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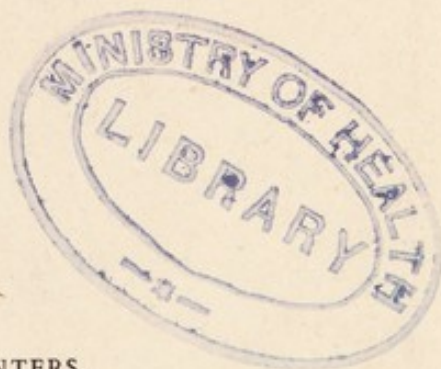
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**REPORTS OF THE PUBLIC HEALTH  
COMMITTEE FOR THE YEAR ENDED 31st  
DECEMBER, 1951 :—**

1. Report of the Committee ;
2. Report of the Medical Officer of Health ;
3. Report of the Chief Sanitary Inspector ;
4. Reports on the working of the various Departments and Clinics at the General Hospital ;
5. Report on St. Saviour's Hospital submitted in accordance with Article 7 of the " Loi (1890) sur la Régie et l'Administration de l'Asile Publique des Aliénés " ;
6. Report on the Jersey Maternity Hospital ;
7. Report on Sandybrook ; and
8. Report on the Ambulance Service.

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*Presented to the States by Thomas Gruchy Le Marinel,  
Esq., Constable of St. John, President of the Public  
Health Committee, on the 17th October, 1952.*



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**STATES OF JERSEY.**

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17th October, 1952.

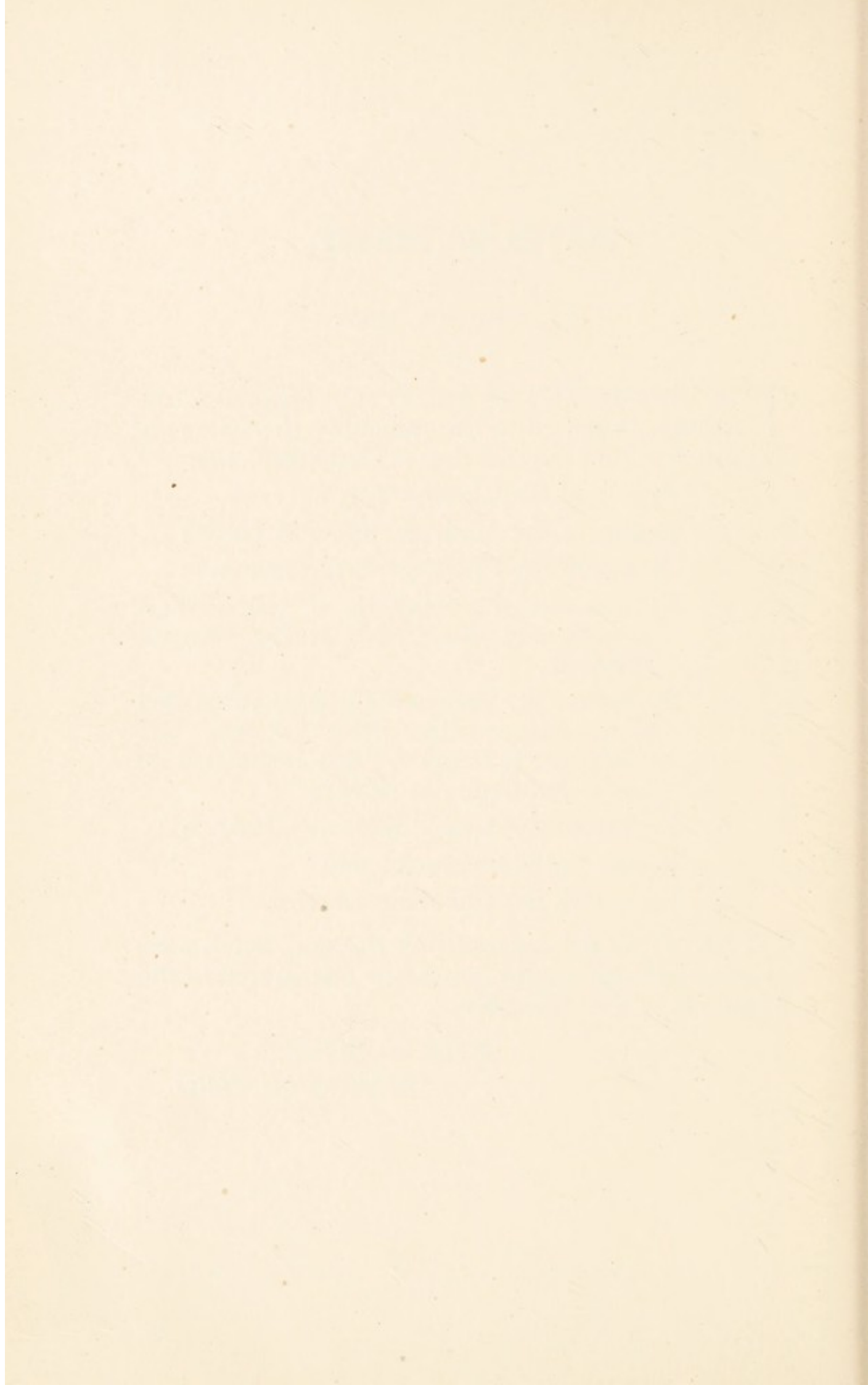
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**T**HE PRESIDENT OF THE PUBLIC HEALTH COMMITTEE presented to the Assembly the following Reports for the year ended 31st December, 1951 :—

1. Report of the Committee ;
2. Report of the Medical Officer of Health ;
3. Report of the Chief Sanitary Inspector ;
4. Reports on the working of the various departments and clinics at the General Hospital ;
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6. Report on the Jersey Maternity Hospital ;
7. Report on Sandybrook ; and
8. Report on the ambulance service.

THE STATES ordered that the said Reports be printed and that copies thereof be distributed to the Members of the Assembly.

F. DE L. BOIS,  
*Greffier of the States.*



*PUBLIC HEALTH COMMITTEE.*

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**ANNUAL REPORT FOR THE YEAR 1951.**

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The Committee, in presenting to the States the reports of the various Institutions under its control, for the year ended 31st December, 1951, would like to take this opportunity of drawing attention to the following points—

*Policy.*

The Committee is continuing the policy of its predecessors in providing the most modern medical treatment for all persons requiring the same, regardless of their financial position ; but it considers that persons receiving treatment should contribute towards the cost of the same according to their financial ability and that, in necessitous cases, the responsible authorities should meet the charges.

*Increased charges.*

The Committee has reluctantly decided to increase the charges at the various Institutions because it is considered that the present rates impose an unfair burden on the Island tax payer. Reference to the statistical tables set out in the detailed reports shows that, even at the increased rates, there will still be a considerable gap between the amount charged and the actual cost per patient.

*Increasing use of hospital facilities.*

Perusal of the detailed reports reveals one common trend, namely, the continued increase in the number of patients treated and in the number attending the

various clinics and availing themselves of the facilities provided at the General Hospital—facilities which, in many cases, cannot be obtained elsewhere in the Island.

*Motor Accidents.* (page 13)

Although, compared with England and Wales as a whole, Jersey is a thickly populated built up area, the indisputable fact remains that the chances of getting killed in a motor accident in Jersey are TWICE as great as in England.

*Tuberculosis.* (page 14)

The Medical Officer of Health in his report on the health of the people of Jersey states—

“Tuberculosis could be abolished in Jersey in less than 20 years ..... we can do it by applying every modern method of treatment, by intensive case finding and by B.C.G. provided that we do not have another world war with the consequences of severe deterioration in the standard of living”.

He further points out that recent advances in the treatment of tuberculosis have greatly reduced immediate mortality but, in some cases, they prolong life without bringing about ultimate cure in the sense of return to normal life. This prolongation of life, although desirable, is becoming a problem especially with the elderly male advanced cases who require some degree of segregation.

The Committee is considering whether additional accommodation can be provided for such persons which will carry us over the immediate peak.

*Care of foster children.* (page 20)

The great need is for more good foster homes. At the present time at least four children are in need of being boarded out.

*Nose and Throat.* (page 22)

Attention is called to the need for reducing the operation waiting list for tonsils and adenoids and, as will be seen from the report on this Department (page ...) measures are already in hand which, it is hoped, will effect a considerable saving in the waiting time for treatment.

*Visual defects.* (page 23)

An adequately equipped orthoptic clinic has now come into being at the General Hospital which, with the co-operation of parents, will greatly assist in the treatment of squint cases.

*Dental.* (page 23)

Here again the need for increasing the number of sessions is stressed ; only three sessions a week are at present available for school children instead of the twenty which are considered necessary. It is suggested that the provision of a whole-time dental officer and school nurse would help to meet this need.

*Flat feet.* (page 25)

It would appear that, although much good remedial work is being done in the schools, much still remains to be done to remedy this all too common fault.

*Educationally subnormal children.* (page 27)

Physical defects are relatively simple things to deal with, both from the point of view of diagnosis and of treatment, but little or no recognition is afforded to the large group of children composed of unfortunates in whom the mind has never fully developed. The Medical Officer of Health emphasizes that recognition of their dire need is the most urgent requirement—provision for that need must then follow.



*Sanitary Inspection.* (page 33)

A difficult problem which often arises is that of living accommodation which is occupied by persons who, by reason of age, disability or congenital slovenliness allow the premises to fall into a state of lamentable dirtiness.

The premises cannot be condemned, the inhabitants are not suffering from an infectious disease and, unless the conditions are such as to constitute a danger to the health of the neighbourhood, nothing can be done.

A possible remedy in many cases would seem to be the timely provision of a "home help" and it is hoped that, in the future, "home helps" will be available.

*Voluntary Societies.* (page 33)

Jersey has always been fortunate in the amount of work undertaken voluntarily and it would be a sad day if, through lack of public recognition of the extremely valuable work being undertaken by such societies as the Jersey District Nursing Federation and the Jersey Maternity & Infant Welfare Centre, their function should have to be taken over by the States.

*Medical Department.* (page 58)

With regard to the reports from the various departments at the General Hospital, it will be seen that the Medical Department is concerned with the problem of old and destitute persons who, although not actually ill, are incapable of looking after themselves at home and have to be housed in the Department with the result that beds are not always available for acute and chronic cases needing active and specialised treatment.

*Skin, Eye, Ear, Nose and Throat Clinics.* (pages 57)

From the reports submitted on the operation of these clinics it is obvious that the need for additional accommodation is becoming increasingly urgent.

*Dental Clinic* (page 60)

This report emphasizes the difficulty of ensuring, under existing conditions, regular treatment for school-children owing to the large increase in the school population.

*Children's Medical Clinic.* (page 61)

In this report, reference is again made to the continuance of the very satisfactory trend of the past few years in that, since the introduction of B.C.G. vaccination, the admission of children suffering with various forms of tuberculosis again shows a decrease.

*Pharmacy Department.* (page 62)

The special services established in 1950 have been consolidated. It is interesting to note that part of the increase in out-patients prescriptions is ascribed to the dispensing of National Health Service prescriptions issued in England.

*St. Saviour's Hospital.*

At this Hospital the conversion of the isolation hospital buildings into a home for female nursing and domestic staff has been completed and it is now providing pleasant quarters for some twenty nurses and four domestics in place of the outmoded accommodation formerly provided adjacent to the wards.

The new unit for mentally defective children has now been in operation for a full year and, although the work of the administrative staff of the hospital has been increased in consequence, no major difficulties have been experienced. Some of the children

are nearing or have passed adolescence, new children will require admission, and it is already apparent that suitable accommodation for older defectives is urgently needed.

#### *Main Drainage Scheme.*

During 1952, work in connexion with the main drainage scheme will be commencing on the re-construction of some of the town sewers and on the installation of trunk sewers.

It is becoming increasingly obvious however that, with the continued increase in the cost of materials and labour, the original price envisaged for the drainage scheme will be exceeded, but at this stage it is impossible to assess what additional sum will be required in order to accomplish the whole scheme.

#### *General.*

The individual reports which follow give full and interesting details of the admirable work being carried out by the doctors, matrons and nursing staffs of the various Institutions.

## ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH.

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I have the honour to present the Annual report on the health of the people of Jersey for 1951.

No serious epidemics occurred during the year though there was an outbreak of whooping cough and thirteen cases were admitted to Overdale for special nursing.

The B.C.G. campaign was continued, the response continues to be good. By the end of 1951 a total of 6,853 had received the vaccine, the great majority being children under 15.

The tuberculosis mortality is slightly higher than in 1950 but chance variations are common with small populations.

### GENERAL STATISTICS.

Population—Census April 1951... ..	57,296
Death rate per 1,000 living ... ..	12
Birth rate per 1,000 living ... ..	14.8
Maternal mortality per 1,000 births ... ..	1.2
Persons married per 1,000 ... ..	18.8
Infantile mortality per 1,000 births ... ..	32
Tuberculosis (all forms) death rate per 1,000	.39

### THE POPULATION.

As given above the census population on April 8th, 1951, was 57,296. This figure includes about 1,000 foreign workers who were present on the island on that date. The number of foreign workers on the island varies considerably at different times of the year. Thus in first week in January, 1951 there were 1,862 whilst in the first week of July it was 4,682. If we average the population resident and

foreign workers for each week of the year we get an average 58,393. It is probable this would be a better figure to use in the estimation of our vital statistics. It would, of course, mean scaling down slightly all our figures ; thus the death rate would be 11.8 instead of 12, the birth rate 14.5 instead of 14.8, the tuberculosis mortality .38 per 1,000 instead of .39. The difference is not very great but does indicate that all the figures estimated on the census basis are slightly on the high side.

The visitor population is not taken into consideration at all though it contributes something to the death rate and probably to the birth rate as women born in Jersey occasionally come to the island to have their babies.

However it is not likely that any of these factors would alter the total estimates very much and the figures as given are sufficiently accurate especially as the same factors have been at work for many years, so that the rates given for any one of the past thirty years are comparable.

#### THE BIRTH RATE.

There were 844 live births during 1951 giving a birth rate 14.8 per 1,000 living. The fall has been steady since the peak year of 1947, when the rate was 18.9.

#### THE DEATH RATE.

Deaths during 1951 number 686 as against 670 in 1950. The death rate was therefore 12 per 1,000 a little higher than the previous year. 68.2% of the deaths were over 65, 41.5% over 75.

#### MATERNAL MORTALITY.

There was one maternal death from pulmonary embolism giving a mortality rate of 1.2 per 1,000 births.

## INFANT MORTALITY.

There were 27 deaths of children under 1 year giving an infant mortality rate of 32 per 1,000 births. The number of live births was 844 as against 865 the previous year. The rate in England and Wales for 1950 was 29.9.

The deaths in the first year were distributed as follows :

Under 7 days ... ..	20
7—28 days ... ..	2
28 days—3 months ... ..	3
Over 3 months... ..	2

These figures show that if the death rate in the first week of life could be lowered the infant mortality rate would be greatly reduced. As a matter of interest the 2 deaths in the 7—28 day group occurred on the 7th day of life. So that of the 27 deaths in the first year 22 occurred by the end of the first 7 days.

Of the 22 deaths during the first seven days 12 were due to prematurity. It is therefore from efforts to reduce prematurity that a further reduction in our infant mortality is to be expected.

Prematurity is largely a matter of the health, nutrition and general welfare of the mother.

Stillbirths are now registrable by law in Jersey. There were 12 stillbirths during the year.

## MOTOR ACCIDENTS AND SUICIDES.

Deaths from motor accidents for the five years 1947—1951 have averaged 10.4 per annum. In England and Wales for the five years 1946—1950 they

averaged 3,889. If we take the population of Jersey as 57,000 and that of England and Wales as 44,000,000, Jersey's automobile deaths would give 8,028 deaths a year in England or about twice the actual rate. Your chances of getting killed in a motor accident in Jersey are twice as great as in England.

Suicides in the five years 1947—51 have averaged 9 per annum. In England and Wales 1946—1950 they average 4,519. Jersey has, on a similar calculation to that made above, a suicide rate fifty per cent higher than England and Wales.

These comparisons need careful qualification. Jersey is a thickly populated built up area and cannot be compared with England and Wales as a whole for motor accidents.

The suicide rate in some areas in England is very much higher than in Jersey.

In previous years there has been a transfer of deaths from automobile accidents to the heading accidental deaths. This has been corrected on the table attached to the report.

## TUBERCULOSIS.

Respiratory tuberculosis killed 19. Other forms were responsible for 3 deaths. Thus the death rate from all forms of tuberculosis has gone up from .33 to .39. The three non-respiratory cases were :

1 Genito-urinary.	F. Age 21.
1 T.B. Breast.	F. Age 84.
1 T.B. Spine and renal.	M. Age 23.

TABLE 1.—TUBERCULOSIS MORTALITY RATES  
1924—51 INCLUSIVE.

Year.	RESPIRATORY TUBERCULOSIS		OTHER FORMS	
	No. of deaths	Rate per 100,000.	No. of deaths	Rate per 100,000.
1924 ... ..	55	110	10	20
1925 ... ..	35	70	14	28
1926 ... ..	46	92	7	14
1927 ... ..	46	92	9	18
1928 ... ..	37	74	10	20
1929 ... ..	47	94	8	16
1930 ... ..	38	76	6	12
1931 ... ..	34	67	16	32
1932 ... ..	34	67	8	16
1933 ... ..	41	81	8	16
1934 ... ..	51	100	8	16
1935 ... ..	29	57	8	16
1936 ... ..	42	83	17	33
1937 ... ..	28	55	6	12
1938 ... ..	26	51	4	8
1939 ... ..	25	50	5	10
1940 ... ..	46	112	3	7
1941 ... ..	46	111	7	17
1942 ... ..	48	115	4	10
1943 ... ..	47	117	9	23
1944 ... ..	42	105	6	15
1945 ... ..	31	75	6	15
1946 ... ..	24	48	3	6
1947 ... ..	41	76	7	13
1948 ... ..	39	68	1	2
1949 ... ..	30	52	—	—
1950 ... ..	19	33	—	—
1951 ... ..	19	33	3	5

B.C.G. was administered to 3,004 persons during the year bringing the total up to 6,853 by the end of the year.

Up to the end of 1951 we had carried out Mantoux tests on 64.7% of the children under 15 and given B.C.G. to 56.8%. The difference does not consist



entirely of those who were Mantoux positive as many parents were willing to have the test but not the B.C.G. We will concentrate in the future on the babies and the school leavers.

89 cases of pulmonary tuberculosis were notified during 1951.

47 of these were classified as "Early" or "minimal" falling into categories A1 and A2. Their average age was 24 years and the sex ratio was approximately even (25 females and 22 males).

They recovered with the minimum of treatment, 16 in fact needing nothing more than regular observation and supervision.

At the other end of the scale were 36 cases in the "advanced" or "very advanced" categories (B2 and B3). All these were infectious and had probably been a danger to the community for many months before being diagnosed. Their average age was 41 years and the sex ratio was  $2\frac{1}{2}$  males to 1 female (26 to 10).

In the pre-streptomycin days many in this group would have died within a few months of diagnosis but to-day all except one are alive. The treatment of this group is prolonged and expensive, many qualifying for admission to surgical units who would formerly have failed to make the grade. The demand on male beds is proportionately greater and at present the admission of urgent cases is being delayed whilst the treated are being discharged before they are really fit.

It should be noted that of the 89 cases notified 11 were 'transfers' from other areas. 5 of these transfers were young Jersey men who developed T.B.

whilst in England or abroad. Of the remaining only 2 required treatment, the other 4 being inactive and requiring observation only.

The recent advances in the treatment of tuberculosis have greatly reduced the immediate mortality, they cure the early acute cases, they render many who would otherwise be unfit for surgery fit for operations which in many cases render them sputum negative and fit for work. In some cases, however, they prolong life without bringing about ultimate cure in the sense of return to normal life. This prolongation of life, though of course desirable, is becoming a problem especially with the elderly advanced cases in males, many of whom have no suitable homes to return to. They require segregation, or at any rate homes where some segregation is possible. For them no further treatment is possible and they are tending to accumulate especially on the male side and prevent us using the beds to the best advantage. As the average age of the female patient is less this problem is not so serious with them.

We do much for treatment, in fact we could hardly do more, but we still are behind hand with case finding. To increase our efforts in that direction we will need some form of miniature radiography as the price in large films of such extension would be prohibitive and indeed under the present conditions they would be unobtainable owing to the severe shortage.

It is possible that a 70 mm. set would be the best for our purpose. This matter is now under consideration. The use of this apparatus will increase the demand on our beds as there is little use finding

cases unless immediate treatment is available, at the same time our male beds are tending to get choked with chronics. The fact is we are tending now to develop a short waiting list and this may be increased by using miniature radiography freely. It is possible therefore that some extension of the number of male beds may become a necessity in the near future.

Tuberculosis is a preventible disease. When King Edward VII was told this nearly fifty years ago he said "then why not prevent it". Tuberculosis could be abolished in Jersey in less than 20 years, then why not abolish it.

We can do it by applying every modern method of treatment, by intensive case finding and by B.C.G. The only proviso is that we do not have another world war with the consequent severe deterioration in the standard of living.

### OVERDALE HOSPITAL.

The new block comprising workshop, sitting room and dining room for the patients with extra nurses' bed-rooms on the second floor has proved a great boon. The appointment of an occupational therapist has proved most valuable. The patients who are up all day now have somewhere to go and something to do. The psychological value of this work in dispelling the burden of a long convalescence and in re-habilitating patients for their return to civil life is important. It is also used for entertainments to the patients. It has proved so useful and so valuable that we often wonder how we ever got on without it.

Also during the year the main wards have been divided into cubicles and the patients now have considerably more privacy without in any way increasing the difficulties of our nursing staff.

## OVERDALE STATISTICS.

1951.

## ADMISSIONS:

Infectious Diseases .....	76	
Pulmonary Tuberculosis .....	93	
Tubercular Meningitis.....	2	
Tubercular Peritonitis .....	1	Total 172

## Infectious Diseases :

Para Typhoid .....	12	
Measles .....	14	
Measles and Pneumonia .....	3	
Pertussis.....	13	
Scarletina .....	8	
Parotitis .....	6	
Varicella.....	3	
Varicella Contacts .....	5	
Tonsillitis .....	2	
Influenza .....	1	
B.C.G. Abscess.....	2	
Observation .....	7	Total 76

## Tuberculosis :

Pulmonary Tuberculosis .....	93	
Tubercular Meningitis.....	2	
Tubercular Peritonitis .....	1	Total 96

## Tuberculosis Discharges :

Fit for work .....	23	
Fit for light work .....	21	
Unfit for work indefinitely .....	30	Total 74

Tuberculosis Deaths .....

11

## Out Patient Department :

New Cases.....	234
Routine Check up.....	1090
Treatments .....	1378

As can be seen from the above the work of Overdale as a sanatorium now completely overshadows its work as an infectious hospital.

## PARATYPHOID B.

Twelve cases of paratyphoid B were admitted to Overdale. 2 cases were nursed at home and 2 at St. Saviour's Hospital. A total of 16. This disease

is endemic in the island, every year we have about the same number of cases. The disease is usually of a very mild type, indeed it is probable that a certain number of cases are missed every year. The completion of our new sewage disposal scheme will I expect remove this threat to the island, for what is endemic may become epidemic.

### POLIOMYELITIS.

Three cases of poliomyelitis were notified. One paralytic and two non-paralytic. The paralytic one was a child aged 2 from the Crèche who was detected in the late paralytic stage. The other two were the usual type of non-paralytic case occurring in the absence of an epidemic when the diagnosis can never be more than a good guess.

### DIPHThERIA.

There were no cases of diphtheria during the year.

### CARE OF FOSTER CHILDREN

MARCH 1951—MARCH 1952.

There has been a further increase this year in the number of children in foster homes. They can be summarized as follows :

Newly registered foster homes .....	10	
Total number of foster homes.....	39	
Children boarded out privately .....	19	
Children boarded out by Parishes .....	21	
Children boarded out by Public Instruction Committee.....	23	Total 63
New children boarded out privately ...	11	
New children boarded out by Parishes.	4	
New children boarded out by Public Instruction Committee.....	10	Total 25
Children returned to parents .....	5	
Children over 14 years.....	4	
Children returned to Girls' Home.....	2	Total 11
Transfers to new foster homes .....	4	

The greatest number of children visited was in December 1951, when there were 71 children boarded out.

The progress of the children boarded out through the Public Instruction Committee has been satisfactory in practically every case. Two children over 8 years old, who were habitual bed-wetters have been cured by boarding out during the year. A little girl who had regular screaming attacks is also free from them as a result of being boarded out. However two older girls had to return to the Girls' Home as they were unable to adjust themselves to their new environment. Another girl who at first seemed unable to settle down satisfactorily was transferred to a new home. She has made good progress both at school and at home since the change.

The children boarded out by the parishes and privately have made satisfactory progress.

One child who was placed without sanction, was removed as conditions were found to be unsatisfactory.

Five children attended the Child Guidance Clinic, four being discharged with good results.

At the present time the great need is for more good foster homes. There are at least four children at present who are in need of being boarded out. During the year many requests are made for foster homes, and not all of them could be answered. In the coming year it is hoped that more people may be found to share their homes in this way, so as to give as many children as possible the chance of normal home life.

## REPORT ON SCHOOL MEDICAL INSPECTIONS.

During 1951, 2,238 children attending States' schools were medically examined. Of this number 1,864 were at elementary schools, 117 at the Intermediate school and 374 at the two colleges.

A total of 1,091 children were found to have one or more defects requiring treatment or observation, such defects totalling 1,326. The majority of these defects (979) fell into four main groups.

(1) *Nose and Throat*: 119 cases of tonsils, adenoids or nasal obstruction were referred for treatment.

Tonsils and adenoids have a useful function to perform in preventing the entrance of infection to the body, and it is the rule to leave them undisturbed unless they have become more of a hindrance than a help. The cases referred for treatment then are, in the main, ones in real need of an operation and it is disturbing to find that the waiting time for such cases is still anything up to nine months. This very long wait is a source of continued anxiety to the parents and is of no benefit to the child.

(2) *Visual Defects*: 222 cases were referred to a specialist, 197 being simple cases of refraction, and 25 being cases of squint.

It is safe to say that the big majority of children wearing glasses to-day first had their defect discovered at a routine school medical inspection. It is still common to find children coming even from well-to-do homes where they receive every care, who are hardly able to see across the street.

Refractive errors are easily dealt with but squint cases are more troublesome. If not taken in time the faculty of binocular vision is lost and the sight of the crooked eye deteriorates rapidly to zero,

Successful treatment then depends on the restoration of binocular vision as well as the straightening of the crooked eye. Treatment is slow and demands many attendances at the orthoptic clinic. Results will therefore be directly proportional to the amount of co-operation obtained from the parents. For children living at a distance from the hospital the problem is made more complex by the added factor of expense in bus fares.

An adequately equipped orthoptic clinic has not hitherto existed at the General Hospital but has now come into being under the care of Dr. Harthan. He has a back-log of over 90 cases to deal with before he can accept new cases.

(3) *Teeth*: 297 children with one or more decayed teeth were noted. The recording of such cases only began in the second half of the year so the total number was probably nearer 600 than 300.

Many of these children had anything up to 12 carious teeth in their heads, most of these being youngsters with their first teeth still in situ. Apart from these the number of children with untreated caries in their permanent teeth was disturbingly high. "Missing" or "filled" teeth were not noted so the full tale of damage caused by dental decay has not been told by the figures given.

Dental caries is preventable and every carious tooth is a confession of failure on somebody's part—the parents', the child's or that of "the powers that be".

During the Occupation dental caries was much less than it is to-day—a finding that has been repeated in every country of Europe where food was short during the war. It is also true that children from the very poorest families have often, in the early stages at least, much better dentitions than



those of their better-off neighbours. The reason for this apparent paradox is not hard to find. In peace time all but the very poor tend to include much refined carbohydrate in their diet in the shape of cakes, biscuits, confectionery and some kinds of bread. Their food is soft and sticky. It requires no exertion to chew it—in fact it often requires no chewing at all. In the Occupation our food was rough—it scoured the teeth. It was tough—we had to chew it. It contained little or no ‘fine, white flour’ and still less sugar—it did not stick. A return to a simpler and more wholesome diet would do much to diminish the tragic loss of teeth that is occurring year by year.

Apart from diet, regular and thorough hygiene helps greatly to prevent decay. Yet many children make little or no use of their toothbrushes and “never” is quite a common reply to the query “How often do you clean your teeth?”

Regular dental supervision is the last essential in the maintenance of healthy teeth. Responsible authorities in England reckon that 11 dental sessions per week are required for every 3,000 school children. We have 5,518 children attending States’ schools, so a total of 20 dental sessions a week is required in Jersey. Yet only 3 sessions a week are available. 3 instead of 20! Excellent work is done by the hospital dentist and the acceptance rate for the treatment that time allows him to offer is very high—a tribute to his worth. But it must be obvious that the condition of the school children’s teeth can never be satisfactory until many more dental sessions per week are available. An increase in the number of sessions available could be managed in various ways but the provision of a whole-time dental officer and a school dental nurse would probably go the longest way towards meeting the need.

Diet, hygiene and dental supervision—all are at present defective but all can be remedied.

(4) *Feet* : 341 cases of flat feet were recorded with probably as many more border line cases.

A healthy pair of feet is a priceless possession. As given to us at birth, the foot is perfectly shaped and proportioned. It is provided with ligaments and muscles so placed that it can perform the most diverse functions. “It is a dynamic structure that reflects our moods and thoughts. When happy we tread lightly as though on air ; when cross our feet step forward with purpose ; when depressed they drag. They express our every mood.”

Such is the endowment of nearly every child. But true to the tradition of the prodigal son this rich inheritance is soon dissipated by a very few years' neglect.

For example, out of 158 boys examined at Victoria College, 31 had flat feet and as many more were border line cases. 9 out of 10 of these cases would never have occurred had it not been for neglect in two ways.

(1) Neglect in realising that the foot is a dynamic structure in its own right ; that its function is to carry—not to be carried, as it so often is, like a lump of lead dangling on a bit of string.

(2) Neglect in holding the foot in the position for which it was designed. The foot should be held straight fore and aft, parallel to and not at an angle to its neighbour. Certain positions in ballet dancing and the familiar parade ground stance are good examples of how not to hold one's feet.

In addition the ankle must be held in its true relation to the foot, not slouched over in an inward roll. Most flat feet have their origin in this very common postural defect.

No fault can be so easily prevented as flat feet, yet apart from teeth, no fault is so common. "Foot consciousness" should be ingrained from the earliest days. It should be a fundamental of every gymnastic or physical education programme. Once the child is taught to maintain a correct stance and walk 'with' its feet not just 'on' them, flat feet should almost vanish from the defect lists.

Prevention is easy but treatment is not so easy. It may entail the provision of special footwear and 81 pairs of such shoes were prescribed in 1951. It will certainly entail the reversal of foot habits of long standing and the regular performance of the exercises prescribed. Good results are only obtained when the co-operation of parents and the responsible school staff is obtained. Many schools have no space for remedial work and are not prepared to grant even 10 minutes from the curriculum. Even so, some enthusiasts have been prepared to devote part of their lunch hour to this task and the children under their care have benefited accordingly. The most striking improvement has been obtained at the College for Girls where the physical training staff have worked wonders. The figures there for 1952 should show a great reduction from these for 1951—and this in spite of the fact that ballet dancing is still in the college curriculum!

Much good work is being done even in schools that lack the most elementary facilities for physical education, and they are many, but much still remains to be done.

*Educationally Subnormal Children :*

Physical defects are relatively simple things to deal with, both from the point of view of diagnosis and of treatment but there is one large group of children whose defects receive little or no recognition and for whom correspondingly little provision has been made. Unrecognised and unprovided for they are a burden to themselves and to their parents and in time they become not only a burden but a potential menace to the community.

This group of children is composed of those unfortunates in whom the mind has never fully developed. In the big majority the defect is "mild" or at the most "moderate" and as a rule they pass through their school life undiagnosed. Their slowness or inability to learn is put down to "laziness", "wickedness" or, more kindly, just "dullness." Their failure to progress is a source of grief to their parents and an annoyance to their teachers. To the children themselves this failure to keep up with their fellows is a burden that often leads to troublesome behaviour problems and they are often in 'hot water'. In later life they fare badly at work and pass rapidly through a succession of different jobs. They are easily led astray and often in trouble, many spending their lives in and out of prison.

The answer lies in early diagnosis, proper training and adequate supervision. Trained and cared for they can often earn good money and pay their way. Properly utilised many should be an asset and not a liability to the community.

Early diagnosis depends on the readiness or otherwise of head teachers to refer all 'dull and backward'

children as soon as possible to the school medical service. Adequate machinery exists for the assessment of the degree of defect and to advise on the type of treatment. It is estimated that 10% of all school children are retarded in their mental development to some degree. In only a very small minority is the mental retardation so severe that the child must be labelled 'ineducable', but a big minority do require special methods of tuition and varying degrees of supervision in later life.

Money spent in this direction is an investment that pays a high dividend and it is well to remember that mental retardation is not just an affliction of the poor and degenerate but it may affect the child of any one of us. The majority of 'mental defectives' have normal parents.

As a group the mentally retarded of this Island are in dire need. They are regarded by the community as a whole, as those who "won't" not as those who "can't". Even the most enlightened seem oblivious to their existence. Recognition of their need is the most urgent requirement—provision for that need must follow.

#### EPILOGUE :

Most of the States' schools suffer from over-crowding. The added infliction then of a medical inspection with its demands for one or more rooms, must be a sore trial to the long-suffering principals. Yet every year the space is willingly provided and every facility afforded to the "intruders". They are even provided with refreshments when time permits and I would like to take this opportunity of expressing my gratitude to the head teachers of the Island for their unfailing kindness and co-operation.

District Nurses have been present at all inspections even at great inconvenience to themselves. Their presence is invaluable not only for the help they render in the testing of eyes and giving of immunisations but also for their knowledge of home conditions.

For many months in 1951 there was no clerk for school medical duties but the appointment of Mrs. Sheriff in the autumn has changed the situation. She is a great asset to the school medical service and I hope she will stay long with us. The production of this report owes much to her efforts, in fact it would have been impossible without her.

#### MEDICAL INSPECTION OF ELEMENTARY AND INTERMEDIATE SCHOOL CHILDREN—1951.

Number of children examined ..... 1,864

Group I.....	465
Group II.....	422
Group III.....	498
Group IV.....	479

Total ..... 1,864

Number of children with defects ..... 902

Group I.....	250
Group II.....	200
Group III.....	233
Group IV.....	219

Total..... 902

Number of children absent from Inspection..... 137

Number of children examined as "Special"  
cases ..... 67

16 suspected cases of heart disease were referred to Dr. Richard O'Meara for further examination.

## MEDICAL INSPECTION.

SUMMARY OF DEFECTS OR DISEASES FOR STATISTICAL PURPOSES  
FOR 1951.

Defect.	Group I.	Group II.	Group III.	Group IV.
Cleanliness... ..	—	—	—	—
<i>Infestation.</i>				
Head ... ..	1	1	3	1
Body ... ..	—	1	3	—
Teeth ... ..	113	49	34	21
Skin ... ..	4	4	3	4
Eyes.				
<i>a.</i> Vision ... ..	15	28	57	63
<i>b.</i> Squint ... ..	15	5	2	2
<i>c.</i> Other ... ..	6	5	6	9
Ears. <i>a.</i> Hearing ... ..	1	1	3	1
<i>b.</i> Otitis media R. } L. }	14	9	7	7
<i>c.</i> Other ... ..	4	7	4	6
Nose or Throat... ..	48	21	23	21
Speech ... ..	1	—	—	—
Cervical Glands... ..	20	9	7	7
Heart and circulation ...	11	1	3	3
Lungs... ..	22	1	2	3
Development. <i>a.</i> Hernia... ..	3	2	—	—
<i>b.</i> Other ... ..	6	2	1	1
Orthopaedic. <i>a.</i> Posture... ..	1	4	6	3
<i>b.</i> Flat foot ... ..	69	45	70	86
<i>c.</i> Other ... ..	9	6	12	12
Nervous System.				
<i>a.</i> Epilepsy ... ..	—	1	—	2
<i>b.</i> Other ... ..	5	1	—	1
Psychological.				
<i>a.</i> Development ..	—	—	—	—
<i>b.</i> Stability ... ..	6	—	—	—
Anaemia ... ..	7	5	4	3
Mesenteric Adenitis ... ..	1	—	—	—
	<hr/> 382	<hr/> 208	<hr/> 250	<hr/> 256

TOTAL 1,096.

- Group I.—School entrants, usually 5—6 years old.  
 Group II.—9 year olds.  
 Group III.—12 year olds.  
 Group IV.—School leavers, usually 14—15 years old.

## JERSEY COLLEGE FOR GIRLS.

## MEDICAL INSPECTION, 1951.

Number of girls examined (including 1 "special")	94
Number of girls with defects .....	42
Number of girls absent from Inspection .....	16

## SUMMARY OF DEFECTS.

Vision.....	3
Teeth .....	23
Nose and Throat .....	2
Heart .....	3 (Referred to Dr. O'Meara)
Flat Feet .....	17
Knock Knee .....	2
Others .....	3
Total.....	<u>53</u>



VICTORIA COLLEGE  
AND  
VICTORIA COLLEGE PREPARATORY  
MEDICAL INSPECTION. 1951.

Number of boys examined .....	280
Number of boys with defects .....	147
Number of boys absent from Inspection .....	11

SUMMARY OF DEFECTS.

EYES :

(a) Vision .....	31
(b) Squint .....	1
(c) Other .....	4

TEETH : .....

Malocclusion of teeth .....	1
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EARS :

(a) Hearing .....	1
(b) Otitis Media .....	2
(c) Other .....	2

Nose and Throat .....

Cervical Glands .....	9
-----------------------	---

Flat Feet.....

Knock Knee .....	1
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Hernia .....

Hydrocele .....	1
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Dorsal Kyphosis .....

Hammer Toe.....	1
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Skin .....

Others .....	3
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TOTAL.....	177
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# MEMORANDUM

TO : [Illegible]

FROM : [Illegible]

SUBJECT : [Illegible]

[Illegible text follows, consisting of several paragraphs of faint, mirrored text.]





TABLE II.

Number of deaths (exclusive of stillbirths) by cause and sex: latest available years, 1947 to 1951.

List No. (1)	Abridged International List of Causes of Death, (Fifth Revision, 1938).			1947			1948			1949			1950			1951		
	(Numbers after causes of death are those of the 1938 revision of the detailed International List.) (2)			Both sexes (3)	Male (4)	Female (5)	Both sexes (6)	Male (7)	Female (8)	Both sexes (9)	Male (10)	Female (11)	Both sexes (12)	Male (13)	Female (14)	Both sexes (15)	Male (16)	Female (17)
	All causes .....			664	322	342	664	330	334	693	347	346	670	322	348	686	359	327
1.	Typhoid and paratyphoid fevers (1, 2) .....			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2.	Plague (3) .....			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3.	Scarlet fever (8) .....			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4.	Whooping cough (9) .....			—	—	—	1	—	1	—	—	—	—	—	—	1	1	—
5.	Diphtheria (10) .....			2	1	1	3	1	2	—	—	—	—	—	—	—	—	—
6.	Tuberculosis of the respiratory system (13) .....			41	21	20	39	24	15	30	16	14	19	13	6	19	13	6
7.	All other forms of tuberculosis (14-22) .....			7	3	4	1	—	1	—	—	—	—	—	—	3	1	2
8.	Malaria (28) .....			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9.	Syphilis (30) .....			—	—	—	—	—	—	1	1	—	2	2	—	1	1	—
10.	Influenza (33) .....			7	5	2	1	—	1	4	1	3	1	—	1	8	4	4
11.	Smallpox (34) .....			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12.	Measles (35) .....			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13.	Typhus fever and typhus-like diseases [Rickettsioses] (39) .....			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14.	Other infectious or parasitic diseases (4-7, 11, 12, 23-27, 29, 31, 32, 36-38, 40-44) .....			4	—	4	7	2	5	6	4	2	5	2	3	2	1	1
15.	Cancer and other malignant tumours (45-55) .....			114	46	68	121	61	60	108	55	53	129	55	74	138	73	65
16.	Nonmalignant tumours or tumors of unspecified nature (56, 57) .....			—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
17.	Chronic rheumatism and gout (59, 60) .....			3	2	1	2	1	1	—	—	—	2	—	2	4	2	2
18.	Diabetes mellitus (61) .....			1	—	1	6	3	3	4	2	2	4	1	3	5	2	3
19.	Chronic or acute alcoholism (77) .....			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20.	Avitaminoses, other general diseases, diseases of the blood, and chronic poisonings (58, 62-76, 78, 79) .....			7	3	4	9	4	5	4	2	2	7	3	4	8	3	5
21.	Meningitis (nonmeningococcal) and diseases of the spinal cord (81, 82) .....			2	2	—	—	—	—	1	1	—	—	—	—	—	—	—
22.	Intracranial lesions of vascular origin (83) .....			68	31	37	78	34	44	110	44	66	102	39	61	85	34	51
23.	Other diseases of the nervous system and sense organs (80, 84-89) .....			9	4	5	9	3	6	9	3	6	6	1	5	11	2	9
24.	Diseases of the heart (90-95) .....			126	60	66	136	75	61	171	88	83	146	74	72	149	83	66
25.	Other diseases of the circulatory system (96-103) .....			25	12	13	24	14	10	20	11	9	10	5	5	20	13	7
26.	Bronchitis (106) .....			27	17	10	24	13	11	16	10	6	18	11	7	12	10	2
27.	Pneumonia and bronchopneumonia (107-109) .....			50	26	24	37	21	16	46	16	30	41	22	19	42	25	17
28.	Other diseases of the respiratory system (104, 105, 110-114) .....			12	7	5	9	5	4	22	13	9	10	3	7	19	10	9
29.	Diarrhea and enteritis (119, 120) .....			3	2	1	2	1	1	1	—	1	—	—	—	1	—	1
30.	Appendicitis (121) .....			—	—	—	1	1	—	—	—	—	—	—	—	1	1	—
31.	Diseases of the liver and biliary passages (124-127) .....			8	1	7	5	3	2	8	3	5	5	4	1	8	2	6
32.	Other diseases of the digestive system (125-128, 122, 123, 128, 129) .....			12	7	5	13	8	5	18	12	6	11	5	6	14	9	5
33.	Nephritis (130-132) .....			24	15	9	15	8	7	12	6	6	20	13	13	18	13	5
34.	Other diseases of the urinary and genital systems (133-139) .....			10	4	6	9	7	2	2	1	1	11	10	1	5	2	3
35.	Puerperal infection (140, 142) .....			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
36.	Other diseases of pregnancy, childbirth, and the puerperium (141-146, 148-150) .....			3	—	3	1	—	1	2	—	2	3	—	3	1	—	1
37.	Diseases of the skin, cellular tissue, bones, and organs of movement (151-156) .....			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
38.	Congenital malformations and debility, premature birth, and diseases peculiar to the first year of life (157-161) .....			24	14	10	16	5	11	16	10	6	16	10	6	25	16	9
39.	Senility, old age (162) .....			41	15	26	49	15	34	43	18	25	51	15	36	60	20	40
40.	Suicide (163, 164) .....			8	3	5	7	5	2	11	9	2	11	10	1	8	6	2
41.	Homicide (165-168) .....			—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
42.	Automobile accidents (all motor-driven road vehicles) (170) .....			13	9	4	10	7	3	13	12	1	10	7	3	6	3	3
43.	Other violent or accidental deaths (suicide, homicide, and automobile accidents excepted) (169, 171-168) .....			13	12	1	27	17	10	12	9	3	20	15	5	12	9	3
44.	Causes of death ill-defined, unknown, or unspecified (199, 200) .....			—	—	—	1	1	—	2	—	2	3	2	1	—	—	—



## SANITARY INSPECTION.

The report of the Chief Sanitary Inspector is attached. It is a review of a good year's work.

Great efforts are still being made to obtain a pure milk supply. The coming institution of bottling all milk is a matter of congratulation. Personally I hope to see the day when all Jersey milk will be pasteurised and bottled. The best milk in the world should be marketed under the best possible conditions.

In spite of our housing difficulties 23 houses have had to be condemned as unfit for human habitation.

A difficulty often arises from houses not structurally defective which are inhabited by people who by reason of age, disability or congenital slovenliness get their homes into a condition of lamentable dirtiness. In these cases we are faced with a very difficult problem, we cannot technically condemn the premises, the inhabitants are not suffering from an infectious disease, and unless the condition of the house is such that it can be considered as a danger to the health of the neighbourhood nothing can be done.

In many cases, especially with the aged, this could be avoided by the timely provision of a home help who by doing the main housework would prevent old people arriving at this disastrous condition. It is hoped that in the future home helps will be available.

## VOLUNTARY SOCIETIES.

The Jersey District Nursing Federation has done and is still doing extremely valuable work for the community. During 1951 they helped with the B.C.G. clinics and they administered 1,066 preventive inoculations against diphtheria. Domiciliary



nursing is still their main care and indeed it is difficult to imagine the condition of the sick poor in their homes before their advent. They also do all our school nursing, they attend all school clinics and follow up all defective children to their homes and persuade the parents to get the necessary treatment.

They also run a minor ailments clinic for school children at Gloucester Lodge.

### JERSEY MATERNITY AND INFANT WELFARE CENTRE.

This society which is consistently living above its income and using its reserves does an ever increasing volume of work. There are now 11 infant welfare clinics and 2 fully employed health visitors. Their work is vital to the community and it must be continued. It is up to the people of Jersey to see that this work is continued on a voluntary basis. It would be a pity if the financial collapse of the society compelled the taking over of its duties by this department.

R. N. MCKINSTRY,  
*Medical Officer of Health.*

## ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR.

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I have the honour to submit my Annual Report for the year 1951, on the various works, improvements, water supply (springs, rain water cisterns, well waters etc.,) housing, building sites, plan approvals for all categories of buildings, food supply, clean milk production, rodent control, disinfections, etc.

### GENERAL SUMMARY OF INSPECTIONS, Etc.

Total number of inspections, re-inspections and miscellaneous visits .....	4,181
Inspections and re-inspections of dwelling houses .....	1,720
Inspections in response to request for advice .....	387
Inspection in connection with complaints.....	454
Inspections in connection with infectious diseases .....	42
Inspections of premises where food is prepared or exposed for sale (restaurants, cafes, tea rooms, etc.) .....	206
Inspections at request of Department of Essential Commodities (Food Control Section).....	42
Inspections in connection with Unsound Food.....	125
Inspections of Licensed Premises .....	187
Inspections of Boarding Houses.....	34
Inspections in connection with " Law on Public Health, 1934 " .....	1,088
Inspections of proposed housing sites .....	412
Inspections of sites for garages, greenhouses, etc.....	249
Inspections in connection with " Loi sur la Protection de l'Enfance " .....	28
Inspections of dairy farms, dairies and milk shops .....	82
Inspections of workshops, workrooms, etc. ....	123
Inspections in connection with " Licensing Law, 1950"...	100
Inspections of shops.....	165
Inspections of Institutions and Church Halls .....	58
Inspections of Nursing Homes .....	10
Inspections of Schools.....	22
Inspections of Canning Factory .....	3

Inspections of Breweries .....	7
Inspections of Abattoir .....	2
Inspections of Cinemas and site for Cinema.....	9
Inspections of moveable dwellings.....	21
Inspections of Holiday Camps and Camping sites .....	10
Inspections of Swimming Pool .....	2
Inspections of Butchers' shops .....	35
Inspections of piggeries .....	4
Inspections of Laundry .....	1
Inspections of Ice-Cream premises .....	11
Inspections of Bakehouses .....	16
Inspections of Parish Halls, Clubrooms, etc.....	9
Inspections of Airport .....	1
Inspections of Government House.....	1
Inspections of brooks, streams, etc.....	12
Inspections of rubbish dumps.....	20
Inspections with President and Public Health Committee	19
Inspections with Medical Officer of Health .....	105
Inspections with Officials of Engineer's Department .....	13
Visits to supervise works in progress.....	614
Inspections in connection with laying of sewer.....	113
Appointments and interviews .....	1,493
Letters written .....	366
Smoke and water tests.....	377
Preliminary notices served .....	75
Callers for advice .....	1,632
Callers <i>re</i> complaints .....	292
Telephone callers .....	912
Reports to Food Control.....	51
Unsound Food Certificates issued .....	472
Reports in connection with Licensing Law, 1950.....	38
Certificates issued in connection with Licensing Law.....	48
Permits granted under the "Loi sur la Protection de l'Enfance" .....	13
Detailed reports submitted to Public Health Committee...	80
Reports to Committee <i>re</i> plans .....	73
Committee meetings attended.....	50
Samples of Tomato Cocktail submitted for Bacteriological examination .....	1
Samples of Ice-Cream collected for examination.....	5

## WATER SUPPLY.

Samples taken for chemical analysis .....	167
Chemical samples which were not satisfactory.....	95
Samples taken for bacteriological examination.....	165
Bacteriological samples which were not satisfactory.....	68
Number of samples which were satisfactory chemically, but not bacteriologically .....	13
Number of samples which were satisfactory bacteriologically, but not chemically.....	36
Number of wells dealt with.....	101
Number of springs dealt with.....	17
Number of rain water cisterns dealt with .....	22
Number of samples which contained lead in solution.....	15
Wells, cleansed, cemented and protected .....	14
Rain water cisterns cleansed .....	4
Wells condemned .....	6
Rain water cisterns condemned .....	1
Lead pipes and pumps removed from wells .....	15
Waterworks supply in place of well or rain water.....	4
Chlorination plants installed .....	3
Storage tanks cleansed and/or treated.....	2

On complaints of illness from people who were staying at and visiting a certain country boarding house and catering establishment, samples of water were taken from the wells, which upon analysis and examination proved to be highly polluted.

It was found essential to close the property until such time as a sufficient and wholesome water supply was provided.

## IMPROVEMENTS TO DWELLING HOUSES.

Houses provided with new sanitary facilities.....	49
Farmhouses provided with new sanitary facilities.....	16
Houses supplied with Waterworks service.....	8
Number of houses reconditioned .....	6
Improvements to dwelling houses such as cleansing, dis- tempering, plastering, new windows, doors, additions etc. ....	28
Number of verminous houses disinfected or cleansed.....	58
Overcrowding abated .....	1

DETAILS OF DWELLING HOUSES WHICH HAVE,  
UPON REPORT, BEEN CONDEMNED AND CLOSED BY  
ACT OF THE PUBLIC HEALTH COMMITTEE AS  
BEING UNFIT FOR HUMAN HABITATION.

Number of Houses Condemned.	Position.	Date of Report.	Result of Action Taken
1	No. 7½, Dorset Street, St. Helier.	15.1.51	Demolished.
1	"La Pointe Cottage", Rue de l'Eglise, St. Peter.	15.1.51	Reconditioned. Order rescinded.
1	"Rosedale", Sion, St. John.	12.2.51	Being reconditioned.
1	No. 4, Hampshire Gardens, Aquila Road, St. Helier.	19.2.51	Demolished.
1	"Maison de Bas", Grouville.	19.2.51	Still occupied.
3	Part of 19, Dumaresq Street, and 2 Cottages in yard, St. Helier.	5.3.51	Part of 19—vacated. 2 Cottages—still occupied.
1	No. 1, Westley Cottages, St. Saviour's Road, St. Helier.	12.3.51	Vacated.
3	Nos. 1, 2 & 3, Cotil Cottages, St. Saviour	27.3.51	No. 1—still occupied. Nos. 2 & 3, reconditioned. Order rescinded,

Number of Houses Condemned.	Position.	Date of Report.	Result of Action Taken.
1	"Seaford Cottage," ... St. Martin.	4.6.51	Vacated.
1	"La Solitude", Le Geyt Road, St.Saviour	9.7.51	Still occu- pied.
1	No. 12, Hampshire Gar- dens, Aquila Road, St. Helier.	3.9.51	Still occu- pied.
1	Attic Room, No. 22, Peter Street, St. Helier.	24.9.51	Vacated.
1	Rear Wing, No. 22, Peter Street, St. Helier.	24.9.51	Still occu- pied.
1	Corner of Providence Lane, and Ann Lane, St. Helier.	24.9.51	Still occu- pied.
1	No. 7, Newgate Street, St. Helier.	5.11.51	Vacated.
1	No. 2, Roseland Cot- tages, St. Saviour.	12.11.51	Still occu- pied.
1	No. 6, Hope Street, St. Helier.	26.11.51	Still occu- pied.
1	Two rooms on ground floor, No. 1, Old St. James Place, St. Helier.	3.12.51	Vacated.
1	"Petit Menage", St. Peter's Valley, St. Peter.	10.12.51	Vacated.

Total number of houses condemned..... 23

Detailed lists of tenants have been forwarded to the Housing Committee for their consideration for re-housing when accommodation becomes available,

CLOSING ORDERS RESCINDED, PROPERTIES BEING  
COMPLETELY RE-CONDITIONED.

Number of Houses.	Position.	Closing Order.	Rescinded.
1	No. 2, Meadow View, Sandybrook, St. Peter.	24.11.47	28.5.51
1	“Roseleigh”, Cross- bow Road, Trinity.	7.1.50	26.5.51
2	Nos. 2 and 3, Cotil Cottages, St. Saviour	27.3.51	13.8.51
1	“La Pointe Cottage”, Rue de l’Eglise, St. Peter.	15.1.51	10.12.51

INFECTIOUS DISEASES.

Forty-two cases of infectious diseases were investigated, the properties inspected and disinfected, and where necessary, works and alterations carried out.

SUMMARY OF WORK IN CONNECTION WITH THE  
LAW ON PUBLIC HEALTH, 1934, AND AMENDMENT,  
1939.

Six hundred and forty plans were submitted for examination, and out of these, six hundred and thirty-one were approved.

The following table gives a description of the plans approved:—

Number of Houses .....	145
Number of Bungalows.....	96
Number of Flats .....	58
Number of alterations and additions to Dwellings.	151
Number of miscellaneous repairs to buildings.....	95
Number of Telephone Exchanges .....	1
Number of Cinemas.....	1
Number of Tobacco Factories .....	1
Number of Public Conveniences .....	1
Number of Chapels .....	1
Number of Church Halls.....	1
Number of Bank premises .....	1
Number of Club-rooms and Rifle-range .....	2
Number of Tea Houses .....	1
Number of Chip Shops .....	1
Number of Offices .....	4
Number of Garages, Greenhouses, etc.....	205
Number of Schools and Classrooms .....	3
Number of Cow-sheds and Pigsties .....	3
Number of Transmitting and Sub-stations .....	4
Number of Research Buildings .....	1

Eleven plans were on report, rejected by the Committee as being unsatisfactory.

One hundred and forty-two dwelling houses, bungalows, flats, etc., were to be newly connected directly or indirectly to the main sewers and one hundred and sixty-eight were to be drained to modified sewage disposal plants.

All work appertaining to sanitation, plumbing, drainage, sewage disposal, water supply, etc., which entails a great amount of work, was carried out under strict supervision.

#### LICENSED PREMISES.

The year 1951 saw considerable activity by the Department in connection with the Licensing (Jersey) Law, 1950.

Under the terms of Article 13 of the Law the Constables of the various parishes requested reports in writing on the sanitary condition of all premises within their parishes, in respect of which, application had been made for the grant of a licence of the first, third or fourth category.



The following table gives details of inspections and improvements effected to these premises.

1.	Number of premises dealt with.....	117
2.	Inspections and re-inspections .....	240
3.	Premises found satisfactory on first inspection.....	34
4.	Interviews with owners representatives.....	47
5.	Additional ladies W.C.'s provided.....	16
6.	Additional gents W.C's provided .....	3
7.	New urinals provided .....	5
8.	Urinals abolished.....	4
9.	New drainage provided .....	9
10.	Soakaways constructed .....	2
11.	Improved ventilation to sanitary accommodation.....	3
12.	Screening of sanitary conveniences .....	4
13.	Artificial lighting provided to sanitary accommodation.	2
14.	Flush tanks provided .....	3
15.	Sanitary accommodation cleansed.....	2
16.	New sewer services provided.....	2
17.	Unsatisfactory bar sinks removed.....	2
18.	New bar sinks provided .....	15
19.	Bar sinks fitted with hot water supply .....	79
20.	Water supply connected to bar sink.....	3
21.	Wash-basins provided.....	5

It is felt that item No. 3, "Premises found satisfactory on first inspection" needs some elaboration. A somewhat higher standard than had been obtained previously was requested particularly in relation to the provision of a hot water supply to bar sinks, and any premises not so equipped, were deemed unsatisfactory. As will be seen from the above table 79 bar sinks were, during the course of the year, fitted with a hot and cold water supply. Owners and licensees generally co-operated willingly in this respect, and it is felt that together with the increased use of sterilizing agents, a considerably improved overall standard of bar hygiene will result.

It is unfortunate that, under the terms of the Law, premises in respect of which an application is also made for the grant of a second category Licence, are not subject to inspection and report to the Constable concerned.

It would appear that in order to ensure a uniform standard of sanitary accommodation, etc., in all licensed premises, an amendment to the existing Law might be desirable. The Attorney-General has already been approached on this matter.

## RESTAURANTS, CAFES, SNACK BARS, ETC.

The number of establishments remain approximately the same as in 1950. Several new premises have been opened and inspected before licences were issued by the Essential Commodities Committee, and others automatically closed at the end of the season.

Periodical routine inspections were carried out, and the work of improvement continues, particularly on poorer premises.

## FOOD SAMPLES.

Two hundred and seventy-eight samples of food were taken under the provision of the "Loi touchant la Falsification des Denrées".

Nature of Sample.	Number of Samples taken.	Genuine	Remarks.
Milk ... ..	231	211	13 samples contained extraneous water, 5 showed fat deficiency and 2 were suspicious.
Pork Sausages ...	6	6	—
Curry Powder ...	2	2	—
Ice Cream ... ..	1	1	—
Coffee ... ..	2	2	—
Grapefruit Squash...	2	2	—
Cream Cheese ...	1	1	—
Milk of Magnesia ...	5	5	—
Aspirin Tablets ...	11	11	—
Boric Acid Ointment	11	11	—
Zinc Ointment ...	3	3	—
Sulphur Ointment...	3	3	—
	278	258	

## MILK SUPPLY AND SAMPLING.

All milks containing extraneous water, showing poorness in fat, and those which were suspicious, were investigated, and, as a result, two vendors were presented before Court and fined £25 and £15 respectively.

The undermentioned goods were condemned as being unfit for human consumption and destroyed :—

Tinned Ham—956 tins (54 cwt.); Tinned Gammon—178 tins (22½ cwt.); Luncheon Meats—336 tins (4½ cwt.); Sausages—13 tins (41 lbs.); Noix de Porc Slices—9 tins (9 lb.); Minced Beef Loaf—18 tins (13½ lbs.); Chicken in Jelly—3 tins (11 lbs.); Rabbit—4 tins and 1 case (64 lbs.); Cote de Porc—3 tins (2½ lbs.); Brawn—183 tins (2¼ cwt.); Mandolin Romain—1 tin (12 ozs.); Stewed Steak—30 tins (30 lbs.); Meat and Gravy—8 tins (8 lbs.); Chicken slices—3 tins (9 ozs.); Ham Roll—53 tins (1¾ cwt.); Jellied Veal—64 tins (2 cwt.); Tripes—7 tins (5 lbs.); Bacon and Lentils—5 tins (5 lbs.); Braised Kidneys—15 tins (1¾ cwt.); Bacon—130 lbs.; Braised Heart—2 tins (1½ lbs.); Menez Porc—7 tins (22 lbs.); Beef Loaf—3 tins (2¼ lbs.); Chopped Kidneys—1 tin (13 ozs.); Pork Chops and Tomato—1 tin (3 lbs.); Tongue—6 cwt.; Pears—4 jars (4 lb.); Sultanas—31 boxes (8 cwt.); Apples—425 lbs.; Grapefruit Juice—14 tins (26 lbs.); Jam—13 tins (23 lbs.); Guavas—9 tins (19 lbs.); Sliced Oranges—4 tins (8 lbs.); Plums—742 tins (15¼ cwt.); Apricots—7 tins and 55 jars (1 cwt.); Cherries—134 tins (2¼ cwt.); Grapes—5 tins (12 lbs.); Peaches—9 tins (9 lb.); Prunes in Syrup—19 tins (38 lbs.); Whole Gooseberries—3 tins (30 lbs.); Figs in Syrup—4 tins (8 lbs.); Strawberries—2 tins (20 lbs.); Raspberries—1 tin (10 lbs.); Greengages—11 tins (27½ lbs.); Pineapple Crushed—6 tins (12 lbs.); Apricot Pulp—5 tins (50 lbs.); Peach Pulp—82 tins (13½ cwt.); Blackcurrants—1 tin (2 lbs.); Orange Juice—2 tins (4 pts.); Fruit Salad—21 jars (21 lbs.); Pineapple Chunks—7 tins (7 lbs.); Pilchards in Tomato—19 tins (18½ lbs.); Salmon—131 tins (30 lbs.); Soused Herrings—30 tins (27 lbs.); Smoked Cod Fillets—12 lbs.; Skate—5 stone; Herrings in Tomato—20 tins (17 lbs.); Mackerel in Tomato—16 lbs. and 1 box; Kippered Herrings—8 lbs.; Brislings—4 tins (4 lbs.); Herrings—7 stone; Grey Mullet—7½ stone; Winkles—20 gallons; Red Mullet—1 case; Tuna Fish—8 tins (8 lbs.); Sardines—16 tins (8 lbs.); Rock Lobster—10 tins (10 lbs.); Olives—12 tins (41 pts.); Cocktail Onions—6 bottles (6 pts.); Capers—1 bottle (6 fl. ozs.); Pickled Onions—19 jars (38 pts.); Washington

Gages—2 tins (5 lbs.); Apple Sauce—276 tins ( $2\frac{1}{2}$  cwt.); White Asparagus—1 tin (10 lbs.); Rhubarb—1 tin ( $2\frac{1}{2}$  lbs.); Cocktail Sausages—8 tins (1 cwt.); Macedoine Vegetable—7 tins (10 lbs.); Carrots—79 tins ( $1\frac{3}{4}$  cwt.); Sliced Beetroot—17 tins (29 lbs.); Peas—171 tins ( $2\frac{1}{2}$  cwt.); French Beans—2 tins (2 lbs.); Baked Beans—60 tins (65 lbs.); Tomatoes—2 tins (6 lbs.); Butter—56 lbs.; Milk—527 tins (264 qts.); Cheese—44 boxes (56 lbs.); Head de Cheese—4 tins (9 lbs.); Tomato Sauce—6 bottles (52 fl. ozs.); Crème au Fois Trufée—2 tins (5 lbs.); Du Foie Truffles—2 tins (4 lbs.); Spinach Purée—2 tins (4 lbs.); Tomato Purée—1 gallon; Horse Radish Cream—168 jars (42 lbs.); Sausage, Spaghetti and Tomato—25 tins (25 lbs.); Spaghetti and Tomato Sauce—277 tins ( $2\frac{1}{2}$  cwt.); Vegetable and Macaroni Casserole—1 tin (1 lb.); Black Pudding—13 lbs.; Soups—71 tins (70 lbs.); Irish Stew—6 tins (6 lbs.); Pastes—1 jar; Chestnuts—7 cwt.; Cake Mixture—380 pkts and 36 tins (4 cwt. 11 lbs.); Sugar—20 lbs.; Biscuits—56 lbs.; Baby Foods—3 pkts (14 ozs.); Beef and Carrots—3 tins (3 lbs.).

The total amount of all foods condemned was 8 tons 14 cwt. 56 lbs. solid and  $98\frac{1}{2}$  gallons liquid.

## PRODUCTION OF CLEAN MILK.

### METHYLENE BLUE REDUCTASE TEST.

Total number of samples taken..... 1,759

One thousand five hundred and thirty-one or approximately 87% were satisfactory. One hundred and thirty or approximately 7.4% were fair and ninety-eight or approximately 5.6% were unsatisfactory.

One thousand six hundred and three samples were taken from farmers cans at the collecting depots, were of mornings milk and were examined on day of receipt. One thousand four hundred and twelve or approximately 88.3% were satisfactory, one hundred and sixteen or approximately 7.1% were fair and seventy-five or approximately 4.6% were unsatisfactory. These figures show an improvement on the previous year, and indicate that more care generally, is being taken by the producers.

The remaining one hundred and fifty-six samples were of pasteurised milk and were examined after keeping for twenty-four hours at atmospheric shade temperature.

Forty-eight samples were taken from dairies and milk shops, thirty of approximately 62.5% were satisfactory, nine or approximately 18.75% were fair and nine or approximately 18.75% were unsatisfactory.

One hundred and eight samples were taken from roundsmen in course of delivery, eighty-nine or approximately 83.2% were satisfactory, five or approximately 3.8% were fair and fourteen or approximately 13% were unsatisfactory.

The results of these last two items show a very definite improvement on the previous year, and indicate that the new pasteurisation plants installed and alterations to existing equipment, has provided a more stable method of processing, and improved the keeping quality of the milk.

#### PHOSPHATASE TEST.

Towards the end of the year this test was introduced in order to test the efficiency of the pasteurisation plants. Samples were taken at all stages from dairy to consumer, sixteen samples in all, of these, fifteen or approximately 94% were satisfactory and one or approximately 6% was unsatisfactory. Investigation at the dairy was made in this one case and advice given.

In addition to the above samples twenty-three special bacteriological investigations were made after complaints of unsatisfactory milk. The results of these investigations solved the causes for complaint.

Thirty-five samples of sterilised cream were taken for bacteriological examination. The first samples indicated inefficient sterilisation, and after an investigation had been made and advice given, later samples proved to be satisfactory.

#### TUSTMUN SEDIMENT TEST.

One thousand nine hundred and thirteen samples were examined by this method for macroscopic contamination with extraneous matter, one thousand seven hundred and ninety-eight or approximately 91.75% were satisfactory and one hundred and thirty-two or approximately 8.25% were fair.

Farm inspections and re-inspections.....	271
Visits to dairies during pasteurisation .....	355
Visits to milk shops .....	313
Interviews .....	411
Complaints .....	27
Visits to farms <i>re</i> pigsties.....	10
Visits to bacteriological laboratory.....	198
Visits to analyst's laboratory .....	78
Interviews with milk roundsmen and inspections of delivery vans or handcarts .....	119
Inspections of Food Manufacturing Premises .....	33
Visits <i>re</i> appeal to cow samples .....	2
New cowsheds erected.....	3
New dairies erected .....	4
Existing cowsheds reconstructed.....	5
New pigsties erected.....	6

## HOLIDAY CAMPS.

Periodical inspections were made of the Holiday Camps during the season and the conditions were found to be generally satisfactory.

## GENERAL IMPROVEMENTS TABLE.

The undermentioned figures are the result of complaints received and requests for advice on existing properties.

New connections to sewer .....	36
Re-newed connections to sewer .....	53
Drainage systems remodelled .....	131
Modified sewage disposal plants installed.....	44
Soakaways built.....	27
Drains unchoked .....	50
Foul soakaways or cesspools abolished .....	23
Brick drains abolished .....	11
Old drains abolished.....	85
Obsolete or defective drainage fittings replaced .....	43
Private sewers re-built.....	2

## PLUMBING WORK.

New baths installed .....	44
New sinks installed .....	66
New wash-hand basins installed.....	66
New urinals installed .....	8
Flushing cisterns fixed to existing W.C's .....	3

## IMPROVEMENTS TO SANITARY CONVENIENCES.

New water closets constructed.....	115
Foul privies and closets abolished .....	33
Miscellaneous nuisances abated .....	87

## RE-SEWERING.

A considerable amount of additional drainage improvements to properties was carried out during the re-laying of sewers in Hilary Street, Hilgrove Street, Wesley Street, Providence Street, Duhamel Place, Simon Place, Great Union Road, Mont Cambrai, Rue de Galet, St. Aubin's Road, etc. In some streets it was essential completely to renew the drainage systems in half the total number of houses. This work is likely to increase as the sewerage scheme develops.

## CESSPOOL EMPTIERS.

One thousand four hundred and five septic tanks, soakaways, etc.,—a total of two thousand seven hundred and fifty-seven loads—were emptied by the cesspool emptiers.

## RODENT CONTROL OPERATIONS.

During the year, 83 new complaints were investigated, which, together with outstanding cases from 1950, required 374 re-inspections and extra visits, together with 307 services of baiting-gassing-shooting etc. 46 of these were completely cleared up.

The bi-annual poisoning of sewer manholes, which was in arrears at the end of 1949 owing to wet weather, has now been brought completely up-to-date, and altogether 415 manholes have been baited, from which the inspections showed 119 full takes, 162 part takes, 134 no takes and 12 visible kills. The situation *re* rats in sewers, continues to be well contained.

On two occasions dead rats were removed from under household flooring, where they had been poisoned other than by the operator, and 62 rats were shot at various times, 25 of which were shot by the survey party in the sewers, with kit supplied by this Department.

10 dumps were inspected, and Bellozanne and St. Ouen dumps were sprayed three times for flies, whilst mosquito complaints at St. Ouen's pond were dealt with. Treatment was given for 14 complaints of cockroaches in various places, and 3 smoke fumigations were carried out at Bellozanne dump canteens.

The Rat Destruction Department's own formula for Zinc Phosphide used in paste form for small infestations of rats and mice, is proving particularly effective.

## ROYAL SANITARY INSTITUTE AND SANITARY INSPECTOR'S ASSOCIATION CONFERENCE.

On behalf of my colleague and myself, may I thank you for allowing us to attend as your delegates the Conferences held in Southport and Margate. The benefits acquired at these Conferences from the educational point, and general knowledge obtained of all branches of Public Health Administration, are invaluable.

L. HAMMOND,  
*Chief Sanitary Inspector.*

## GENERAL HOSPITAL.

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### SURGICAL AND PHYSIOTHERAPY DEPARTMENT.

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I beg to submit my report on the Surgical  
Department for the year ended 31st December, 1951.

#### SURGICAL IN-PATIENTS.

Number of Male Patients ... ..	655
Number of Female Patients ... ..	672
Number of Children ... ..	169
Total ... ..	1,496

#### OPERATIONS.

Number of General Surgery ... ..	1,120
Number of E.N.T. (Adult) ... ..	81
Number of E.N.T. (Children) ... ..	203
Number of Ophthalmic ... ..	11
Number of Dental ... ..	1
Total ... ..	1,416

#### SURGICAL OUT-PATIENT DEPARTMENT.

	Mr. Halliwell.	Mr. Birt.
Number of New Patients ...	489	571
Number of Old Patients ...	893	571
Total ...	1,382	1,142
Grand Total... ..	...	2,524



## PHYSIOTHERAPY DEPARTMENT.

Number of attendances	...	...	...	...	15,687
Number of treatments	...	...	...	...	22,243
Number of electric treatments	...	...	...	...	6,280
Number of massage treatments	...	...	...	...	4,536
Number of exercise treatments	...	...	...	...	7,610
Number of diathermy treatments	...	...	...	...	1,951
Number of ultra violet ray treatments	...	...	...	...	1,004

We welcome the appointment of Mr. St. John Birt to the Surgical Staff. Mr. Birt was trained at St. Thomas's Hospital, London and after a number of appointments there he became Exchange Fellow in Surgery with McGill University, Montreal, and spent eighteen months in Canada and the United States. He came here from St. Peter's Hospital, London where he held the post of Senior Registrar. He holds his Surgical Out-patient Department on Tuesday afternoon and has two operating sessions. The operating work has been divided equally between us.

There is little comment to make on the figures beyond saying that the work has once more shewn an increase.

A. C. HALLIWELL, F.R.C.S.

## GENERAL HOSPITAL.

### X-RAY DEPARTMENT,

There was an increase of 1066 in the number of cases referred to this Department for Diagnostic X-ray examinations during the year 1951 :—

Total figures for 1951 ...	8981
" " " 1950 ...	7915

With additional Hospital beds becoming available, the number of In-Patients examined rose by 375.

There was also an increase of 390 in the number of cases referred by the Medical Officer of Health from school clinics and other anti-tuberculosis examinations.

The number of cases referred from Overdale Hospital was 39 more than previously.

A breakdown in the supply and distribution of films occurred during the late summer of 1951. Stocks in hand, however, enabled the work of the department to be carried on without serious interference. Supplies are again becoming more easily available and I am informed that we can now expect regular supplies at our previous quota.

The number of cases referred for X-ray Therapy during 1951 was 111 (1950 ... 180) and the number of treatments given 321.

The Diagnostic and Superficial Therapy unit continues to give satisfactory service.

THOMAS WARRINGTON.

## GENERAL HOSPITAL.

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### CARDIAC CLINIC.

380 Old Patients ; 203 New Patients.

Total Attendances during 1951 : 583.

This Clinic continues to be successful and maintains a fairly consistent attendance, the numbers seen being roughly equal to those of last year. Considerable co-operation exists between the Schools' Medical Officer (Dr. Darling) and the clinic, and several interesting cases have been discovered as a result of this.

An appointment system is in operation and, although this occasionally necessitates a wait of a week or so for new patients, it is generally very successful.

Judging from the attendance of nurses in training at the clinic it would seem that they also find it of use in their training. A Phonocardiograph has been on order but had not arrived by the end of 1951. This will add greatly to the interest of the clinic, particularly to nurses in training.

R. O'MEARA.

**GENERAL HOSPITAL.**

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**MEDICAL CLINIC.**

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378 Old Patients ; 103 New Patients.

Total Attendance during 1951 : 481.

The Medical Clinic held on Thursday afternoons was also consistent in its numbers though it, in fact, shows a slight increase over the corresponding totals of last year. A variety of interesting and sometimes rather rare cases has been seen.

Owing to the lateness of the hour and the consequent difficulty in using the ancillary services of the hospital this Clinic, in consultation with Dr. Bentlif, is being altered to Wednesday afternoons at 2.30 from the New Year.

R. O'MEARA.

## GENERAL HOSPITAL.

### PSYCHIATRIC CLINIC.

I have pleasure in submitting my report on the work of the Psychiatric Department for the year 1951.

#### ATTENDANCES.

	New		Old		Total
ADULT CLINIC ... ..	238	...	1,442	...	1,680
CHILD GUIDANCE CLINIC	53	...	342	...	395
	<hr style="width: 50%; margin: 0 auto;"/>		<hr style="width: 50%; margin: 0 auto;"/>		<hr style="width: 50%; margin: 0 auto;"/>
	291	...	1,784	...	2,075

130 patients were first seen as in-patients in the Medical or Observation Wards.

There were 50 certifications to St. Saviour's Hospital.

4 children were transferred to Maison de la Martine.

Hospital beds and time have been wasted by people suffering from epileptic attacks being admitted frequently for short periods. They are now seen regularly in groups of four or five, their anti-convulsive medicines are adjusted as necessary and they are helped over their social and work difficulties. The group method helps them greatly to adjust to their disability when they are living lonely existences ashamed of their illness.

A group system has also been tried out for the chronic alcoholics, but, not unexpectedly, many prefer the disease to the cure.

In Jersey, as in Europe generally, the number of completed and attempted suicides is on the increase. We find most attempts are the result of social and economic maladjustment rather than of psychiatric disease and occur most frequently in the age groups 40 to 60.

We continue to see many cases of constitutional depression, the majority of whom are effectively treated as out-patients.

Our department is particularly gratified by the number of adolescents referred by their doctors in very early schizophrenic states. We have done much propaganda with the medical and teaching professions about the danger of dismissing odd behaviour as "just adolescence" and "something they will grow out of". By seeing them at an early stage, many acute breakdowns are avoided and much unhappiness is spared these young people and their families.

In addition to her routine work at the Clinics, Miss Findlay, Psychiatric Social Worker, has carried out the following :—

362 Visits (175 adults and 187 children)  
705 Interviews (553 adults and 152 children).

My thanks are due to Dr. Wishart, Dr. Darling and Dr. Collinson for their invaluable help in the work of the Department.

LOUISE O'MEARA,  
M.B., B.CH., D.P.H., D.P.M.

**GENERAL HOSPITAL.**

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**EYE DEPARTMENT.**

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I have pleasure in submitting my report on the Eye Department of the General Hospital for 1951.

The number of examinations performed during 1951 was 2,602.

The number of operations was only 64, which again shews a decrease due to modern therapy.

The number of children referred from School Medical Examinations was 184.

As these figures speak for themselves, there is no need for me to comment on the progress of the Eye Clinic.

I was fortunate to be able to keep the same staff throughout the year, which is a great help, not only for the specialist but for the patients also.

Much improvement is needed concerning the consulting and operating rooms, but as there is no possibility of expanding the Eye Department for the time being we must be satisfied as it is.

E. A. C. DRECOURT, M.D.

## GENERAL HOSPITAL.

### EAR, NOSE AND THROAT DEPARTMENT.

The work in the Ear, Nose and Throat Department has again increased during the year 1951 as the undermentioned figures show.

The clinic has become very congested as, apart from being used for ear, nose and throat work, it also houses the eye and skin clinics. In addition it is also used as an overflow Casualty Department. New equipment for these various clinics is being added from time to time with the result that there is very little space left in the Department. It is hoped that in the not too distant future each clinic will be housed separately.

The waiting list for tonsil and adenoid cases is still fairly considerable. This, however, will be substantially reduced now that two operating sessions are being done weekly instead of one.

Number of attendances	... ..	1,575
Number of operations	... ..	284
Number of minor operations (Out-patients)	... ..	80

L. L. RATAZZI,  
Ear, Nose and Throat Specialist.



**GENERAL HOSPITAL.**

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**DEPARTMENT OF MEDICINE.**

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This Department is undoubtedly the centre of medical treatment in the Island and cases from all classes of society continue to be sent in here for diagnosis and modern treatment. However, the chief headache of this Department, is, as before, the question of old and destitute people who, although not acutely ill, are incapable of looking after themselves at home and have to be housed in this Department. This is bad for the training of Nurses and it means that beds are not available particularly in the winter months for acute and chronic cases which need active and specialised treatment. The value of the two-bedded wards cannot be over exaggerated and eventually it may be possible to have more of this type of accommodation. Close contact is kept between the wards and the specialised departments, *e.g.* the Pathological Laboratory and Cardiac Department, etc., and most cordial relations exist between the members of the staff in charge of these departments so that it is possible to have an actual consultation between the pathologist and the clinician at the bedside which must be of inestimable benefit to the patient. In all cases of doubt consultations are regularly held between the two physicians. The following are the cases that have been transferred to the Mainland for specialised treatment which cannot be given locally and we have to thank Miss Findlay of the Psychiatric Department for her kind co-operation in arranging matters on the other side at very quick notice.

4 patients transferred from Female Medical Ward ;  
 4 „ „ „ „ Male „ „

I understand that in the near future accommodation will be found for Psychiatric patients in another part of the hospital as these cases are apt to fill beds in this department for a long time.

In conclusion I should like to pay tribute to Dr. O'Meara and Sisters Piggott and Downs for their very conscientious work during the past year.

#### MEDICAL CLINIC.

Old Patients.	ATTENDANCES.	
	New Patients.	Total.
511	118	629

#### SKIN DEPARTMENT.

This Department continues to thrive and many cases of interest are being diagnosed and treated every week which, before this Department was firmly established, were treated unsatisfactorily outside.

We have had complaints from the Eye and E.N.T. Departments re the setting up of apparatus for the Skin Clinic in their department. Dr. Ratazzi and Dr. Drecourt kindly co-operate, but no doubt, in the not too distant future, we shall have suitable accommodation to off-set these difficulties.

#### SKIN CLINIC.

Old Patients.	ATTENDANCES.	
	New Patients.	Total.
539	348	887

P. G. BENTLIF, M.D., M.R.C.P.,  
*Senior Physician.*

**GENERAL HOSPITAL.**  


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**DENTAL DEPARTMENT.**  


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Herewith my report for the Dental Department for 1951.

The following figures will show that the work done in the department continues to be heavy :

Adult patients for extractions under General Anaesthesia	747
Child patients for extractions under General Anaesthesia...	1,166
	<hr style="width: 20%; margin-left: auto;"/>
Total... ..	1,913
	<hr style="width: 20%; margin-left: auto;"/>
Number of fillings in Permanent Teeth ... ..	363
Total attendances at the Clinic ... ..	2,353

22 schools were visited and 3,577 children examined. Of these 899 required treatment and 679 attended the clinic.

There were four cases of fractured jaws and 3 cases of Vincent's disease of the mouth.

The most interesting case was the manufacture of an acrylic prosthesis to replace a missing portion of the frontal bone, for a case of Mr. Halliwell's. This was very successful.

In addition, Overdale was visited as required for treatment of pain cases, and a weekly clinic was held at St. Saviour's Hospital.

I feel I must emphasise that, owing to the large increase in the school population, it is difficult to ensure regular treatment for the children with the number of clinics we have at present. The situation is bound to become worse in the next few years, as more schools are opened, or extended, and the school population increases even more.

A. S. SWAIN, L.D.S.

## GENERAL HOSPITAL.

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### CHILDREN'S MEDICAL CLINIC AND MEDICAL WARD.

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Work in the Clinic proceeded very satisfactorily. 299 old patients and 116 new patients came for consultation.

There were 222 admissions to the Ward with 10 deaths.

6 deaths were due to congenital effects which were past remedy. Three were admitted in a moribund state and died shortly after admission and there was one pneumonia which failed to respond to treatment.

There were only 12 admissions with various forms of tuberculosis, which continues to shew the very satisfactory trend of the past few years since the introduction of B.C.G. vaccination.

The ward was closed from the 24th of April 1951 to the 21st of June 1951 to new admissions as it was in quarantine for measles. This regrettable interference with the work will not happen when the new cubicles, which have been planned, are finally erected. As there are only three cubicles at the moment, it is impossible to isolate every new admission—which would be the ideal procedure.

H. L. DURELL.

## GENERAL HOSPITAL.

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### PHARMACY DEPARTMENT.

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The year 1951 was one of consolidation of the new department and special services established the previous year.

The syringe sterilisation and needle conditioning service has proved of great value to the Hospital and Public Health Departments using it. There has been an increase in the number of sterile preparations manufactured, and this well-equipped section of the Pharmacy, apart from saving its cost, has an added value in widening the scope and capabilities of the Department.

The number of Outpatients Prescriptions has increased, due in part to undertaking the dispensing of National Health Service prescriptions from England, and the special prescriptions for the supply of expensive drugs to indigent patients.

The trend in favour of the new, more specific, more expensive remedies continues, and although reflected in increased costs, should be justified by results.

The end of 1951 was especially marked by the resignation of the Chief Pharmacist, Mr. S. F. Amy, after 15 years service, who has now acquired his own pharmacy and takes with him the good wishes of all for success in his venture.

CHARLES W. HAREWOOD,  
*Chief Pharmacist.*

PATHOLOGICAL LABORATORY.

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The Laboratory has worked under great difficulty during the latter months of the year.

This is due to the building of a first floor which is being carried out while the work of the Laboratory proceeds underneath.

The volume of work in the chemical section has markedly increased both in numbers and types of examination. This increase has been progressive for the last three years, and has been accomplished with no increase of staff except a Typist. During the year, most items of expendable material have been accumulated in store on the basis of one year's consumption.

The Technical Staff have carried out their duties under very trying conditions with exemplary cheerfulness and efficiency.

EDWARD GEAL,  
*Pathologist.*



Liver Function Tests ... ..	22
Estimation of Serum Protein ... ..	35
Blood Acid and Alkaline Phosphatase ... ..	55
Serum Potassium Estimation ... ..	6
Blood Uric Acids ... ..	29
Stomach Contents ... ..	2
Sternal Punctures ... ..	34
Cytology of Marrow ... ..	—
Histology ... ..	394
Skin Scrapings ... ..	11
Serum Calcium Estimation ... ..	12
Examination of Spermatic Fluid ... ..	50
Bacteriological Examination of Water ... ..	176
Milk Examinations (Bacteriology) ... ..	1,752
	<hr/>
	12,156
	<hr/> <hr/>

*N.B.*—Milk examinations have risen by nearly 600, an increase of 50%.



**GENERAL HOSPITAL.**

---

**ENGINEERING DEPARTMENT.**

---

I have pleasure in presenting the annual report for 1951.

*Medical Ward.*

On the centre landing, rooms which had previously been used as box rooms, etc. have been converted into two and three bedded cubicles, complete with all the necessary services.

These rooms and the corridor and iron staircase, have all been redecorated.

At the request of the surgeons, we have built 6 special trolleys, each divided into some forty compartments, to hold the charts and other records of the patients.

These trolleys have been supplied to each unit.

*Physiotherapy.*

This department has been further improved by the erection of an office for the Sister; a plaster room has also been fitted out and the whole of the floor has been rubber covered.

*Laundry.*

This year another big extension has been carried out in this department, by the building of a sorting room and a packing room adjacent to the existing laundry.

A new Hydro extractor and also a Drying Tumbler have been installed to cope with the ever increasing work of this department.

*Laboratory.*

Another item which entailed a considerable amount of work was the fitting out of a room as a laboratory for the pre-nursing school. The fitting up of this department gave us one or two headaches,

due to technical difficulties. These difficulties were successfully overcome however, and now the Hospital has a laboratory for its training school, in which it can justly be proud.

*Nurses' Home.*

A room in the basement of the Nurses' Home has been fitted out with a large cupboard and shelving, to serve as a linen room for this department.

*General.*

Other work which has been carried out has included the pointing of a large area at the top of the Hospital, the cementing of an area for the washing of swill bins, new floors in the rooms of the Porter's Lodge, a new telephone office, new sills for window frames, and the cementing on the S.W. gable of the Hospital. Decorating has been carried out as necessary, this has included the Vestibule, Matron's former quarters, the male poor law department, and a considerable amount of ward furniture.

One item of interest I might include, is that we made 8 dozen bedside lockers.

Sandybrook has also received attention as necessary.

Since central heating was introduced the old fireplaces have all been removed, and bricked up.

Much other work of a lesser degree has also been carried out.

On the Electrical side a considerable amount of re-wiring has been carried out, this, combined with the maintenance of the electrical apparatus already installed, (which incidentally is being constantly augmented) has kept this department fully occupied.

Finally, I wish to place on record the continuing goodwill and loyalty of the staff working under me.

H. DALLAIN,  
*Engineer.*

**GENERAL HOSPITAL.**  
**STATISTICAL TABLES for the Year ending**  
**31st December, 1951.**

ADMISSIONS AND DISCHARGES DURING THE YEAR 1951.

Patients and Inmates at the General Hospital on 1st January,  
 1951 ... .. 215

Month.	Admissions.	Discharges.	Remaining at end of Month.
January ... ..	234	202	247
February ... ..	237	225	259
March ... ..	235	240	254
April ... ..	219	213	260
May ... ..	241	244	257
June ... ..	242	241	258
July... ..	258	239	277
August ... ..	293	281	289
September ... ..	244	249	284
October ... ..	246	243	287
November ... ..	247	250	284
December ... ..	219	240	263

Patients and Inmates at the General Hospital on  
 31st December 1951 ... .. 263

## GENERAL HOSPITAL. STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER 1951.

### IN-PATIENTS.

Number of Patients at the beginning of the year ... ..	85
Number of Patients admitted during the year ... ..	2,742
Number of Patients at the end of the year ... ..	105
Average number of patients resident daily throughout the year ... ..	116

### ANNUAL EXPENDITURE ON IN-PATIENTS AND AVERAGE COST OF EACH IN-PATIENT PER WEEK.

	Expenditure on In-Patients. £	Average Cost of each In-Patient per week. £ s. d.
Provisions ... ..	15,743	2 12 1
Surgery and Dispensary ...	9,172	1 10 4
Domestic ... ..	7,856	1 6 0
Salaries and Wages ... ..	50,696	8 7 7
Miscellaneous ... ..	1,440	4 9
Administration ... ..	2,162	7 2
Statistical Cost ... ..	87,069	14 7 11
Establishment Renewals and Repairs ... ..	4,158	13 9
Total Cost ... ..	91,227	15 1 8

*Note:* The above table relates to Hospital In-Patients only and excludes the Male and Female Poor Law formerly included under this heading.

## OUT-PATIENTS DEPARTMENTS.

NEW PATIENTS AND ATTENDANCES FOR 1951.

Department.	New Patients	Attendances
Casualty ... ..	9,232	24,635
Eye ... ..	947	2,602
Ear, Nose and Throat ... ..	645	1,575
Skin ... ..	348	887
Medical ... ..	221	1,100
Cardiac ... ..	203	583
Surgical ... ..	1,060	2,524
Children... ..	116	415
Special ... ..	27	492
Daily Medical Clinic ... ..	744	2,800
Daily Surgical Clinic ... ..	1,494	2,656
X-Ray including Deep Therapy	9,030	9,481
Dental ... ..	2,150	2,353
Physiotherapy ... ..	1,690	15,531
Psychiatry ... ..	291	2,075
Total... ..	<u>28,198</u>	<u>69,709</u>

## GENERAL HOSPITAL. STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER 1951.

### OUT-PATIENTS.

Total number of new Out-Patients ... ..	28,198
Total number of Out-Patients attendances ... ..	69,709

### ANNUAL EXPENDITURE ON OUT-PATIENTS AND AVERAGE COST OF EACH OUT-PATIENT ATTENDANCE AND OF EACH OUT-PATIENT.

	Expenditure on Out-Patients.	Average cost of each Out-Patient Attendance	Average total cost of each Out-Patient
	£	d.	d.
Provisions ... ..	732	2.52	6.23
Surgery and Dispensary.	8,605	29.63	73.24
Domestic ... ..	1,694	5.83	14.42
Salaries and Wages ...	12,575	43.30	107.03
Miscellaneous ... ..	731	2.51	6.22
Administration ... ..	1,225	4.22	10.42
Statistical Cost ... ..	25,562	88.01	217.56
Establishment Renewals and Repairs ... ..	910	3.13	7.74
<b>Total Cost ... ..</b>	<b>26,472</b>	<b>91.14</b>	<b>225.30</b>

## General Hospital, Statement of Affairs

	£	s.	d.		£	s.	d.
HOSPITAL BALANCES AS							
AT 1st JANUARY, 1951.							
Amount due from Pensionnaires ... ..	2,210	4	6				
Amounts due from Parishes	7,450	14	10				
Cash in hand ... ..	137	12	1				
					9,798	11	5

### TREASURER OF THE STATES OF JERSEY.

Expenditure during the 12 months to date, on the following Votes.

Salaries and Wages ...	83,786	5	3				
Upkeep of Hospital and Inmates ... ..	59,991	12	1				
Upkeep of Buildings...	10,457	16	9				
Pensions ... ..	1,069	12	0				
Contributions in Suspense ... ..	972	7	8				
Nurses' Home ... ..	26,388	1	11				
Patients Travelling to England ... ..	948	6	10				
Purchase of Drying Apparatus ... ..	1,630	0	0				
Mrs. I. A. Foard Bequest ... ..	462	7	6				
Sandybrook Extensions	777	3	2				
Sandybrook Kitchen Alterations ... ..	246	13	10				
Purchase of Linoleum for Wards ... ..	938	19	7				
Claim <i>re</i> Mr. Doyle ...	650	0	0				
					188,319	6	7

£198,117 18 0

for the year ended 31st December, 1951.

	£	s.	d.	£	s.	d.
TREASURER OF THE STATES OF JERSEY.						
Receipts during twelve months to date under the following heads.						
Interest on Investments	320	5	8			
Pensions ... ..	7,661	11	10			
Sundries ... ..	2,498	17	8			
Parishes ... ..	11,958	2	6			
Contributions in Suspense ... ..	980	3	0			
	<hr/>			23,419	0	8

MAINTENANCE ACCOUNT.

Hospital for twelve months to date ... ..	128,734	6	4			
	<hr/>			128,734	6	4
Appropriation Account ...	6,627	14	5			
	<hr/>			6,627	14	5
Sandybrook Kitchen Alterations ... ..	246	13	10			
	<hr/>			246	13	10
Sandybrook Extensions ...	777	3	2			
	<hr/>			777	3	2
Nurses' Home ... ..	26,388	1	11			
	<hr/>			26,388	1	11

HOSPITAL BALANCE

AS AT THE 31st DECEMBER 1951	4,410	5	4			
Amount due from Pensioners ... ..	2	5	0			
	<hr/>			4,408	0	4
Amount due from Parishes...	7,516	17	4			
Cash in Hand ... ..	—	—	—			
	<hr/>			11,924	17	8
	<hr/>			£198,117	18	0
	<hr/>					



## CHAPLAIN'S REPORT.

---

I have the honour to submit herewith a report for 1951.

Visits made :

Hospital ... ..	206	
Overdale ... ..	43	
Sandybrook ... ..	58	Total 307

Number of communicants :

Hospital ... ..	278	
Overdale ... ..	64	
Sandybrook ... ..	148	Total 490

Baptisms 4

Burials 10

Visits made include regular Sunday services in the Hospital chapel and visiting patients in the wards. Holy Communion is celebrated once a month in the Hospital chapel and is administered to patients at the Hospital and at Overdale as required.

Visits for other purposes include classes in preparation for Confirmation ; beginning and end of term services for the Pre-Nursing Training School ; and lectures to nurses in the Preliminary Training School.

In July Mr. A. F. Le Gros succeeded Mr. G. Le Monnier as Organist at the Hospital chapel. And in October, after consultation with the President of the Committee of Public Health, it was agreed that the work at Sandybrook should be given into the care of the Incumbent of St. Matthew's, Millbrook, the Rev. A. E. A. Stievenard.

Collections during the year at the Hospital chapel amounted to £22 2s. 11d., this with the balance from 1950 makes a total of £42 os. 11d. Expenses amounted to £19 5s. 4d., of which nearly £16 was spent on buying hassocks, £1 6s. 1d. on candles, and £2 was sent to the S.P.G. Medical Missions fund. The balance at present in hand is therefore £22 15s. 7d.

During the year the seating and arrangement of furniture in the Hospital chapel has been improved by the kind help of the maintenance staff.

May I conclude by thanking you, Sir, and the members of your Committee for your helpfulness and support, and the Matrons and Staffs of the Hospital, Sandybrook and Overdale, at all times have shown me great kindness, sympathy and co-operation in this growing work.

LAWRENCE HIBBS,  
*Chaplain.*

## ST. SAVIOUR'S HOSPITAL.

—

MEDICAL SUPERINTENDENT'S REPORT FOR THE YEAR  
1951.

—

I have the honour to submit for your consideration the Eighty-Third Annual Report of the work of the hospital.

The changes which have occurred amongst the patients are as follows:—

	Male	Female	Total
Number resident on 1st January, 1951 ... ..	75	135	210
Number admitted during the year 1951 ... ..	16	34	50
Number discharged during the year 1951 ... ..	10	22	32
Number deceased during the year 1951 ... ..	3	8	11
Number resident on 31st December, 1951 ... ..	79	140	219
Total under treatment during 1951...	91	169	260

## ADMISSIONS.

There were fifty admissions during the year, an increase of ten over the 1950 total. Of the fifty, eleven had formerly been patients in this hospital, and five in other mental hospitals on the mainland. More than two-thirds of the cases, as will be seen from the following table, were females:—

Classification by Age and Sex	Male	Female
Over 70 years ... ..	2	5
50—70 years ... ..	7	14
30—50 years ... ..	5	12
15—30 years ... ..	2	3
	<hr/> 16	<hr/> 34

### DISCHARGES.

Thirty-two patients were discharged: ten males and twenty-two females. Of these, one male and one female returned to hospital whilst still on trial, and two other males returned at a later date. The improvement in the discharge rate is to some extent due to the presence of more treatable case material amongst the admissions.

	Male	Female	Total
1. Discharged recovered...	5	7	12
2. Discharged relieved on application by relatives	2	11	13
3. Discharged unimproved on application by relatives ... ..	1	1	2
4. Transferred to mental Hospitals in England...	1	1	2
5. Returned to France ...	1	—	1
6. Transferred to Sandybrook Hospital ... ..	—	2	2
	<hr/> 10	<hr/> 22	<hr/> 32

### DEATHS.

Eleven patients died during 1951: three males and eight females. Their average age was sixty-nine years. In the case of one elderly female patient who

was found dead in bed, a post-mortem examination was carried out by the States Pathologist on the instructions of the Bailiff: death was found to have been due to natural causes.

#### HEALTH.

An outbreak of influenza occurred during the latter part of February and beginning of March. Thirty female patients, two males, and eight members of the staff were affected, but no serious complications arose and all made a good recovery.

In December, some twelve female patients were affected with gastro-intestinal symptoms. None was pyrexial, but routine examination of the stools revealed the presence of salmonella paratyphi B in two cases. A prolonged search, which included investigation of the kitchen staff, female nursing staff and all patients in the affected ward, was carried out under the guidance of the Medical Officer of Health and with the assistance of the States Pathologist, but no light was shed on the source of infection, and it was presumed that the two patients were themselves carriers.

Apart from these outbreaks, the general level of health of patients and staff has been good. Routine chest X-rays of members of the staff have been repeated, and vaccination of male and female nurses has been carried out where necessary.

#### CHARGEABILITY.

The chargeability of patients remaining under treatment at the end of the year is as follows:—

CLASS	Male	Female	Total
First ... ..	2	22	24
Second ... ..	6	21	27
RATE-AIDED			
Island ... ..	3	22	25
St. Helier ... ..	40	37	77
St. John ... ..	—	4	4
St. Saviour ... ..	5	3	8
St. Lawrence... ..	4	5	9
St. Martin ... ..	2	10	12
St. Ouen ... ..	8	1	9
St. Clement ... ..	3	1	4
St. Peter... ..	1	2	3
Grouville ... ..	3	2	5
St. Brelade ... ..	2	2	4
Trinity ... ..	—	6	6
St. Mary ... ..	—	2	2
	79	140	219

## MAISON DE LA MARTINE.

	Male	Female	Total
Number resident on 1st January, 1951 ... ..	8	6	14
Number admitted during the year 1951 ... ..	1	5	6
Number discharged during the year 1951 ... ..	—	—	—
Number deceased during the year 1951 ... ..	—	—	—
Number resident on 31st December, 1951 ... ..	9	11	20

The new unit for mentally defective children has now completed its first full year and a further six children, five girls and one boy, have been admitted. No major difficulties have been experienced in administration, though the work of the administrative staff of the hospital has been increased in consequence by a proportion greater than the number of patients involved. Minor troubles experienced with the building itself have been largely rectified.

Some of the boys are nearing adolescence, and several of the girls have passed that milestone ; new children will require admission, and it is already apparent that suitable accommodation for older defectives is urgently needed. The duty room which at present serves as a classroom is too small for this purpose and the addition of proper school-rooms, to be used by day children as well as residents, is a question requiring consideration. It is hoped that the whole situation will be clarified when legislation for those suffering from incomplete or arrested development of mind takes final shape.

#### STAFF.

The year has been satisfactory in this respect, and both nursing and domestic staffs have been maintained at a normal level in both quantity and quality. Miss D. Richards, M.A.O.T., joined the staff as Assistant Occupational Therapist in February in place of Miss K. Andersen.

#### OPENING OF NURSES' HOME.

The Isolation Hospital, no longer required as such in view of the advances in treatment of infectious diseases, has been converted into a comfortable Home for female nursing and domestic staff. The opening ceremony was performed on 5th September by the

Bailiff of Jersey, Sir Alexander M. Coutanche, Kt., who was accompanied by Lady Coutanche, in the presence of H.E. The Lieut.-Governor and Lady Grasett, the President and Members of the Public Health Committee, and Members of the States.

The new Home, which provides pleasant quarters for twenty nurses and four domestics, will benefit the health and general well-being of its occupants, who formerly lived in outmoded accommodation adjacent to the wards.

#### OCCUPATIONAL THERAPY DEPARTMENT.

The Occupational Therapy Department continues to provide valuable remedial measures for many of the patients. A third exhibition of the various crafts combined with a sale of work was held on 8th November, and this was so successful that the exhibition bids fair to becoming an annual event. The Eisteddfod again contributed its quota of awards to our exhibitors.

A library has been opened in the Department with facilities for exchange of books, and is proving a boon to those patients whose tastes in reading extend beyond the magazines already provided.

#### DENTAL SURGERY.

The necessary additional equipment has been installed to enable the dental surgeon to carry out conservative procedures, and so provide the highest possible standard of care and treatment for the patients' teeth.

#### ENTERTAINMENTS.

As in past years, cinema performances, occasional concerts, and dances have helped to brighten the



patients' lives. Unfortunately the Christmas festivities were clouded by the closure of the hospital to visitors through the presence of infectious illness, but the good cheer provided made up for other deficiencies, and fortunately it was possible to re-admit visitors shortly afterwards. The beautiful decorations at the festive season were a delight to all eyes.

During the summer months the patients enjoyed regular motor coach outings, and the usual annual picnic took place at L'Etacq on 20th July under ideal conditions.

#### DIVINE SERVICE.

The monthly Church of England services have been conducted by the Chaplain, the Reverend S. R. Knapp, and regular Roman Catholic services have also been held.

#### THE FARM.

The farm has again provided supplies of milk, eggs and vegetables for the hospital equivalent in value to a sum of £2,628 sterling at current prices.

#### GARDENS.

The usual high standard of floral display has been maintained, though with the additional lawns, avenues and borders at the Maison de la Martine and the Nurses' Home it is becoming increasingly evident that the gardener will require the services of a skilled assistant in the near future.

#### REPAIR AND UPKEEP OF BUILDINGS.

The south aspect of the main building has been painted, the main hall and staircases have been redecorated, and certain dormitories in addition. All necessary repairs have been effected, and the buildings maintained in good condition.

## HEAT, LIGHT AND POWER.

The Insurance Company's inspector has reported that he is satisfied in regard to the condition and maintenance of the power house, mechanical plant and electrical fittings.

Once again I thank the Steward and all members of the staff for their loyal co-operation, and the President and Members of the Public Health Committee for their continued support and encouragement.

JOHN WISHART,  
B.A., M.B., B.S., M.R.C.S., L.R.C.P., D.P.M  
*Medical Superintendent.*

## St. Saviour's Hospital—Statement of Affairs,

	£	s.	d.		£	s.	d.
HOSPITAL BALANCES, 1st JANUARY, 1951.							
Cash in hand ... ..	281	2	4				
Amounts due from Parishes	3,325	10	0				
Amounts due from Pension- naires, Nett ... ..	815	15	11				
					4,422	8	3

TREASURER OF THE STATES OF  
JERSEY.

Expenditure on the following  
Votes.

Rental ... ..	119	0	0				
Salaries and Wages ...	25,916	16	7				
Pensions... ..	428	8	0				
Upkeep of Buildings ...	3,466	6	11				
Maintenance and Sup- plies ... ..	31,297	0	8				
Nurses' Quarters (Con- struction) ... ..	1,000	0	0				
Nurses' and Domestic Staff Quarters ... ..	9,321	1	8				
					71,548	13	10

£75,971 2 1

## Year ended 31st December, 1951.

	£	s.	d.	£	s.	d.
TREASURER OF THE STATES OF JERSEY.						
Receipts on the following Estimates during the Year to date.						
Pensions ... ..	5,733	10	11			
Sundries ... ..	407	9	6			
Parishes ... ..	13,271	5	0			
	<hr/>			19,412	5	5
MAINTENANCE, APPROPRIATION AND FARM ACCOUNTS.						
Nett cost twelve months to date.						
Maintenance ... ..	35,581	7	3			
Appropriation ... ..	15,534	4	7			
Farm ... ..	1,007	16	1			
	<hr/>			52,123	7	11
HOSPITAL BALANCES AT 31st DECEMBER, 1951.						
Amounts due from						
Parishes ... ..	3,430	0	0			
Nett Amounts due from Pensionnaires..	1,005	8	9			
	<hr/>			4,435	8	9
	<hr/>			£75,971	2	1
	<hr/>					

R. KILLMISTER,  
*Steward.*

## St. Saviour's Hospital—Maintenance Account

	£	s.	d.		£	s.	d.
TO ORDINARY EXPENDITURE.							
1. PROVISIONS ... ..	14,372	12	0		14,372	12	0
2. SURGERY & DISPENSARY.							
Drugs, Chemicals and Disinfectants ... ..	838	11	5				
General Equipment ... ..	493	11	7				
					1,332	3	0
3. DOMESTIC.							
Furniture, Fittings, Re- pairs, Renewal ... ..	2,206	5	10				
Patients' Clothing... ..	1,545	9	1				
Bedding and Drapery ... ..	1,136	7	10				
Rent, Light, Heat, Power, Insurance, etc. ... ..	8,126	8	10				
Uniforms, Staff ... ..	220	1	3				
Occupation Therapy ... ..	839	12	1				
					14,074	4	11
4. SALARIES, WAGES AND PENSIONS.							
Other Officers and Em- ployees ... ..	20,244	7	7				
Pensions to Retired Em- ployees ... ..	428	8	0				
Social Assurance ... ..	16	5	10				
Medical and Dental Treatment, Patients ... ..	599	2	1				
					21,288	3	6
5. MISCELLANEOUS.							
General and Miscella- neous Expenses... ..	521	7	3				
Travelling Expenses ... ..	663	7	5				
Maintenance Allowances, Staff ... ..	244	4	8				
Newspapers, Periodicals, Press Notices ... ..	135	6	11				
Funerals, Inmates ... ..	82	19	0				
					1,647	5	3
Carried forward...	£52,714	8	8				

**Year ended 31st December, 1951.**

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	£	s.	d.	£	s.	d.
BY INCOME.						
Charges to In-Patients and Parishes ... ..	19,298	18	9			
BY BALANCE, being nett cost of the Institution for the Year to date (Maintenance of Patients only), carried to Statement of Affairs...	35,581	7	3			

STATISTICS FOR  
UNIT OF COST.

Number of days in period ... ..	365
Number of paying-in patient days ... ..	72,558
Number of non-paying patient days ... ..	12,905
Cost per patient per day ... ..	12/10d.
Average receipt per paying patient per day ... ..	5/3 $\frac{3}{4}$ d.

Carried forward... £54,880 6 0

### St. Saviour's Hospital—

		£	s.	d.	£	s.	d.
	Brought forward...				52,714	8	8
6.	ADMINISTRATION.						
	Medical Superintendent.	1,240	0	0			
	Steward ... ..	600	0	0			
	Postage, Telegrams, Telephones ... ..	96	3	5			
	Books and Stationery ...	174	8	8			
					2,110	12	1
7.	ESTABLISHMENT.						
	Chaplain ... ..	50	0	0			
	Freights and Wharfage...	5	5	3			
					55	5	3
					£54,880 6 0		

#### APPROPRIATION ACCOUNT.

		£	s.	d.	£	s.	d.
To	EXTRAORDINARY EXPENDITURE.						
	Upkeep of Buildings... ..	4,490	14	6			
	Roads, Avenues and Gardens, Repairs and Upkeep	722	8	5			
	Nurses' Quarters ... ..	1,000	0	0			
	Nurses' and Domestic Staff Quarters ... ..	9,321	1	8			
					£15,534	4	7

#### FARM ACCOUNT.

		£	s.	d.	£	s.	d.
To	GENERAL EXPENSES, Labour, Forage, etc... ..						
		3,637	9	7			
					£3,637	9	7

**Maintenance Account.**

Brought forward...	£	s.	d.
	54,880	6	0

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£54,880 6 0

**APPROPRIATION ACCOUNT.**

	£	s.	d.	£	s.	d.
BY BALANCE, carried to State- ment of Affairs ... ..	15,534	4	7			

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£15,534 4 7

**FARM ACCOUNT.**

	£	s.	d.	£	s.	d.
BY SALES, Livestock, etc... ..	34	15	6			
BY SUPPLIES to the Institution, viz. :—						
Milk, Vegetables, Pota- toes, Pork, Eggs, etc.	2,594	18	0			
BY BALANCE, carried to State- ment of Affairs ... ..	1,007	16	1			

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£3,637 9 7

R. KILLMISTER,  
*Steward,*



## JERSEY MATERNITY HOSPITAL.

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During 1951 the total number of women delivered at the Jersey Maternity Hospital was 592 and the number of booked cases was 212.

Details of the cases dealt with are as follows :—

Number of deliveries with medical aids	... ..	16
Do. forceps	... ..	56
Do. by doctors	... ..	186
Do. by midwives	... ..	389
Do. by cæsarean section...	... ..	17

In addition there were 10 cases of delivery at home before the arrival of the midwife.

The total number of live births was 595—comprising 317 boys and 278 girls. Included in this number were six sets of twins—

- (a) 1 set—2 boys.
- (b) 1 set—2 girls.
- (c) 4 sets—1 boy and 1 girl.

The average weight of the live boys was 7 lbs. whilst the lightest boy weighed 1 lb. 9 ozs. and the heaviest 10 lbs. 1 oz.

The average weight of the live girls was 6 lbs. 10 ozs. whilst the lightest girl weighed 1 lb. 12 ozs. and the heaviest 9 lbs. 7 ozs.

The number of still births was 7 and these were due to the following causes :—

1. Born before arrival—spontaneous delivery at home.
2. Mother had Ante Partum Hæmorrhage. Toxaemia of pregnancy.
3. One of Triplets. Premature.
4. Spontaneous delivery at home.
5. Foetal heart not heard before delivery.
6. Mother had Ante Partum Hæmorrhage.
7. Mother had Ante Partum Hæmorrhage.

The number of neo-natal deaths was 15 (6 girls and 9 boys) and these were due to the following causes :—

1. Premature. Mother had Ante Partum Hæmorrhage.
2. Premature. Mother had Eclampsia.
3. Premature. Weight 1 lb. 12 ozs.
4. Premature. Weight 2 lbs. 10 ozs.
5. Premature. Weight 1 lb. 13 ozs.
6. Imperforate anus. ? Abdominal growth.
7. Hydrocephalic.
8. Premature. Born before arrival at home.
9. Premature. Breech delivery—one of twins.
10. Jaundice—rapid development after birth.
11. Premature. One of twins.
12. Premature of triplets. (one).
13. Mother had Ante Partum Hæmorrhage. Condition poor at Birth.
14. Premature. 1 lb. 11 ozs. Mother had Eclampsia.
15. Premature. Breech delivery. Weight 1 lb. 9 ozs.

During the year, in addition to the 17 cæsarean sections, 89 operations for rupture of membranes were performed and 80 circumcisions were dealt with at the Hospital.

The number of attendances at the ante-natal clinic was 965.

E. THORNLEY,

*Matron.*

**SANDYBROOK.**

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I have pleasure in submitting to you my report on Sandybrook Hospital for the year 1951.

For the whole year the hospital has been working to full capacity. There were 103 admissions, 60 discharges either to homes or other institutions.

Deaths numbered 31 with an average age of eighty years.

In ending I would like to pay a tribute to the efficiency and kindness of the Nursing and household staff often working under very high pressure and in trying circumstances.

JOHN R. HANNA,  
*Visiting Physician.*

## AMBULANCE SERVICE.

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In connection with the above Service, I have the honour to submit the following report for 1951.

### CASES TRANSPORTED.

General ... ..	1,401
Maternity ... ..	62
Accident ... ..	541
X-Ray... ..	242
Fever ... ..	64
Mortuary ... ..	69
By Air ... ..	33
By Sea ... ..	30
Cases Requiring Special Treatment ... ..	370
	2,812
TOTAL MILEAGE ... ..	24,840
PETROL CONSUMED ... ..	Gallons 2,091
AMBULANCE HIRE CHARGES ... ..	£1,006 1s. 6d
OIL CONSUMED ... ..	... Quarts 118

*Note.*—Ambulance Hire Charges do not include Accidents, as these are carried free.

Of the Street Accidents recorded, 30 Motor Cycles, 28 Cars, 12 Cycles were involved.

O. L. AUBIN,  
*pp/ County Commissioner.*



