None of the cases was transferred to the Fairlee Isolation Hospital.

Maternal Deaths.

Three women died during or soon after child birth, two in St. Mary's Hospital and one at home. Two of these only are classed by the Registrar General as maternal deaths.

Administration of Gas and Air Analgesia.

Of the Authority's 33 domiciliary midwives, 27 are qualified to administer nitrous oxide. Of the remaining six, three are near retiral age and it is not proposed to train them. The remaining three will be trained when convenient.

Two hundred and fifty women attended by the Authority's midwives had gas and air analgesia during the confinement: therefore in 41.2 per cent of the confinements attended by the Authority's domiciliary midwives, gas and air analgesia was administered by the midwives.

HEALTH VISITING SERVICE.

Four nurses trained as Health Visitors at the Course held at University College, Southampton, were successful in obtaining their certificate in 1950 and one other commenced the course which will be completed in 1951.

One of the successful candidates is now a whole time Health Visitor so that the foundation of a whole time service has been laid as envisaged in my report of 1949.

The total number of health visits paid in 1950 was 16,127.

HOME NURSING SERVICE.

The number of cases dealt with by the Authority's domiciliary nurses was 3,257 (3,267) entailing 67,181 visits (61,855). It will be seen that although the total number of cases dealt with is 10 fewer than in 1949, the number of visits has increased by 5,326. The explanation for fewer cases requiring more visits, is that some of the cases were more severe, some having penicillin injections may have had two, three or even four visits, in the day and with fewer cases there was time for more visits.

VACCINATION AND IMMUNISATION.

Table XVIII set out below shows in detail the number of certificates received by the Local Health Authority in respect of vaccination against small-pox and immunisation against diphtheria, *viz.* :—vaccinations 700 (655), re-vaccinations 257 (250), immunisations 776 (1,261), re-inforcing doses 419 (770).

It is disturbing to note in the falling off in the numbers of diphtheria immunisations, evidence of apathy on the part of the parents of infants. The introduction of nation wide immunisation against diphtheria resulting in the almost complete disappearance of the disease as a cause of death, and a greatly reduced cause of morbidity was one of the triumphs of preventive medicine. Unfortunately immunisation does not prevent the carrier state and so long as there are children who have not been immunised, there is a potential medium for the continued existence and the upstepping of the virulence of the germ and as the numbers of unimmunised children increases, so does the chance of the return of diphtheria as a killing disease.

Publicity only reaches the few but rumour spreads like the expanding circles made in water by the plopping of a stone. Rumour of a death from diphtheria therefore invariably causes a steep rise in the numbers immunised. Fortunately for the children at risk, deaths from this disease are few and far between but how unfortunate for the children who will be born ten years hence should virulence increase as the numbers at risk also increase.

TABLE XVIII gives the position as far as is known for the period 1st January—31st December, 1950.

	Vaccinations.		Number of persons Re-Vaccinated		Diphtheria Immunisations.		
	Children under 5	Age 5 +	Children under 5	Age 5 +	Children Immunised.		No. of Children who received re-inforcing doses.
					Under 5	Over 5	
By General Practitioners	376	144	5	226	386	37	29
By Authority's Staff ...	169	11	1	25	274	79	390

TABLE XIX. SUMMARY OF CHILDREN IMMUNISED IN THE ISLE OF WIGHT.

	Urban Districts.			Borough Districts.		Rural District.	Total.
	Cowes	Sandown-Shanklin	Ventnor	Newport	Ryde	I.W.R.D.	
Number born in years as stated below and fully immunised by 31-12-50:							
1950	4	3	2	9	1	10	29
1949	84	81	33	94	120	112	524
1948	152	96	63	206	148	177	842
1947	162	159	87	227	173	228	1036
1946	156	136	53	187	137	182	851
Total ...	558	475	238	723	579	709	3282
Total estimated population of children under 5 at mid-year 1950 ...	1515	876	595	1485	1519	1387	7377
Percentage fully immunised by 31-12-50 ...	36.83	54.22	40.00	48.68	38.16	50.39	44.48
Number of children born in 5-9 age group as stated fully immunised by 31-12-50:							
Ages 5-9, i.e., born 1941-45 ...	728	633	209	1141	697	771	4179
Ages 10-14 ...	668	523	258	1185	729	786	4149
Total ...	1396	1156	467	2326	1426	1557	8328
Total estimated population of children 5-14 years ...	2177	1615	948	2439	2457	2274	11910
Percentage of children age 5-14 years immunised on 31-12-50...	64.11	71.57	49.26	95.36	58.03	68.46	69.92
Total number of children immunised on 31-12-50	1954	1631	705	3049	2005	2266	11610
Percentage of children under 14 immunised on 31-12-50 ...	54.0	65.47	45.69	77.73	50.42	61.89	60.19

AMBULANCE SERVICE.

The ambulance service is functioning well and many letters of appreciation are received of the excellence of the service. Even the appearance of the ambulances with the beautiful County Crest have received much praise and I have been told that the more of our ambulances we send to the mainland and the further afield they go, the greater will be the advertisement for the Island.

The only complaints received during the year were from disgruntled persons who were not granted the use of an ambulance and it is extraordinary to hear people who should know better demanding transport because "I pay for it in my weekly contributions".

Table XX gives particulars of the number of journeys, number of patients carried and the miles travelled both by the ambulances and hospital cars. An increase of 30.6 per cent in miles travelled by ambulances and 69.6 per cent by hospital cars shows the reason for the steadily mounting costs of the service and this will still go on, for development of hospital services, with special reference to the Physical Medicine and Radiography departments, must definitely mean an increase in the number of patients carried to hospital out-patient departments. Any one of us at any time may require transport through the ambulance service so let this be remembered when discussing the cost to the ratepayer; but let it be remembered too, that public transport is still available and the ambulance service must only be used if public transport is unsuitable, for medical reasons.

The hospital car service is expanding at a rate exceeding the intake of those public spirited ladies and gentlemen who give their services and cars for a sum which in many cases (where numerous short journeys are made) does not meet the actual running costs. The service has practically reached its peak as far as drivers

are concerned and even the handing out of an appeal with each car licence issued is not bringing in sufficient recruits. Sooner or later therefore the Authority must face further expenditure in providing sitting case cars with the necessary whole time drivers if the increasing demands of the hospitals are to be met.

TABLE XX shows the use which has been made of the ambulance service during the year.

		<i>No. of Vehicles at 31st December, 1950.</i>	<i>Total No. of Journeys during the year ended 31st December, 1950.</i>	<i>Total No. of patients carried during the year ended 31st December, 1950.</i>	<i>No. of Accident and other Emergency Calls included in col. 3 during the year ended 31st December, 1950.</i>	<i>Total Mileage during the year ended 31st December, 1950.</i>	<i>No. of Journeys to Mainland by Island Ambulances.</i>	<i>No. of Mainland Journeys arranged through Portsmouth or Southampton.</i>
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)
Directly Provided Service	Ambulances	6	4135	4773	258	75736	81	50
	Cars ...	—	—	—	—	—	—	—
Agency Service ...	Ambulances	2	515	618	54	13463	4	—
	Cars ...	—	—	—	—	—	—	—
Supplementary Services	Ambulances	—	—	—	—	—	—	—
	Cars ...	41	4969	6096	145	90871½	—	—

PREVENTION OF ILLNESS: CARE AND AFTER CARE.

(A) Tuberculosis.

No changes were made in the arrangements under this section during the year except that B.C.G. vaccination commenced in a small way. Every effort must be made to get as many susceptible persons at risk, who are suitable, vaccinated as soon as possible.

Unfortunately, vaccination against tuberculosis is still in its infancy in this country. It is still in the trial stage and controlled investigations must go on for some time. Until ample supplies of the best vaccine are available, whether B.C.G. or other, no general preventive vaccination can be offered to the public at large as is done in the case of small pox.

The numbers of suitable contacts who have received B.C.G. vaccination in 1950 was five.

The Tuberculosis Health Visitor pays domiciliary visits to affected households to report on the environment and circumstances, to investigate possible source of infection, to ascertain numbers of contacts, to arrange for skin tests of contacts and if suitable to offer and arrange for B.C.G. vaccination, and to give advice, encouragement and help where necessary. For all these purposes, the visitor paid 970 domiciliary visits in 1950 and as a result of some of these visits ten patients received extra nourishment in the form of milk.

At the end of the year, ten shelters were on loan to patients and during the year, two patients were provided with extra bedding or clothing.

During the year 566 contacts were X-Rayed and 25 had skin tests to ascertain whether or not they were suitable for B.C.G. vaccination.

The total number of X-Ray examinations made under the tuberculosis scheme during the year was 2,322 ; 1,756 of these were for diagnosis or as a guide to treatment and 566 were of contacts.

Seventy-three patients in all were admitted to Sanatoria or Hospitals during 1950.

Mass Radiography.

During the year, the Island was visited by a mass radiography unit provided by the kindness of the Regional Hospital Board. The report of the Director, Dr. Lendrum, is appended and it is gratifying to be told that although the number of individuals passing through the unit was satisfactory, the number of tuberculosis cases found was so small as to make the unit's visit uneconomic. Uneconomic the visit may have been as far as the unit is concerned, but surely not from the point of view of the nine new cases discovered in the early stage of disease. Early diagnosis of disease usually means earlier cure, less disturbance of family economics, less patient days in hospital and consequently taking the long term point of view, money spent to secure early diagnosis must always be economic.

REPORT OF THE MEDICAL DIRECTOR ON THE SURVEY CARRIED OUT IN THE ISLE OF WIGHT BY THE PORTSMOUTH MASS RADIOGRAPHY UNIT BETWEEN THE 28TH APRIL AND 9TH JUNE, 1950.

1. General.

The visit of the Portsmouth Mass Radiography Unit to the Island, which occupied six weeks, may be regarded as a great success from the point of view of the number of individuals examined. The number of cases of active tuberculosis found, however, made the visit uneconomic and in view of the high rates in industrial Portsmouth and Gosport, do not appear to warrant an annual visit.

The Unit operated at East Cowes, West Cowes, Newport, Ryde and Parkhurst. The numbers coming through involved a very heavy pressure of work, combined with the moving of the Unit, and when future surveys of the area, including general public sessions, are undertaken, the period for the survey will have to be increased. This will make the visit still more uneconomic, if the same low disease rate is found.

My thanks are due to the County Medical Officer, as a result of whose co-operation the visit was made much easier.

2. Statistics.

NUMBER OF EXAMINATIONS COMPLETED.

	<i>By Miniature X-ray</i>	<i>Further, by Large Film</i>	<i>Further, by Clinical Examination</i>
Male ...	5039	277	68
Female ...	2992	127	26
Total ...	8031	404	94

CASES OF TUBERCULOSIS FOUND. (All Types.)

	<i>Inactive</i>			<i>Active.</i>			
	<i>Primary</i>	<i>Post Primary</i>	<i>Total</i>	<i>Primary</i>	<i>Post Primary</i>	<i>Effusion</i>	<i>Total</i>
Male ...	123	98	221	—	9*	—	9
Female ...	86	39	125	1	—	—	1
Total ...	209	137	346	1	9	—	10*

*Of these, two were already known.

NEW CASES OF ACTIVE PULMONARY TUBERCULOSIS FOUND. (By age groups.)

	Under 15		15—24		25—34		35—44		45—59		Over 60		Total	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
No. examined	661	633	1190	808	1048	585	998	522	917	373	225	71	5039	2992
No. of cases	—	1	2	—	2	—	1	—	2	—	—	—	7	1
Rate per 1,000 examined	—	1.6	1.7	—	1.9	—	1.0	—	2.2	—	—	—	1.4	0.3
Combined ...	0.8		1.0		1.2		0.7		1.6		—		1.0	
Other Rural Area ...	2.6		0.7		1.5		—		—		8.2		1.6	0.6
													1.1	
A County Borough, 1950	15.4	11.6	6.5	6.0	4.8	4.2	2.3	4.5	2.3	9.2	8.1	—	5.3	6.0
	13.6		6.2		4.5		3.1		3.9		6.2		5.6	

TABLE XXI.—SHOWING THE NUMBER OF NEW CASES AND THE DEATHS FROM TUBERCULOSIS DURING THE YEAR.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory System.		Other Forms.		Respiratory System.		Other Forms.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— ...	—	—	—	—	—	—	—	—
1— ...	—	2	1	1	—	—	—	—
5— ...	1	3	1	3	—	—	—	—
10— ...	—	3	5	4	—	—	1	—
15— ...	1	1	—	1	—	1	1	—
20— ...	6	10	—	2	—	1	—	—
25— ...	25	12	2	1	—	2	—	—
35— ...	6	5	—	—	1	—	1	—
45— ...	5	3	1	1	6	4	—	—
55— ...	6	—	—	—	2	—	—	—
65 and upwards	4	5	—	—	2	5	—	—
Totals 1950 ...	54	44	10	13	11	13	3	—
Totals 1949 ...	54	40	18	12	19	9	2	2

These figures include a few patients who have been re-instated on the register.

Table XXI shows all the new cases and includes primary notifications 79, transfers from other areas 35, information gained from death returns, including inward transfers 5, and cases replaced on the register because they had returned to the Island 2.

TABLE XXII.—SUMMARY OF TUBERCULOSIS REGISTERS SHOWING THAT THERE WERE 722 CASES ON THE REGISTER ON THE 1st JANUARY and 758 ON THE 31st DECEMBER, 1950.

Note.—This table does not include the deaths of persons not previously notified as suffering from tuberculosis and therefore not on the registers; hence the apparent discrepancy as regards new cases and deaths when tables XXI and XXII are compared.

Number of Patients.	Pulmonary.		Non-Pulmonary.		Total.	
	M.	F.	M.	F.	M.	F.
On Register at end of 1949 ...	323	224	83	92	406	316
Added during 1950 (new cases) ...	32	26	9	12	41	38
Cases removed from other areas ...	19	15	—	1	19	16
Old cases left, re-admitted ...	2	—	—	—	2	—
Old case 'Lost sight of' re-admitted ...	—	—	—	—	—	—
Old 'Cured' re-admitted ...	—	—	—	—	—	—
Old 'Mistaken diagnosis' re-admitted ...	—	—	—	—	—	—
Gross Total	376	265	92	105	468	370
Removed to other areas during 1950 ...	9	6	2	1	11	7
Removed—'Lost sight of' ...	—	—	—	—	—	—
Removed—Diagnosis unconfirmed ...	2	1	2	—	4	1
Removed from Register as being 'Cured'	17	8	3	4	20	12
Died during 1950 ...	10	10	2	—	12	10
Died from other diseases ...	3	—	—	—	3	—
Totals to be removed from Register	41	25	9	5	150	30
Number on Register at the end of 1950	335	240	83	100	418	340

TABLE XXIII. DETAILS OF NOTIFICATIONS OF TUBERCULOSIS RECEIVED.
(FRESH ISLAND CASES ONLY.)

Year.	Pulmonary.				Non-Pulmonary.				Total.
	Male	Female			Male	Female			
1935 ...	34	30	64	} 297	15	12	27	} 132	91
1936 ...	26	29	55		8	14	22		77
1937 ...	35	28	63		26	17	43		106
1938 ...	30	29	59		8	15	23		82
1939 ...	33	23	56		10	7	17		73
1940 ...	34	17	51	} 333	14	4	18	} 106	69
1941 ...	24	18	42		10	14	24		66
1942 ...	50	21	71		12	18	30		101
1943 ...	49	38	87		10	4	14		101
1944 ...	49	33	82		7	13	20		102
1945 ...	39	31	70	} 316	11	2	13	} 103	83
1946 ...	42	20	62		5	9	14		76
1947 ...	37	36	73		17	11	28		101
1948 ...	23	18	41		8	16	24		65
1949 ...	43	27	70		14	10	24		94
1950 ...	32	26	58		9	12	21		79

(B) Other Illness.

Except in the case of children, very few requests have been received from the hospitals for after care of patients discharged from these hospitals. An occasional request for domestic help or holiday home care is received.

Six persons were admitted to the Guy's Memorial Home at "Glenochie", Gurnard, for holiday care by arrangement with the proprietors. This Council also accepted financial responsibility for one patient admitted to Armitage Home, Worthing.

Patients are required to contribute towards this treatment according to a scale adopted by the Committee and in one case the full cost was repaid, in three part of the cost and in two instances no contributions were required from the patients.

DOMESTIC HELP SERVICE.

The average number of domestic helps employed in any one month was 38 (33) and the average number of cases helped was 138 (103) showing a further expansion during the year.

Every effort is made to supply a help immediately on demand but this is not always possible and it has been found necessary during periods when sickness was prevalent to ration the number of hours given to households and even on occasion to withdraw a help from a less urgent case for a more urgent one.

There is a tendency for it to be taken for granted by relatives that the provision of a home help is permanent. There are times when it is necessary to inform them that the true function of the service is to provide help to tide over an emergency and that it is the duty of the relatives to find more permanent household help.

Table XXIV shows the position for each month of the year with the corresponding figures for 1949 in brackets.

TABLE XXIV.

Month.	No. of Home Helps employed (Full and Part Time)	No. of cases served.	Contributions required in full.	Part contributions required.	No contributions required.
January ...	48 (31)	130 (83)	55 (59)	31 (15)	44 (9)
February ...	45 (34)	148 (90)	56 (63)	37 (14)	55 (13)
March ...	41 (38)	164 (93)	55 (66)	38 (14)	71 (13)
April ...	38 (32)	147 (92)	54 (49)	32 (21)	61 (22)
May ...	37 (33)	153 (95)	43 (59)	30 (20)	62 (16)
June ...	34 (32)	128 (95)	35 (54)	31 (17)	62 (24)
July ...	29 (27)	131 (99)	35 (59)	28 (21)	68 (19)
August ...	35 (27)	145 (104)	34 (62)	39 (19)	72 (23)
September ...	36 (30)	135 (125)	37 (69)	27 (24)	71 (32)
October ...	36 (35)	124 (112)	27 (56)	32 (22)	65 (34)
November ...	40 (36)	126 (119)	25 (58)	32 (20)	69 (41)
December ...	40 (38)	127 (123)	27 (57)	28 (21)	72 (45)

Nurseries and Child Minders Regulation Act, 1948.

Under this Act, which came into force on the 30th July, 1948, the County Council is responsible for the supervision:—

- (a) of premises in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof, or for any longer period not exceeding six days; and
- (b) of persons who for reward receive into their homes three or more children (other than relatives) under the age of five for the day or a substantial part thereof or for any longer period not exceeding six days.

At the end of 1950, there was only one registration in respect of premises where the maximum number of children to be received is 12. There were no Daily Minders registered.

MENTAL HEALTH.

Administration.

The service continued to be administered by the Health Committee through their Mental Health Sub-Committee consisting of 17 members (including 4 co-opted members), and holding quarterly meetings.

The County Medical Officer is responsible for the day to day administration of the service and he has as his expert advisor a psychiatrist, a former medical superintendent of the Isle of Wight Mental Hospital and Medical Officer to the Mental Deficiency Committee. In addition, two of the Assistant County Medical Officers have taken special courses in the ascertainment of mental defectives. The non-medical staff consists of a part time psychiatric social worker for work among children, and two Duly Authorised Officers who are also Petitioning Officers for the discharge of duties under the Mental Deficiency Acts.

No duties have, as yet, been delegated to Voluntary Organisations nor has any scheme for the training of Mental Health Workers been initiated.

National Health Service Act, 1946—Section 28.—Care and After-Care.

No preventative work has been undertaken other than supervision and the guardianship of mental defectives, nor has any request been received from the Mental Hospital for any after-care.

Lunacy and Mental Treatment Acts, 1890-1930.

The service under the above Acts is carried out by the two Duly Authorised Officers and their sphere of work is subject to pre-admission compliance with the statutory requirements of the Lunacy Act, 1890, and the Mental Treatment Act, 1930.

During the year 80 patients, showing an increase of 26 over the previous year, were dealt with as follows:—

Lunacy Act, 1890:

Section 16 (Summary Reception Order)	...	...	...	...	...	62
Section 20 ("Three-Day" Order)	16

Mental Treatment Act, 1930:

Section 5 (Temporary)	2
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Mental Deficiency Acts, 1913-1938.

In regard to the work done during the year under review, I have to report the following:—

(a) Ascertainment.

The work of ascertaining mental defectives has continued to be carried out from reports received from parents, doctors, school teachers, nurses, etc. The number of cases ascertained during the year are as follows:—

Reported by Local Education Authorities:

Under Section 57 (3)	...	...	...	...	...	8
Under Section 57 (5)	...	...	...	...	...	8

Other cases reported and found "subject to be dealt with" ... 10

Total cases ascertained to be "subject to be dealt with" ... 26

Other cases reported who are not at present "subject to be dealt with" but for whom the Local Health Authority may later become liable ... 2

Total number of cases reported during the year ... 28

Ten Petitions were presented during the year, five of which were in respect of cases already in St. Mary's Hospital.

(b) Admission of Cases to Institutions.

Apart from St. Mary's Hospital at Newport, which is completely unsuitable for young mental defectives, we have been unable to secure any vacancies in Institutions during the year, nor in fact has any case from the Island secured a vacancy since July, 1948, even though monthly returns are submitted to the South West Metropolitan Regional Hospital Board showing the number of cases awaiting admission sub-divided to show those cases which are very urgent.

At the end of the year, seven cases were awaiting vacancies in Institutions.

(c) Guardianship and Supervision.

Great difficulty is still being experienced in finding persons willing to undertake the care of mentally defective children despite an increase in the allowances offered.

Cases under Guardianship at the end of the year number as follows:—

Guardianship	...	...	...	...	...	...	...	...	24
Supervision	...	...	...	...	...	...	...	...	180
Total	...	...	...	...	...	...	...	...	204

Supervision is effected by Medical Officers, Health Visitors, and Duly Authorised Officers.

(d) *Training.*

The Occupation Centre is doing excellent work under the Supervisor and her two assistants.

Arrangements are made for one of the staff to visit the homes of those persons unable to travel to the Centre for the purpose of giving domiciliary instruction.

Among the occupations which are taught in the Centre are weaving, rug-making, knitting, and, to the older girls, rudimentary domestic science, and it is hoped that the latter will be developed during the coming year. The staff, in addition, arranged outings and parties for the defectives which they very much appreciated.

The average number at present attending is 28, an appreciable increase in the average number attending during the previous year.

Mid-day meals are provided by arrangement with the School Meal Service and free milk is also supplied. The expense of the transport and escorts of pupils requiring such, is, where necessary, defrayed out of County Funds.

(e) *General.*

Supervision of mental defectives on licence from Institutions has been continued, and periodical reports on the progress of such cases have been supplied to the appropriate Management Committees. Reports have also been supplied on the home circumstances of defectives in institutions for the purpose of reconsideration of Orders of Detention by Visitors, and also in connection with applications for holidays, leave of absence, or for discharge.

NATIONAL ASSISTANCE ACT, 1948 (PART III).

Accommodation.

Residential accommodation and temporary accommodation are provided in the two Guest Houses and in Lower St. Mary's Hospital, Newport.

Numerous requests have been received for accommodation. Each case is investigated and if genuine is put on the waiting list. Should the case be urgent immediate admission to Part III accommodation is arranged. At the end of the year the number on the waiting list was 39 and together with the cases still in Lower St. Mary's Hospital the total number still to be accommodated was 70.

Towards the end of the year the Council purchased "Polars", Staplers Road, Newport, which will be adapted to hold 25 residents, and the present intention is for a further property to be purchased in 1951.

By virtue of the power to utilise homes administered by voluntary organisations for residential accommodation, two persons are being maintained at the Colony of the National Society for Epileptics at Chalfont, one at the Lingfield Epileptic Colony, Surrey, 10 at the W.V.S. Carlton Club, Sandown, and three at the Church Army Anchorage Home for Aged Men, Newport.

The standard charge in respect of one case has been recovered from another authority in whose area the person is ordinarily resident.

Three persons ordinarily resident in this area are provided with accommodation by other Authorities.

The following tables show (a) the number of residents in Part III accommodation on the 31st December, 1949, and the number at the end of the year under review, and (b) the Welfare Authority's immediate proposals for the provision of Part III accommodation:—

TABLE XXV.

	Men.	Women.	Total.
Number of Residents in Part III Accommodation on 31-12-49 ...	40	44	84
Number of Residents admitted direct to Part III Accommodation	26	25	51
Number of Residents transferred from the care of the Regional Hospital Board to Part III Accommodation ...	9	10	19
	75	79	154
Number of Residents transferred to the care of the Regional Hospital Board ...	14	13	27
Number of Residents discharged ...	9	8	17
Number of Residents who died ...	1	2	3
	24	23	47
Total number of Residents in Part III Accommodation on 31-12-50 ...	51	56	107*
* Number of Residents at St. Lawrence Dene Guest House ...	...	27 men	22 women
Number of Residents at Elmdon Guest House ...	...	10 men	17 women
Number of Residents in Lower St. Mary's Hospital ...	...	14 men	17 women
		51	56

TABLE XXVI.

Accommodation provided and envisaged:—

St. Lawrence Dene Guest House	...	...	...	...	...	45 residents
Elmdon Guest House	...	...	...	...	...	28 residents
Polars Guest House	...	...	...	...	...	25 residents
Other premises to be acquired	...	...	...	...	...	30 residents

Registration of Premises.

Three premises have been registered in accordance with the National Assistance (Registration of Homes) Regulations, 1949, two as homes for old persons and one as a home for old persons and disabled persons.

WELFARE SERVICES.

So far as the welfare of the blind and of the deaf and dumb is concerned the services are organised and administered by the Isle of Wight Society for the Blind and the Hants and Isle of Wight Society for the Deaf and Dumb respectively as agents of the County Council. The County Medical Officer acts in a supervisory capacity in relation to the administration of the welfare services.

The following table shows that there were 152 (143) blind persons registered in the Island at the end of 1950 and the position as to their training and employment:—

TABLE XXVII.

Age period.	In training at College or School.	Male.		Female.	
		Employed.	Unemployed or Unemployable.	Employed.	Unemployed or Unemployable.
0—1	—	—	—	—	—
1—5	—	—	—	—	1 (under school age)
5—16	1 (Male)	—	1 (Mental)	—	—
16—21	2 (Male)	—	1	—	1
21—40	—	4	3	1	—
40—50	—	2	5	—	5
50—65	—	12	8	3	9
65—70	—	—	5	—	5
70 and over	—	—	30	—	53
Total	3	*18	53	*4	74

*Employed. Males (18) ... 3 Mat Makers (1 in Portsmouth Workshops)
2 Braille Copyists
2 Boot and Shoe Repairers
1 Basket Worker
1 Chair Seater
3 Tea Agents
3 Shopkeepers
1 Gardener
1 Masseuse and Physiotherapist
1 Music Teacher
Females (4) ... 2 Clerk and Shorthand Typists
1 Hand Knitter
1 Machine Knitter

The Missioner of the Hants and Isle of Wight Society for the Deaf and Dumb visits the Isle of Wight each month for the purpose of conducting Divine Service in the Deaf and Dumb signs and finger-spelling. Services are held at St. Thomas' Church, Newport, and afterwards the deaf people attend the Parish Hall, where tea is provided.

Owing to the long distances that many have to travel and owing to the age and infirmity of others only one-third of the registered deaf and dumb attend these Services.

It is hoped during the next year to get a Club Room running for use by the deaf and dumb and, at a later date, to allow the use of these premises for the Hard of Hearing Club if necessary.

The total number of deaf on the register at the end of 1950 was 51.

