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WEST SUFFOLK COUNTY COUNCIL

ANNUAL REPORT
OF THE
Medical Officer of Health
FOR THE
YEAR 1948.

HENRY ROGER, M.A., M.B., Ch.B., D.P.H.,
County Medical Officer.



*County Health Department,
Bury St. Edmunds.*

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report on the health of the County of West Suffolk for the year 1948.

In my Report for 1947, I reviewed the progress that had been made in the Public Health services in this County during the past ten years. The year 1948 marks the beginning of a new epoch in the history of the health service, and the duties falling to the Health Department were, in many respects, changed.

Some of the functions previously carried out by the County Council passed, on July 5th, to the Regional Hospital Board or to the National Assistance Board. The provision of institutional maternity accommodation, all forms of treatment, including that for tuberculosis, and for venereal diseases, and the provision of domiciliary assistance for blind persons ceased to be the responsibility of the Council.

The Ministry of Health having agreed to the proposal of the Council that the duties of the Council under the National Assistance Act, 1948, as well as those under the National Health Service Act, 1946, should be carried out by the Health Committee, the new duties for which the Health Department became responsible included not only the provision of an ambulance service and of a comprehensive domiciliary midwifery and home nursing service, but the provision of residential accommodation for the aged and disabled, and accommodation for persons temporarily without shelter. Other added responsibilities included those in connection with the permissive services the Council had agreed to undertake, namely, the provision of care and after-care for all types of illness, the provision of a home-help service and the extension of welfare services to cover other types of disabled persons as well as the blind.

The schemes for carrying out the Council's duties under the National Health Service Act and the National Assistance Act are set out in the Appendix to this Report.

The statistics for the year may be regarded as satisfactory.

Once again I record with gratitude the help and encouragement I have received from the Chairman and Members of the Health Committee and the loyal co-operation of the Public Health Staff.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

*HENRY ROGER,
County Medical Officer of Health.*

STAFF OF THE COUNTY HEALTH DEPARTMENT.

County Medical Officer :

H. Roger, M.A., M.B., Ch.B., D.P.H.

Deputy County Medical Officer :

Alison J. Rae, M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officers:

T. A. H. Smith, M.B., Ch.B.

F. S. Melville, M.B., B.Ch., D.P.H. (to 31-8-48).

G. M. Cubie, M.B., Ch.B., D.P.H. (from 8-11-48).

E. Stork, D.S.O., M.B., B.S. (part-time).

J. Brenda M. Mayes, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H. (from 1-10-48).

(Also M.O.H. of County Districts).

Venereal Diseases Officer :

S. M. Laird, B.Sc., M.D., F.R.F.P.S., D.P.H. (part-time) (to 4-7-48).

Senior Dental Officer :

L. B. Corner, L.D.S. (to 30-4-48).

S. H. Pollard, L.D.S. (from 27-5-48).

Dental Officers :

Janet A. McCann, L.D.S.

S. Mitchinson, L.D.S.

A. N. Smith, L.D.S. (part-time) (to 28-7-48).

Superintendent Health Visitor :

M. P. Mullender, S.R.N., Certified Midwife, Health Visitors' Certificate.

Health Visitors and School Nurses :

At the end of the year six health visitors, one school nurse, one assistant to the school nurses, and four dental attendants were being employed.

Supervisor of Midwives :

L. J. Gray, S.R.N., Certified Midwife.

District Nurses :

At the end of the year forty-four district nurse-midwives and two assistant nurses were being employed.

Welfare Officers :

B. W. Cockell (from 1-10-48).

W. J. J. Tyrrell (from 23-8-48).

Children's Welfare Officer :

Ailsa L. Pank.

Welfare Officer for the Blind :

M. D. Gourlay.

Home Teacher for the Blind :

L. C. Teed.

Administrative Officer :

D. Kilner.

Clerks :

At the end of the year fifteen clerks were being employed.

All the members of the medical, dental, health-visiting and most of the clerical staff were also employed in the school health service.

STATISTICS AND SOCIAL CONDITIONS OF COUNTY.

Area in Acres	..	..	..	..	..	..	..	390,916
Population (Estimated, 1947)—Urban	..	..	..	..	..	..	..	42,214
Rural	..	..	..	..	..	..	..	69,770
Administrative County	..	..	..	..	..	..	..	111,984
Rateable Value (General)	..	..	..	..	..	..	..	£493,652
Estimated Product of a Penny Rate (General)	..	..	..	..	..	..	..	£1,976

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

(a) Births.

Live Births—								Total.	Males.	Females.
Legitimate	..	..	..	..	..	..	..	1,902	984	918
Illegitimate	..	..	..	..	..	..	..	115	68	47
Total Births	..	..	..	..	..	..	..	2,017	1,052	965
Birth Rate per 1,000 of the estimated resident population, 18.0.										
Still Births	..	..	..	..	..	..	..	55	37	18
Rate per 1,000 total births, 27.3.										

(b) Deaths.

Deaths	..	..	..	..	..	..	..	1,356	690	666
Death Rate per 1,000 of the estimated resident population, 12.1.										
Deaths from diseases and accidents of pregnancy and childbirth :—										
(a) From sepsis	..	..	..	..	..	..	..	..	..	Nil
(b) From other causes	..	..	..	..	..	..	..	..	..	4
Maternity Mortality Rate per 1,000 total births	..	..	..	..	..	..	..	..	..	1.93
Death Rate of Infants under 1 year of age :—										
All Infants per 1,000 live births	..	..	..	..	..	..	..	..	..	26.3
Legitimate per 1,000 legitimate live births	..	..	..	..	..	..	..	..	..	24.2
Illegitimate per 1,000 illegitimate births	..	..	..	..	..	..	..	..	..	60.9
Death from Measles (all ages)	..	..	..	..	..	..	..	..	..	Nil
Deaths from Whooping Cough (all ages)	..	..	..	..	..	..	..	..	..	2
Deaths from Diarrhoea (under 2 years of age)	..	..	..	..	..	..	..	..	..	4
Deaths from Cancer (all ages)	..	..	..	..	..	..	..	..	..	212

Birth Rate.

The Birth Rate was 18.0 per 1,000 of the estimated population as compared with 20.8 for 1947. The Birth Rate for England and Wales was 17.9.

Death Rate.

The Death Rate was 12.1 per 1,000 of the estimated population as compared with 13.9 for 1947 and 10.8 for England and Wales.

Infant Mortality.

The Infant Mortality Rate was 26.3 per 1,000 live births as compared with 37.1 for 1947. The corresponding figure for England and Wales was 34.0.

Zymotic Deaths.

Three zymotic deaths were returned as follows : Cerebro-Spinal Fever, 1 ; Whooping Cough, 2.

Population, Birth Rate, Death Rate, and Deaths classified according to Diseases.

DISTRICT.	Population.	Birth Rate.	Death Rate.	Typhoid and Paratyphoid Fevers.	Cerebro-Spinal Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tub. of Resp. Sys.	Other forms of Tuberculosis.	Syphilitic Diseases.	Influenza.	Measles.	Ac. polio-myel and polio-enceph.	Ac. inf. enceph.	Cancer.	Diabetes.	Liver-Cranial Vascular Lesions.	Heart Disease.	Other dis. of Circ. System.	Bronchitis.	Pneumonia.	Other res. dis.	Ulcer of Stomach or Duodenum.	Diarrhoea under 2 years.	Appendicitis.	Other Digestive Dis.	Nephritis.	Puer. and Post-Abort. Septic Causes.	Other Maternal Causes.	Prem. Birth.	Con. Mat. Birth Inf. Dis.	Suicide.	Road Traffic Accidents.	Other Violent Causes.	All Other Causes.	All Causes.		
<i>Boroughs and Urban Districts—</i>																																							
Bury St. Edmunds	18620	17.9	10.7				1		5	2						31	3	37	57	9	6	4	4	4				4	3		3	2	3	3	3	1	17	199	
Hadleigh ...	2976	17.5	11.8													6		5	13	3	1																	7	35
Haverhill ...	4058	14.8	12.7							1						9		8	18	3		4	1	1	1	1								2				2	51
Newmarket ...	9680	15.2	12.6						3		1					26		16	37	5	7	1	1					1	2				2	1	2	4	13	122	
Sudbury ...	6880	14.7	13.1						3	1						20		9	27	3	2	2			4	1			2	2	1		2	3	1			7	90
Totals	42214	16.5	11.8				1		11	4	1					92	3	75	152	23	16	11	6	9	1	1	1	8	7		1	5	7	6	6	5	46	497	
<i>Rural Districts—</i>																																							
Clare ...	8382	18.6	14.0				1		2	1						20	1	12	35	6	7	4	2		1	1		1	6			2	2	1	1	1	1	10	117
Cosford ...	9364	19.0	14.5						2		2					29	2	17	47	2	1	5	1	1	1	2			3	2	1			2	2	2	3	10	136
Melford ...	12650	15.6	13.7						7	1						24	1	24	47	10	5	3	6	4				8	5			3	2		5	4	4	14	173
Mildenhall ...	14210	21.2	9.2						3	3						15	1	13	34	3	10	7	2				3	1	3	1	1	2	5	1	1	1	1	25	131
Thedwastre ...	8524	18.9	12.0	1					4	1	1					9	1	17	37	7	5	3							2				3		1	1	2	8	102
Thingoe ...	16630	19.7	12.0						3	1						23	3	35	77	4	6	8	2	3	1	1	1	6		1	1	2	8	1	1	1	2	12	200
Totals	69770	18.9	12.3	1	1	1	1	21	7	2	1				120	9	118	277	32	34	30	13	9	3	1	16	22			3	9	22	5	11	13	79	859		
Grand Totals	111984	18.0	12.1	1	1	2	32	11	3	1					212	12	193	429	55	50	41	19	18	4	2	24	29		4	14	29	11	17	18	125	1356			

CARE OF MOTHERS AND YOUNG CHILDREN.

Care of Premature Infants.

The procedure in the case of premature infants was continued as in the previous year. A premature cot and special equipment was available on loan from the County Health Department for domiciliary cases.

Eighty-six premature births, one of which was a still-birth, occurred during the year. Seventy babies survived after the first month.

Health Visiting.

The health visiting service was again limited by the shortage of health visitors, and the number of visits had consequently to be curtailed. In view of the added responsibilities of the Council under Section 24 of the National Health Service Act, 1946, it was especially important that the staff should be increased, and efforts were made to bring it up to establishment. Scholarships for the health visitors' training were granted to three suitable candidates, one of whom completed her training and took up her duties during the year. The other two were still in training at the end of the year.

The total number of visits paid was 8,258. This included 2,652 visits to children under one year of age, 5,591 to children between the ages of one and five, and 15 to expectant mothers.

Clinics.

The sixteen Infant Welfare Clinics maintained and staffed by the County Council have been continued throughout the year. In addition the Bury St. Edmunds Clinic was taken over on 5th July, 1948, and Clinics have been started at Barrow, Boxford, Ixworth and Wickhambrook. Further clinics will be established in 1949.

A total of 6,815 attendances were made by children attending these centres; of these 3,994 attendances were made by children under one year of age.

The number of children who attended for the first time was 1,109, and this number included 824 children under the age of one year.

County Orthopaedic clinics for school and pre-school children were held twice monthly at the West Suffolk General Hospital, once monthly at St. Leonard's Hospital, Sudbury, once monthly at White Lodge Hospital, Newmarket, until 5th July, 1948, when this service became the responsibility of the East Anglian Regional Hospital Board.

Dental Care.

The following is the report of the Senior Dental Officer:—

"It was hoped that during 1948 it would have been possible to increase very considerably the facilities for the dental care of mothers and young children and to carry out a greater amount of treatment for these patients.

Bearing in mind that such services provided by the Authority in past years, under permissive powers then in force, were of a very limited nature on account of staff shortage, it was anticipated that it would be some time before the means taken to publicise the new scheme would produce any large demand for treatment.

Results so far show that this assumption was correct. Before the introduction of free dental treatment through the National Health Service the majority of patients seeking treatment under Local Authorities' schemes were those who could not afford the fees of a private practitioner.

Now that free dental treatment is available through the general practitioner service it would appear that those expectant mothers who are 'tooth-conscious' and desire to have dental treatment are in fact obtaining it, with the possible exception of a small number in the more remote parts of the County.

The expansion of the Local Authority's service is therefore dependent upon stimulating the demand for treatment by the education of those who are not at present aware of its importance, and in making arrangements to provide treatment for those living in remote rural areas where there is no public transport to enable patients to attend the main clinics.

The first difficulty encountered when the new scheme was inaugurated was in contacting expectant mothers. The Authority does not conduct any ante-natal clinics, so arrangements were made for patients to be referred by General Practitioners and District Nurse-Midwives, and a small number of applications has been received.

Ante-Natal clinics are conducted at three hospitals in the County, and the co-operation of the Medical Officers in charge of these clinics has been secured. One is held at White Lodge Hospital, Newmarket, and here matters have been simplified by the fact that the County Dental Clinic is conducted in the Hospital.

The Medical Officer in charge of this ante-natal clinic has been referring new patients direct to the dental clinic for dental inspection. The number of West Suffolk residents attending this ante-natal clinic is not large, and it has so far been found that the majority of the patients attend a private dentist and are either dentally sound or receiving treatment when examined.

The second and greater difficulty is in arranging for treatment of patients in rural areas. The usual practice is to conduct clinics in fixed or temporary treatment centres at which patients can attend from outlying districts. This is made impracticable by the lack of public transport facilities in a great part of West Suffolk.

The solution of this problem is, possibly, to take facilities for treatment to the outlying districts by means of a mobile clinic, but with the present staff shortage there is no immediate possibility of putting such a scheme into practice.

The position regarding pre-school children is rather more encouraging. Contact is made with this class of patient through the Health Visitors and the Medical Officers conducting Infant Welfare Clinics, who refer children for dental inspection and treatment. In the outlying districts it is possible to treat pre-school children at the schools when dental officers make their visits for the routine treatment of school children."

Details of the work are as follows :—

	<i>Expectant and Nursing Mothers.</i>	<i>Pre-School Children.</i>
Number of Attendances	90	43
Number Inspected	24	—
Requiring Treatment	24	—
Commencing a Course of Treatment	23	29
Course of Treatment completed	13	—
Fillings	21	—
Scalings	2	—
Gum Treatments	5	—
Extractions	122	43
Anæsthetics (a) Local	21	—
(b) General	17	16
Impressions	15	—
Dentures Inserted	9	—
Miscellaneous Operations	19	—

Care of Unmarried Mothers and their Children.

Under the arrangements made with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association for the care of illegitimate children, seventy cases were referred to that Association during the year. Reports on the action taken by the Association's Workers were received.

Four grants were made towards the maintenance of unmarried mothers in Homes during the year.

Nurseries and Child-minders Regulation Act, 1948.

On 31st December, 1948, the number of premises registered under the Act was one, providing for 12 children. There were no daily minders.

MIDWIFERY AND HOME NURSING.

Midwifery.

(a) General.

The number of midwives practising on 31st December, 1948, was 68.

The number of cases attended during the year is as follows:—

	<i>Midwifery.</i>	<i>Maternity.</i>
County Domiciliary Midwives	621	339
Private Domiciliary Midwives	6	2
Institutional Midwives	703	357
Total	1,330	698

(b) Domiciliary Service.

The domiciliary midwifery service which had previously been undertaken by the County Nursing Association subsidised by the County Council was taken over by the County Council on 5th July, 1948, and from that date the district nurse-midwives became the employees of the County Council.

The liabilities of the District Nursing Associations were taken over and where accommodation for the nurses had been provided, this was continued.

The County Council has agreed to provide cars for those nurses who did not own cars.

The County Nursing Association and District Associations have continued to function in an advisory capacity and their co-operation has been much appreciated.

The County is divided into 36 districts and at 31st December, 1948, there were 46 nurses as under:—

Queen's Nurse-Midwives	4
District Nurse-Midwife—District Trained	1
District Nurse-Midwives S.R.N. (Full-time)	15
District Nurse-Midwife S.R.N. (part-time)	1
District Nurse-Midwife (General Trained)	1
Other Nurse Midwives	22
Assistant Nurse R.M.P.A. (full-time)	1
Assistant Nurse (part-time)	1

Medical help was called by midwives in a total of two hundred and twenty-four cases, which represented a percentage of 23.1 of the domiciliary cases. In two hundred of these cases medical help was sought in respect of the mother, and in twenty-four cases in respect of the baby.

The County Council arranged, as opportunity arose, for district midwives who did not possess the certificate in analgesia to take the course and four nurses obtained the certificate during the year.

Analgesic apparatus was supplied to four district nurse-midwives during the year.

It is hoped that, during 1949, it will be possible to arrange for training in the administration of analgesia of all the district midwives who do not possess the certificate, with the possible exception of the few who are shortly due to retire.

At the end of the year the number of Midwives qualified to administer analgesia was twenty-three.

Early in the year the County Council decided to make available for all domiciliary confinements a supply of sterilised maternity outfits at cost price or at a lower price if circumstances warranted it. Under the National Health Service Act, 1946, these outfits are supplied free of cost.

The arrangements for an ante-natal and post-natal service, through medical practitioners, and for a consultative service were continued up to 5th July, 1948.

Ante-natal and post-natal treatment is now normally provided by general practitioner obstetricians working under Executive Councils, but is still available to those who do not engage a doctor to provide maternity medical services. There was a marked decline in the number of examinations made under the County Council's Scheme towards the end of the year, due to the fact that doctors were being engaged. The following figures indicate this:—

	<i>No. of Ante-Natal Examinations.</i>	<i>No. of Post-Natal Examinations.</i>
Up to 5-7-48	206	63
From 5-7-48	81	32

(b) Institutional Maternity Accommodation.

This service was taken over by the East Anglian Regional Hospital Board as from 5th July, 1948.

The number of women who were admitted to institutions with maternity accommodation during the period 1st January, 1948, to 4th July, 1948, was as follows:—

St. Mary's Hospital, Bury St. Edmunds	123
Walnuttree Hospital, Sudbury	31
White Lodge Emergency Hospital, Newmarket	111
West Suffolk General Hospital, Bury St. Edmunds	149
St. Leonard's Hospital, Sudbury	74

Home Nursing.

Nursing in the home was undertaken, as well as the domiciliary midwifery service, by district nurse-midwives of whom particulars are given above.

The total number of general visits paid was 3,276.

Infectious Diseases of Special Nature.

Eight cases of puerperal pyrexia were notified during the year, five occurring in institutions.

There were no cases of ophthalmia neonatorum.

VACCINATION AND DIPHTHERIA IMMUNISATION.

The Vaccination Acts 1867-1907 were superseded on the 5th July, 1948, by the National Health Service Act, 1946, and compulsory vaccination was discontinued. Accordingly, Public Vaccinators ceased to function and arrangements were made for vaccine to be supplied by the Public Health Laboratory, Cambridge, to medical practitioners who now carry out this work.

In accordance with the Council's Scheme under the National Health Service Act, 1946, arrangements have been made for diphtheria antigen, for use both by the medical practitioners who carry out this work and the County staff, to be obtained from the Public Health Laboratory, Cambridge.

Immunisation of school children has continued to be carried out routinely in schools and clinics and, as in previous years, the schools have been used as centres for the inoculation of pre-school children where no infant welfare clinic was accessible.

Leaflets are issued to parents of all children under one year of age stressing the importance of vaccination and diphtheria immunisation, and the County Health Visitors make a special point of encouraging the parents to take advantage of the facilities offered. Notices urging the need for reinforcing doses have continued to be issued by headmasters to the parents of all new entrants. The following statistics apply to the period from 5th July, 1948—31st December, 1948.

	<i>County Health Staff.</i>	<i>Private Practitioners.</i>
Vaccinations	—	342
Re-vaccinations	—	72
Diphtheria Immunisations:—		
Primary	474	364
Reinforcing doses	447	55

COUNTY AMBULANCE SERVICE.

As from 5th July, 1948, the County Council assumed responsibility for a County Ambulance Service. In accordance with their proposals under Section 27 of the National Health Service Act, 1946, as approved by the Ministry of Health (shown in the appendix to this report) this service has been carried out through the agency of the Suffolk Branch of the British Red Cross Society.

The following stations serve the County:—

<i>Station.</i>	<i>No. of Vehicles.</i>	<i>Drivers.</i>	<i>Remarks.</i>
<i>Bury St. Edmunds Ambulance Area.</i>			
Bury St. Edmunds (Full time)	4 Ambulances 1 Utilecon In reserve:— 1 Ambulance	3 full time	Includes 2 Ambulances owned by County Council.
Brandon (Part time)	1 Ambulance	Volunteers	All calls on this station initially to Bury St. Edmunds station who call out this station.
Mildenhall (Part time)	1 Ambulance	Volunteers	do.
<i>Haverhill Ambulance Area.</i>			
Haverhill (Full time)	1 Ambulance	Contracting garage	do.
<i>Newmarket Ambulance Area.</i>			
Newmarket (Full time)	2 Ambulances	2 full time	
<i>Sudbury Ambulance Area.</i>			
Sudbury	2 Ambulances	1 full-time Volunteers	

Hadleigh Ambulance Area.

Ipswich and Stowmarket—by arrangement with East Suffolk County Council.

Supplementary Services.

By arrangement with the East Anglian Regional Hospital Board, the Ambulance belonging to and sited at the British Legion Sanatorium, Nayland, was used to convey patients from that Hospital to Essex and Colchester Hospital, Colchester, and to Preston Hall, Maidstone.

The Hospital Car Service, which covers the whole of the administrative County, is operated by voluntary drivers who use their own cars. For this they are paid 6d. per mile and petrol coupons are issued for mileage incurred. This service is also operated through the agency of the Suffolk Branch of the British Red Cross Society. There were 70 drivers registered with that Society as at 31st December, 1948.

The Hospital Car Service is not an emergency service and 48 hours' notice is normally required. In cases, however, where sitting cars were suitable but which were required immediately, private taxis were used. Cases thus carried normally comprised mental patients and children who had sustained injuries at school.

Reciprocal Arrangements with other Authorities.

In accordance with the Council's proposals, reciprocal arrangements for mutual assistance, and where necessary, for joint action have been made with the adjacent Counties of East Suffolk, Essex, Cambridgeshire, Isle of Ely and Norfolk.

Essex.

As telephone areas are not coterminous with County boundaries a discussion took place early in July with officers of the Essex County Council concerning emergency calls from border parishes in Essex. It was arranged that where emergency calls from Essex were received by ambulance stations of this Authority, they would be dealt with or relayed to appropriate Ambulance Control Stations in Essex. It was also arranged that all non-emergency calls received in respect of cases from Essex should be referred to appropriate Ambulance Stations in Essex.

These provisional arrangements were reported to the first meeting of the Ambulance Service Sub-Committee and approved, and up to 31-12-48 no difficulties had been encountered.

Cambridgeshire.

At the request of the Cambridgeshire County Council it was agreed that the Ambulance station at Newmarket should serve nearby Cambridgeshire parishes around Newmarket.

Pending a decision as to which villages should be served it was decided to extend the County Service to those parishes which had been served by the Suffolk Branch of the British Red Cross Society prior to 5-7-48.

This arrangement also included the Hospital Car Service.

General.

It was noticed that over the comparatively short period (from 5-7-48 to 31-12-48) which this report covers, as the facilities of the Ambulance Service became more widely known there was a very definite increase in the number of cases transported both by Ambulance and by Hospital Car Service.

Every endeavour was made to ensure that this Service was being used only for cases who, on medical grounds, were unable to travel by public transport, but at the end of the period the numbers were still increasing.

The following statistics are given:—

AGENCY SERVICE.		Total No. of calls.	Total No. of Patients Carried.	No. of Accident & other Emergency Calls included in total No. of Calls.	Mileage.
<i>Ambulance.</i>					
B.R.C.S. (a) ...	...	765	791	18	18,714
(b) ...	...	1,012	993	2	25,384
Total ...	...	1,777	1,784	20	44,098
<i>East Suffolk</i>					
C.C. (a) ...	...	21	21	—	562
(b) ...	...	22	22	1	597
Total ...	...	43	43	1	1,159
<i>SUPPLEMENTARY.</i>					
<i>Ambulance.</i>					
Regional (a) ...	...	11	21	—	364
Hospital Board (b) ...	...	15	27	—	574
Total ...	...	26	48	—	938
<i>Hospital Car Service.</i>					
(a) ...	...	749	1,012	—	27,412.5
(b) ...	...	1,392	2,100	—	42,816.5
Total ...	...	2,141	3,112	—	70,229
<i>Private Taxis.</i>					
(a) ...	...	17	17	17	1,105
(b) ...	...	16	16	16	1,073
Total ...	...	33	33	33	2,178
(a) period 5-7-48—30-9-48.					
(b) „ 1-10-48—31-12-48.					

CARE AND AFTER CARE.

TUBERCULOSIS.

The existing arrangements for the treatment of tuberculosis were continued up to the 4th July, 1948, but on the inception of the National Health Service, the treatment of this disease passed to the East Anglian Regional Hospital Board.

In accordance with Section 28 of the National Health Service Act, 1946, however, the care and after-care of tuberculous persons remains the responsibility of the County Council.

Eighty-seven cases of pulmonary tuberculosis were notified during 1948; this is a decrease of thirteen on the corresponding figure for 1947 and is an increase of three on that for 1946.

Cases of non-pulmonary tuberculosis notified during the year numbered twenty-six, which is an increase of five on the figure for the previous year.

During the year a total of forty-three deaths was recorded, thirty-two being pulmonary, and eleven non-pulmonary cases. In the previous year there were thirty-four deaths comprising thirty pulmonary cases and four non-pulmonary cases.

The number of cases on the Notification Register at the end of the year was four hundred and eighty-three which is an increase of sixty-six on the figure for the previous year.

I submit herewith a Table of New Cases reported in 1948, together with a summary of the deaths from tuberculosis in the area during the year.

NEW CASES AND DEATHS DURING 1948.

<i>New Cases.</i>					<i>Deaths.</i>				
<i>Age Periods.</i>	<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>		<i>Age Periods.</i>	<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>	
	M.	F.	M.	F.		M.	F.	M.	F.
0	—	—	—	—	0	1	—	1	—
1	1	1	1	—	1	—	—	2	—
5	3	2	6	4	5	—	—	—	1
10	—	2	3	1	15	8	9	2	4
15	4	6	1	1					
20	6	3	1	—					
25	12	12	3	1					
35	7	12	—	2	45	4	6	—	1
45	5	2	1	1					
55	3	2	—	—	65	3	1	—	—
65 and upwards	4	—	—	—					
Totals ..	45	42	16	10	Totals ..	16	16	5	6

In-Patient Treatment :—

	<i>Males.</i>	<i>Females.</i>
Admissions to White Lodge Hospital	15	25
Discharges from White Lodge Hospital	16	26
Admissions to " Other Hospitals "	16	22
Discharges from " Other Hospitals "	11	13

Out-Patient Treatment :—

Number of attendances at White Lodge Hospital for—

(i) Diagnosis, Assessment and Supervision ..	296
(ii) X-Ray only	109

Number of Patients who attended White Lodge Hospital for Artificial

Pneumothorax Refills	48
Total number of Refills	507 (approximately)

Number of Patients who attended " Other Hospitals " for Artificial

Pneumothorax Refills	6
Total Number of Refills	58

Number of attendances at " Other Hospitals " for X-Ray only .. 14 |

	<i>Adults.</i>	<i>Children.</i>
Number of Contacts examined other than by X-Ray	18	20

In addition all contacts of school age were seen at the periodic school medical inspections.

Application for Financial Assistance.

During the first half of the year, seventeen males and nineteen females received maintenance allowances. On 5th July, 1948, these payments became the duty of the National Assistance Board, and twenty-three cases were transferred to them on that day.

Visits.

Three hundred and three Home visits were made by Health Visitors.

Extra Nourishment.

Five cases have been supplied with extra nourishment.

OTHER TYPES OF ILLNESS.

In accordance with Section 28 of the National Health Service Act, 1946, the care and after-care of persons suffering from other illnesses was also undertaken by the County Council, and visits were paid by the health visitors at the request of the hospital almoners.

It is expected that this Service will be developed as it becomes more widely known.

PROVISION OF NURSING EQUIPMENT AND APPARATUS.

The British Red Cross Society have a number of medical loan depots in the County and negotiations are taking place with that Society for the provision on loan of equipment, apparatus and nursing requisites for the satisfactory nursing care of patients who are being confined, nursed or cared for at home.

HOME HELP SERVICE.

It is proposed to start this Service as from 1st January, 1949, the Home Help, if available, to be provided in homes where help is required owing to the presence of any person who is ill, lying in, an expectant mother, mentally defective, aged or a child not over compulsory school age.

The Superintendent Health Visitor, Miss Mullender, will act as Home Help Organiser.

Despite publicity through Women's Institutes in the County and advertisements in the local press, very few persons have come forward to register as Home Helpers.

MENTAL HEALTH.

Prior to July 5th the duties devolving on the County Council under the Mental Deficiency Acts were undertaken by the East and West Suffolk Joint Committee for the Care of the Mentally Defective, and the care and after-care of the mentally defective and of patients boarded out from St. Audry's Hospital and the Ipswich Mental Hospital was carried out by the Suffolk Mental Welfare Association, a voluntary Association working in co-operation with the Joint Committee.

Conferences were held between representatives of the East and West Suffolk County Councils to consider the mental health services to be provided under the National Health Service Act, 1946. It was agreed that the existing joint arrangements for the administration of the Mental Deficiency Acts had proved extremely satisfactory, and it was recommended therefore that the Ministry of Health should be asked to make an order under Section 19(2) of the National Health Service Act, 1946, constituting a Joint Board for the purpose of exercising all the functions relating to Mental Health which devolve upon the two County Councils under this Act. This recommendation was accepted by both County Councils, and the order as set out in the Appendix to this Report was made by the Minister of Health.

The following appointments of Chief Officers to the Suffolk County Joint Mental Health Board were made:—

Clerk	Mr. G. C. Lightfoot, Clerk to the East Suffolk County Council.
Medical Officer ...	Dr. H. Roger, County Medical Officer for the East and West Suffolk County Councils.
Treasurer	Mr. R. R. Leawood, County Treasurer to the East Suffolk County Council.

In West Suffolk the two County Welfare Officers were appointed as Duly Authorised Officers for the purpose of taking initial proceedings for the provision of care and treatment for persons suffering from mental illness. In addition, five other persons, a member of the staff of the Health Department, the Clerk and Steward of Risbridge Home, Kedington, and three former Relieving Officers, were appointed as Authorised Officers to act in emergency.

When the scheme for carrying out the mental health duties of the Council under Sections 28 and 51 of the National Health Service Act, 1946, was being prepared, it was thought that the Suffolk Mental Welfare Association would continue to function after the Act came into operation, and it was hoped that, although the work relating to ascertainment, supervision, guardianship, training and occupation would pass to the Joint Mental Health Board, the Association would be available for carrying out any further services considered desirable. The Association, however, was dissolved on June 30th, and the Council's scheme had therefore to be slightly modified. The scheme, as amended, is set out in the Appendix to this Report. Five members of the staff of the Association were transferred to that of the Suffolk County Joint Mental Health Board.

Arrangements were made with the National Association for Mental Health for the equivalent of one full-time worker to be seconded to the Board to carry out duties in connection with:—

1. The after-care of patients discharged from Mental Hospitals.
2. The social care of patients attending Out-patient Psychiatric Clinics.
3. The investigation and care of persons suffering from mental illness living in the community, whose cases would be referred in the first instance to the Medical Officer.

During the period from 5th July to 31st December the Duly Authorised Officers attended on the certification and removal of 37 West Suffolk patients to St. Audry's Hospital and three to St. Clement's (Ipswich Mental) Hospital. One certified case died before removal to hospital. They also afforded assistance in the arrangements for the admission of eight voluntary patients to mental hospitals.

The extreme shortage of vacancies at Institutions for Mental Defectives became more marked with the break-up of the Poor Law, and it was only possible to secure the admission of six patients during the period 5th July to 31st December.

The number of mental defectives in the County on 31st December, 1948, was as follows:—

	M.	F.	Total.
Under guardianship	1	7	8
Under statutory supervision ...	75	85	160
Under friendly supervision ...	32	65	97
Total	108	157	265

HOSPITAL PROVISION.

During the first half of the year the hospital provision remained unchanged, and the County Council, through its Public Assistance Committee, continued to be responsible for St. Mary's Hospital, Bury St. Edmunds, and Walnuttree Hospital, Sudbury, and for the administration of White Lodge Hospital, Newmarket, and of Risbridge Home, Kedington, a home for mental defectives.

These hospitals, together with the West Suffolk General Hospital, Bury St. Edmunds, St. Leonard's Hospital, Sudbury, the Nayland Sanatoria, and the Infectious Diseases Hospitals at Bury St. Edmunds and Exning were taken over by the East Anglian Regional Hospital Board, but at the request of the Board the County Council, as the Board's agent, continued for a time the administration of the Hospitals for which they had previously been responsible.

The West Suffolk Hospital Management Committee assumed responsibility for St. Mary's Hospital and Walnuttree Hospital on October 1st, although the services of the staff of the Finance Department of the County Council were available to the Committee for some time after that date.

(The appropriate Hospital Management Committees of the East Anglian Regional Hospital Board finally took over from the County Council on 1st February, 1949).

At St. Mary's Hospital, Bury St. Edmunds, an arrangement has been made with the Board to retain a certain number of beds to provide residential accommodation under Part III of the National Assistance Act, 1948, until such time as alternative accommodation becomes available. A survey was made of the inmates of Walnuttree Hospital, Sudbury, and arrangements were made for the transfer of the non-hospital cases to St. Mary's Hospital, Bury St. Edmunds, by July 5th, 1948.

MATERNITY AND NURSING HOMES.

Only two nursing homes were registered during the year, and of these one, situated at Cardigan Street, Newmarket, with four beds for maternity cases, was taken over by the East Anglian Regional Hospital Board on July 5th. At the end of the year therefore there remained on the register only one nursing home with five general beds.

Three applications for exemption were received from voluntary hospitals, and were all granted. Two of these hospitals were taken over by the Regional Board on July 5th.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

(a) Notifiable Diseases (other than Tuberculosis) during 1948.

	Total Cases Notified.	Deaths.
Scarlet Fever	125	—
Whooping Cough	440	2
Acute Polio-myelitis	3	—
Acute Polio-encephalitis	—	—
Measles	728	—
Diphtheria	9	—
Acute Pneumonia	38	41
Dysentery	4	—
Smallpox	—	—
Acute Encephalitis Lethargica	—	—
Typhoid and Paratyphoid Fevers	3	—
Erysipelas	26	—
Cerebro-spinal Fever	3	1
Puerperal Pyrexia and Fever	8	—
Ophthalmia Neonatorum	—	—
Malaria	—	—
Infectious Hepatitis	2	—
	1,389	44

(b) Infectious Diseases amongst School Children.

(i) School Attendances.

No school was closed during the year on account of infectious disease, but at six different schools attendances fell to below 60 per cent. of the possible attendances for the week as the result of measles (6 weeks), whooping cough (4 weeks), measles and whooping cough together (4 weeks), measles and mumps together (7 weeks) and measles, mumps and whooping cough together (10 weeks). There was also a considerable incidence of chickenpox at various schools.

(ii) Scarlet Fever.

Early in October an interesting outbreak of scarlet fever occurred at a Primary School in Newmarket with 140 children on the roll. Notification of the first two cases was received on Friday, 8th October. The School Nurse Health Visitor visited the school that day and excluded several children who had inflamed throats. In co-operation with the District Medical Officer of Health, Dr. R. H. Clayton, a survey of the whole position was undertaken and all further work in the field was carried out with his invaluable help. By the following Monday a further 21 cases of scarlet fever had been reported, including some of the children whom the Nurse had excluded. The main incidence was among children aged 5 and 6 years, but children in every classroom were infected. Consultations were held with Dr. R. Fry, of the Public Health Laboratory Service, Cambridge, with a view to determining the cause of the epidemic.

The explosive nature of the outbreak, which was at first confined to the one school, suggested that some article of food, such as milk, might have been the vehicle of infection, but investigations failed to substantiate this hypothesis.

In order to eliminate the presence at the school of any child or children who might be carrying the germs causing the epidemic, it was decided to take swabs from the noses and throats of all the children remaining in school and of all absentees. Although it was found that several healthy children, and some suffering from slightly sore throats, had in their noses and throats the same type of organisms (hæmolytic streptococci group A, type 2) which was present in the noses or throats of all the infected children, cases had, for the time being, ceased to occur before the typing was completed. It was not possible to determine the connection between these carriers and the sudden appearance of scarlet fever, and, although they remained in school, no further cases occurred for some weeks.

It was thought that useful information might be obtained by swabbing the noses and throats of the children at another primary school in Newmarket where there had been no scarlet fever for a long time. With the help of the teachers no difficulty was experienced in obtaining the parents' consent, or in carrying out the swabbing. Several of the children were found to be carrying similar organisms (hæmolytic streptococci, group A, type 2) in their noses or throats but the school has continued to remain free from scarlet fever.

The efficiency of school closure as a means of preventing the spread of infection is a subject which causes considerable feeling among parents and teachers. Immediately the epidemic started strong representations were made for the school to be closed; had this course been adopted there is no doubt but that the absence of further cases would have been attributed to the closure, and many people would have felt justified in urging that this procedure should be followed in any future outbreak.

During November, coincident with the release of the notified cases from isolation, a few more cases occurred, nearly all of whom had been in contact with convalescents or with cases of tonsillitis. At the beginning of December the policy was adopted of swabbing the noses and throats of all notified cases before they returned to school. The intention was to consider the exclusion and possible treatment of nasal carriers, but no persistent positive nasal swabs were encountered.

A few sporadic cases occurred in children who attend either this school or the adjacent (Modern) Secondary School. It is noteworthy, however, that none of the children from nearby villages who attend the latter school were infected. (The last case occurred in April, 1949).

It is obvious that we have still much to learn about the factors which govern the incidence and spread of scarlet fever and allied diseases caused by the streptococcal group of organisms.

I should like to acknowledge the help given by the Public Health Laboratory, Cambridge, members of whose staff paid several visits to Newmarket and examined many hundreds of swabs. It is to this laboratory that we look, not merely for help in eliciting, if possible, the source of infection in any particular outbreak, but also for research in other unsolved problems.

(c) Treatment of Scabies.

It is gratifying to report that the steady and rapid decline in the incidence of Scabies, which was noted in 1947, has continued. The Scabies Clinic set up at St. Mary's Hospital, Bury St. Edmunds, continued to function as required and during the first half of the year 75 cases were treated. Towards the end of this period very few cases were encountered and by July, when the treatment of such cases ceased to be the responsibility of Local Authorities, the clinic was closed.

(d) Cancer.

The arrangements for treatment of patients suffering from cancer were as in previous years until 5-7-48, when these were undertaken by the East Anglian Regional Hospital Board.

During the year 212 deaths from cancer occurred. This number is 15.6 per cent. of the total deaths. The following table shows the age distribution:—

Deaths from Cancer, 1948.

	0—	1—	5—	15—	45—	65—	Total.
Males	—	—	—	3	34	74	111
Females	—	1	—	5	42	53	101
Totals	—	1	—	8	76	127	212

VENEREAL DISEASES.

V.D. Officer: DR. S. M. LAIRD.

On July 5th the East Anglian Regional Hospital Board assumed responsibility for the V.D. Clinic held at Westgate House, Bury St. Edmunds, which was continued in the same premises until such time as accommodation could be made available at the West Suffolk General Hospital. (The transfer was effected at the end of June, 1949).

Dr. Laird continued to be in charge of the clinic, and I am indebted to him for the following particulars and statistics which are in respect of the whole year:—

	<i>New Cases.</i>		<i>Total number of Cases Treated.</i>		<i>Number of Attendances.</i>
	<i>Males.</i>	<i>Females.</i>	<i>Males.</i>	<i>Females.</i>	
"Syphilis ..	6	2	40	38	514
Gonorrhoea ..	14	9	24	16	200
Non-Venereal Conditions	36	30	37	34	233
Totals ..	56	41	101	88	947

Diagnosis.

Specimens examined microscopically for gonorrhoea by the V.D. Officer totalled 221 and 264 specimens of blood were sent to an approved laboratory at Cambridge.

Treatment.

Methods of treatment were largely unchanged. Fifteen out-patients received penicillin at the Clinic whilst those requiring in-patient treatment were admitted to the East Suffolk and Ipswich Hospital, Ipswich.

Case Finding and Case Holding.

As reported last year all new cases were persuaded whenever possible to get their source of infection and any other contacts to report for examination and whatever treatment might be found necessary. Again, great efforts were made to persuade patients to attend long enough to complete treatment and adequate observation and, where necessary, defaulting patients were sent a written reminder or were actually visited. These efforts met with considerable success and in this work, as well as in the routine nursing duties of the Clinic, the services of Miss B. W. Collins, the health visitor seconded for this purpose, were of great value.

Summary.

The number of new cases registered in 1948 shows a welcome reduction as compared with the later war years. It is anticipated that this decline will continue during 1949 as regards cases of early syphilis and gonorrhoea. The number of persons seeking advice, reassurance or treatment of so-called non-venereal conditions continues to provide a large proportion of the work of the Clinic."

Cases Attending other V.D. Centres.

In addition 21 new cases attended the Clinic at Addenbrooke's Hospital, Cambridge, and 16 the Ipswich and East Suffolk Hospital, the particulars being as follows:—

		Number of New Cases.			Total
		Syphilis.	Gonorrhoea.	Non-Venereal Conditions.	Attendances.
Addenbrooke's Hospital	...	5	3	13	202
Ipswich and East Suffolk Hospital	...	2	7	7	26

INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.

The arrangement with the County Advisory Officer of the National Agricultural Advisory Service whereby Mr. W. Paterson, the Milk Advisory Officer under the Ministry of Agriculture and Fisheries, carried out the County Council's duties with regard to the licensing of producers of designated milk was continued during the year. In this connection he paid 181 visits.

Special Designations.

The number of Tuberculin Tested licences is steadily increasing, and there is a tendency on the part of producers to apply for the transfer of their Accredited licences to Tuberculin Tested licences.

Tuberculin Tested Licences.

During the year 144 licences were issued of which 35 were for the first time. Six licences were withdrawn. At the end of the year there were 138 Tuberculin Tested herds on the Register.

The number of samples taken was 37, of which 30 passed the tests.

Accredited Milk Licences.

During the year 63 licences were issued, 8 of which were for the first time. Six licences were transferred to Tuberculin Tested licences. At the end of the year there were 53 Accredited herds on the Register, 4 licences having been withdrawn.

The number of samples taken was 11, all of which passed the tests.

Veterinary Inspection of Cattle.

The Veterinary Inspector of the Ministry of Agriculture and Fisheries has supplied the following statistics of his work during the year:—8,871 animals in Tuberculin Tested herds, 3,477 animals in Accredited herds, and 5,341 animals in non-designated herds were examined. Of these, seven were dealt with under the Tuberculosis Order. The statutory tests were carried out on 13,933 animals in Tuberculin Tested and Certified herds, and 59 re-actors were found.

(b) FOOD AND DRUGS ACT, 1938, and PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD) REGULATIONS.

Three hundred and ten samples were taken by the Weights and Measures Department (Chief Inspector:—Mr. D. Thompson) during the year, and adverse reports were received from the Public Analyst in respect of 59 of these.

The table below shows that milk formed the bulk of the samples taken; of these, 43 were deficient of the legal minimum of 3 per cent. fat and 16 were reported as containing added water.

Upon investigation it was found that the majority of the fat deficiencies were natural and called for no action.

Prosecutions for added water were undertaken against a farmer who was fined.

One butcher was fined for selling sausages containing less than 50 per cent. meat.

DETAILS OF SAMPLING.

Nature of Sample	No. taken.	No. adulterated or not up to standard.
Chocolate	1	—
Cocoa	1	—
Coffee Essence	1	—
Condensed Milk	1	—
Creaming Compound	1	—
Flour	5	—
Flour Mixture	7	1
Fruit (Bottled)	1	—
Gelatine	1	—
Jam, etc.	2	—
Malted Oatmeal	1	—
Meat Products	5	—

<i>Nature of Sample.</i>	<i>No. taken.</i>	<i>No. adulterated or not up to standard.</i>
Milk	252	57
Oatmeal	1	—
Olive Oil	1	—
Pepper	4	—
Pickles and Sauces	8	—
Potato Crisps	1	—
Sausage and Sausage Meat	7	1
Soya Flour	1	—
Tonic Food	1	—
Vinegar	7	—

Samples were obtained from the four dairies heat treating milk on 99 occasions. The results of tests carried out are tabulated as follows:—

<i>Passed.</i>	<i>Failed on Meth. Blue Test.</i>	<i>Failed Phosphatase Test.</i>	<i>Failed both Tests.</i>
73	15	8	3

The failures on the phosphatase test have lead to a special investigation to try to trace the source of the trouble. Tests are still continuing in an effort to find why the particular plant fails on some occasions.

HOUSING.

The following is a summary of the houses built in the County under the post-war housing schemes of the various District Councils:—

District.	Council Houses Completed.					Per 1,000 of Pop'n.	Houses under Construction at end of 1948.
	1946	1947	1948	Total.			
Bury St.							
Edmunds B.	77	80	45	202	11.1	139	
Hadleigh U.D.	10	10	20	40	14.0	—	
Haverhill U.D.	20	6	30	56	14.6	15	
Newmarket U.D.	35	49	128	212	23.5	2	
Sudbury B.	—	24	27	51	7.8	30	
Clare R.D.	—	—	42	42	5.1	28	
Cosford R.D.	—	62	40	102	11.2	44	
Melford R.D.	—	15	97	112	9.3	72	
Mildenhall R.D.	—	55	39	94	7.2	35	
Thedwastre R.D.	18	37	47	102	12.4	42	
Thingoe R.D.	6	74	100	180	11.0	52	

During 1948, 69 houses were completed by private enterprise as follows:—Bury St. Edmunds 13, Hadleigh 4, Haverhill 1, Newmarket 3, Sudbury 12, Clare nil, Cosford 7, Melford 1, Mildenhall 7, Thedwastre 9, and Thingoe 12.

WATER SUPPLIES.

RURAL DISTRICTS.

Large parts of the rural areas are still without piped water supplies, and have to depend on wells, springs, ponds and ditches, many of which are liable to contamination.

In preparing their schemes under the Rural Water Supplies and Sewerage Act, 1944, the possibility of co-ordinating supplies has been fully explored by all the Rural District Councils.

Three trial bore-holes sunk, in 1946, in various parts of Thingoe yielded such very satisfactory results that proposals have been made that Thedwastre, certain parishes in Clare, Melford and Cosford, and also in Gipping in East Suffolk, should be supplied from sources in Thingoe, which will also serve that district.

The present position is as follows:—

CLARE.

There were in 1947 three piped supplies serving (i) Clare, (ii) Hundon, (iii) Withersfield.

Provisional approval has been given by the Ministry of Health to the Council's scheme which provides for:—

- the low level area, by sinking a bore-hole at Great Wratting, and by extending the Thurlow and Bradley mains. By the end of 1948 the bore-hole had been sunk and the extensions to the Bradley and Thurlow mains had been completed.
- The high-level area, in the north of the district, by arrangement with the Thingoe Rural District Council from a reservoir supplied from that District.

COSFORD.

In 1947 there were seven main piped water supplies supplying 22% of the total number of houses with a direct supply and 17% from stand-pipes. In addition bores and pumping apparatus were laid down for three new housing estates.

The Council's scheme provides for the supply, from a bore-hole at Semer, of the whole of the district except a high level area in the north which will be supplied from a water-tower at Bradfield St. Clare in the Thingoe district. Existing piped water supplies at Brettenham, Hitcham, Lavenham, Nedging and Boxford will be incorporated in the scheme.

MELFORD.

At the end of 1947, 25.2% of the total number of houses had a main piped supply and 32.0% were served by stand-pipes.

The Council's comprehensive scheme provides for the supply of districts hitherto not served by a piped supply by the extension of the mains from the existing waterworks. For all parishes north of Long Melford water will be obtained from the Depden reservoir.

MILDENHALL.

In 1947 61% of the total houses were served from three main piped water supplies.

The Council's scheme to cover the district included the construction of a new reservoir of 500,000 gallon capacity on the Tuddenham-Worlington Road, and the extension of existing mains. Before the end of the year two further schemes were submitted to the County Council. The existing supply for the village of Brandon obtained from a well from which a bore-hole had been sunk being insufficient for the estimated requirements, it was proposed to sink a second bore-hole 350 yards from the present well, and should it prove successful, to provide a centrifugal bore-hole pump and construct a new reservoir of 300,000 gallons capacity. The second scheme was to purchase from the Air Ministry a bore-hole and water tower, formerly used to supply the R.A.F. Station at Tuddenham, together with a pump operated by an electric motor and an oil-engine, and a chlorinating apparatus, in order to provide a piped supply to the villages of Herringswell, Tuddenham, Cavenham and Icklingham.

THEDWASTRE.

In 1947 there was only one main piped supply serving fourteen houses.

In order to serve the whole district, the Council combined with the Thingoe Rural District Council in a joint scheme as it was estimated that sufficient water could be obtained from sources in Thingoe to supply both districts. The scheme has been approved by the Ministry of Health.

THINGOE.

In 1947 there were seven main piped supplies serving the villages of Barrow, Bradfield St. George, Euston, Great Whelnetham, Ingham, Ixworth and Rede. 7.3% of all houses in the district had a piped supply and 8.0% were served by stand-pipes.

The comprehensive scheme prepared by the Council in conjunction with the Thedwastre Rural District Council, after the results of the sinking of three trial bore-holes were made known, has been approved by the Ministry of Health and the County Council.

In addition the Ministry have approved of a scheme to purchase from the Air Ministry an installation formerly used for the R.A.F. Station at Chedburgh, and for the laying of the necessary mains to supply the village of Chedburgh.

URBAN DISTRICTS.

Practically all the houses in Bury St. Edmund's, Sudbury, Haverhill and Newmarket are served by main piped supplies which are satisfactory.

In Hadleigh in 1947, 67.8% of the houses had a main piped supply. The question as to whether the out-lying parts of the district can be supplied from Cosford, is under consideration.

SEWERAGE.

In most rural parts of the County there are no efficient drainage and sewerage schemes in operation and the majority of houses still have earth or pail closets. It is obvious that the installation of a water carriage system is dependent on the availability of a piped water supply, and it will be some time before the comprehensive water schemes prepared by the various Councils come into effect.

Schemes for the following were submitted to the County Council during the year:—

CLARE RURAL DISTRICT.

Clare.—The laying of sewers and the construction of two pumping stations and a sewage disposal works consisting of sedimentation tanks, percolating filters and humus tanks from which the effluent will be discharged into the River Stour. Provision will be made to serve a population of 2,260 but additional tanks, filters, etc., could be provided to serve any increase in the population.

Cavendish.—The laying of sewers and the construction of two pumping stations. The scheme provides for the laying of an extra $\frac{3}{4}$ mile length of pumping main from Cavendish to enable the flow to be treated at the Clare Disposal Works, thus obviating the necessity of a separate disposal works for Cavendish.

The County Council offered no criticism to these schemes from the public health point of view.

THINGOE RURAL DISTRICT.

Rougham.—The laying of $1\frac{1}{2}$ miles of sewer to connect with the Air Ministry sewer. No pumping would be required. The Air Ministry have sanctioned the use of the existing sewer and a mutual undertaking has been given for taking over the existing sewage disposal works when no longer needed by the Air Ministry.

Approval of this scheme by the County Council has been deferred pending further information as to the number of houses to be included.

CHILDREN IN THE CARE OF THE COUNTY COUNCIL.

The Children's Sub-Committee, consisting of members of the Public Health and Public Assistance Committee and the Education Committee, to which I referred in my Report for 1946, continued to be responsible for the Welfare of the children in the care of the County Council until the Children's Committee, appointed in accordance with the requirements of the Children Act, 1948, started to function. A Children's Welfare Officer was appointed on the staff of the Public Health Department and took up her duties on January 1st.

The number of children received into and leaving the care of the Council during the year was as follows:—

Children received:—

Admitted to Children's Homes	...	...	...	...	...	...	...	58
"Short-stay" cases	...	...	...	...	...	46		
"Long-stay" cases	...	...	...	...	...	12		
Received into private homes with view to adoption	...	...	...	...	...	...	...	58
Placed in private homes by voluntary agencies or private persons	...	...	...	...	...	...	...	13
Children from other Counties supervised in this County	...	...	...	...	...	...	...	3
								<hr/> 132

Children leaving:—

Returned to care of relatives or friends	...	...	...	...	...	...	...	69
Adopted	...	...	...	...	...	...	...	48
Attained the age of 18 years	...	...	...	...	...	...	...	7
Left the County	...	...	...	...	...	...	...	5
Transferred to Local Mental Deficiency Authority	...	...	...	...	...	...	...	3
Died	...	...	...	...	...	...	...	1
Children boarded out by voluntary societies but no longer supervised by the County Council after July 5th	...	...	...	...	...	...	...	20
								<hr/> 153

At the end of the year the number of children for whom the Children's Committee was responsible, was as follows:—

Children maintained by Local Authorities	...	...	...	...	...	...	...	133
"Short stay" cases	...	...	...	...	...	10		
"Long term" cases	...	...	...	...	...	123		
Children "taken for reward" by private arrangement	...	...	...	...	...	...	...	24
Children supervised under Adoption of Children Act (1928) and Adoption of Children (Regulation) Act, 1939	...	...	...	...	...	...	...	13
								<hr/> 170

Of the 133 cases maintained by Local Authorities, 66 were in private houses, 61 were in Children's Homes and 6 were in special schools or training establishments.

There were no Approved Schools or Remand Homes in the County.

NATIONAL ASSISTANCE ACT, 1948.

The County Council decided that when, on the 5th July, 1948, the former Poor Law was abolished and the National Assistance Act, 1948, came into operation, the following duties should be allocated to the Health Committee.

- (1) The provision of residential accommodation for aged and disabled persons in need of care and attention;
- (2) The provision of temporary accommodation for persons in urgent need thereof by reason of circumstances which could not reasonably have been foreseen, such as fire or flood;
- (3) The protection of moveable property of persons admitted to Hospital, etc., where no other suitable arrangements have been made; and
- (4) The provision of welfare services for disabled persons.

(1) Residential Accommodation.

Residential Accommodation is provided at St. Mary's Hospital, Bury St. Edmunds, by arrangement with the Regional Hospital Board, in Voluntary Homes, and by arrangement with other Local Authorities. On the 31st December, 1948, the number of people in residential accommodation was as follows:—

St. Mary's Hospital, Bury St. Edmunds:—							
Aged	...	...	...	...	...	...	102
Disabled	...	...	...	...	...	...	13
Homes for Epileptics	...	...	...	...	...	...	4
Home for Deaf and Dumb Women	...	...	...	...	...	...	1
Home for the Blind, "Cloncurry," Felixstowe	...	...	...	...	...	...	5
Local Authorities' Homes in Other Counties	...	...	...	...	...	...	1
							<hr/> 126

It has been found that the average age of the "Aged" residents is over 75. No married couples applied for residential accommodation during the period under review.

Residential and Holiday Home for the Blind.

"Cloncurry," Felixstowe, was established in conjunction with the East Suffolk County Council, the West Suffolk Voluntary Association for the Blind and the East Suffolk Voluntary Association for the Blind, each of whom appoints representatives to serve on the House Committee of the Home. The Home was first opened in November, 1948, and accommodation is provided for 12 blind persons from East Suffolk and 8 from West Suffolk.

Hostels for Aged Persons.

(a) "Glennly Rest," Newmarket.

As I mentioned in my last report, these premises formerly known as Exning House, were given to the County Council by Mr. G. C. Gibson together with a cheque for £10,000, to be used as a hostel for aged persons. The plans for the necessary adaptations have now been completed and it is anticipated that work will be commenced during the latter part of 1949.

(b) Felixstowe.

Negotiations which have since proved successful, were opened during 1948, for the acquisition of "The Bristol Hotel" and the adjoining "Buregate House," Sea Road, Felixstowe, to be used for the accommodation of approximately 43 aged persons of both sexes.

(2) Temporary Accommodation.

Temporary accommodation for persons in urgent need thereof, was provided for 6 men, 6 women and 6 children, mainly as a result of evictions, during the period 5th July to 31st December, 1948. The average time for which each person was accommodated was less than one week.

(3) Protection of Property.

Seven cases were dealt with by the County Council's Officers during the period 5th July to 31st December, 1948.

(4) Welfare of the Blind.

(a) General Report on the Service in West Suffolk.

REGISTRATION.

There were 219 registered blind persons in the County at the end of the year, the age group being as follows:—

Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Total.
0—5	5—16	16—21	21—50	50—65	65—70	Over 70	
2	2	4	24	48	26	113	219

HOME TEACHERS.

The Home Teachers paid 1,301 visits during the year and gave 41 lessons in Braille and Moon type.

HOME WORKERS.

The arrangement with the Norwich Institution for the Blind for the supervision of Home Workers in the County is still in force. There were three such workers recognised under the scheme, one of whom retired during the year.

Two Home Workers, a braille copyist and piano tuner, and a boot-repairer, not supervised by the Norwich Institution for the Blind were in receipt of augmentation of earnings from the County Council.

WORKSHOP WORKERS.

One person was maintained in an Institution for the Blind, where he was employed in the workshop.

OTHER WORKERS.

In addition to the recognised Home Workers, fourteen persons were employed in remunerative occupations as follows:—Basket Worker 1, Carpenter and Woodworker 1, Labourer 1, Minister of Religion 1, Net Maker 1, Domestic Worker 1, Telephone Operators 2, Others 4, Sighted Industry 2.

(b) Domiciliary Assistance.

Payment of Domiciliary Assistance by the County Council ceased on the 5th July, 1948, when this function was taken over by the National Assistance Board.

(c) Social Welfare.

Social gatherings, excursions and holidays for blind people have been arranged, and wireless sets provided by the British Wireless for the Blind have been distributed. Special grants and comforts have been supplied through the Voluntary Association, who also maintain the wireless sets.

Schemes of the County Council

approved by the Minister of Health

NATIONAL HEALTH SERVICE ACT, 1946

NATIONAL ASSISTANCE ACT, 1948

NATIONAL HEALTH SERVICE ACT, 1946.

SCHEME OF THE LOCAL AUTHORITY FOR THE PROVISION OF CARE OF MOTHERS AND YOUNG CHILDREN IN ACCORDANCE WITH SECTION 22.

Part I.

GENERAL STATISTICAL DATA.

1. Total mid-1946 population of West Suffolk, including Bury St. Edmunds 106,080
2. Total mid-1946 number of children under 5 years in Authority's area 8,190
3. Number of registered live births :
 - (a) 1945 : Legitimate, 1,628 ; Illegitimate, 296
 - (b) 1946 : Legitimate, 1,829 ; Illegitimate, 199

EXISTING SERVICE.

At the present time the Borough of Bury St. Edmunds is a separate Authority so far as Maternity and Child Welfare is concerned, but on the Appointed Day the County Council will become responsible for such services throughout the County. Information as to the Child Welfare Clinic in the Borough is shown separately, but that given under paragraphs A, B, C, E, F and G, below, includes the Borough of Bury St. Edmunds.

In respect of the remainder of the County, the County Medical Officer is responsible to the Public Health Committee for the service. He is assisted by a Deputy County Medical Officer and two Assistant Medical Officers who conduct the child welfare clinics. The work of the health visitors is supervised, under the direction of the County Medical Officer, by a Superintendent Health Visitor. The establishment of health visitors is eight, but owing to the difficulty in filling vacancies, there are at present only three, and these are also employed in other duties under the Council.

Arrangements have been made whereby the services of three obstetric consultants are available for domiciliary midwifery cases. A part-time obstetrician is responsible for the midwifery St. Mary's Hospital, Bury St. Edmunds, and also for the ante-natal clinic held there. At White Lodge Hospital, Newmarket, an obstetric surgeon on the staff is responsible for the midwifery and ante-natal clinic at that hospital.

The following maternity beds are maintained by the Council and are available for normal cases :—

St. Mary's Hospital, Bury St. Edmunds	12 beds
Walnuttree Hospital, Sudbury	4 beds
White Lodge Hospital, Newmarket	18 beds

An arrangement has been made for the admission of abnormal cases to the West Suffolk General Hospital.

The Public Health Committee has arranged for ante-natal and post-natal examination of domiciliary maternity cases to be carried out by general medical practitioners.

A. ANTE-NATAL CLINICS.

Number of clinic premises	3
Number of expectant mothers who attended in 1946	663
Number of sessions held weekly	4

B. POST NATAL CLINICS.

Post-natal cases are examined at the ante-natal clinics.

C. ARRANGEMENTS MADE WITH GENERAL PRACTITIONERS.

Number of women ante-natally examined	311
Number of women post-natally examined	55

D. CHILD WELFARE CLINICS.

Number of Clinics	17
Number of sessions held (i) weekly	1
(ii) monthly	15
(iii) twice monthly	1

Bury St. Edmunds.

Number of Clinics	1
Number of sessions held weekly	2

E. DAY NURSERIES.

None.

F. RESIDENTIAL NURSERIES PROVIDED UNDER MATERNITY AND CHILD WELFARE POWERS.

None.

G. MOTHER AND BABY HOMES.

The Council has an arrangement with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association whereby the Council contributes, in approved cases, to the maintenance of mothers in a Home provided by the Association.

(i) Number	..	..	..	..	..	..	..	..	1
(ii) Accommodation	..	..	..	..	..	..	..	..	12
(iii) Number of Maternity beds	..	..	..	..	..	..	..	..	None

H. DENTAL TREATMENT GIVEN IN 1946.

The Council's Dental Staff has been engaged mainly in the School Heath Service, and in view of the inability to obtain adequate staff, the work in relation to Mothers and Young Children has been restricted to the extent shown below :

(i) *Expectant and nursing mothers.* Treatment given during 1946.

<i>Visits.</i>	<i>Extractions.</i>	<i>Dentures.</i>
14	58	7

For articles supplied a graduated scale of charges was made adjusted to the patient's means.

(ii) *Children under five years.*

<i>Visits.</i>	<i>Fillings.</i>	<i>Extractions.</i>
15	—	39

Part II.

Description of the Service it is proposed to operate from the Appointed Day.

A. GENERAL ARRANGEMENTS.

1. The County Medical Officer will be responsible to the Health Authority for administering the service and will be assisted by the Medical Officers employed by the Authority as shown in Part I.

Arrangements in general will be as set out in Part I.

2. *Particulars of any Joint Arrangements with Other Local Health Authorities.*

It is not considered necessary to enter into formal arrangements with other local health authorities, but where convenient, in border parishes, arrangements will be made to admit to the County clinics cases from outside the County, and for West Suffolk cases to attend the clinics of other Authorities.

3. *Arrangements with Voluntary Organisations.*

The Health Authority proposes to make arrangements with the West Suffolk County Nursing Association for assistance at the Child Welfare Clinics, and to continue the existing arrangements for the care of unmarried mothers with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association.

4. *Liaison with Other Bodies.*

The Health Authority proposes to ensure the maximum degree of integration of its arrangements with the hospital and specialist services of the Regional Hospital Board, so as to have available the services of specialist obstetricians and paediatricians, and that its own officers obtain as far as possible a greater degree of specialisation in maternity and child welfare.

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

1. *Clinics.*

The ante-natal and post-natal clinics referred to in Part I. are sited at the Hospitals and are conducted for the patients admitted to their maternity wards. The Health Authority will therefore cease to be responsible for them. Ante-natal and post-natal clinics will be established where necessary and practicable under Part IV. of the Act ; and appropriate arrangements will be made through clinics or general medical practitioners for the ante-natal and post-natal care of women who do not arrange to have maternity medical services under Part IV. of the Act.

It is proposed to continue the Child Welfare Clinics, and these will be improved and augmented in the light of experience particularly in the Urban areas, having regard to the availability of staff.

2. *Care of Premature Infants.*

The present arrangement whereby all cases of premature births are notified to the County Medical Officer will be continued. Any necessary special equipment required will be supplied on loan. Each case will be the subject of a visit by a health visitor, who will afford all necessary advice. The Council will, in consultation with the Regional Hospital Board, make arrangements to ensure that the services of a paediatrician are available for premature infants kept at home. The Council will also ask the Regional Hospital Board to provide accommodation for premature infants requiring institutional care and will provide special equipment for the transport of such infants.

3. *Dental Care.*

(i) *Expectant and Nursing Mothers.*

Before the Appointed Day it is hoped to have operating in West Suffolk three principal and, possibly, two subsidiary Centres for Dental Treatment.

At the three principal Centres a Dental Surgeon will be in attendance at prescribed times and appointments will be made for cases referred for Dental Inspection and any necessary Treatment by the Medical Officers, Medical Practitioners, Obstetricians, Health Visitors and District Nurse Midwives. Until fuller information of attendance is available the two proposed subsidiary Clinics will only operate as demand arises. Subject to the agreement of the Regional Hospital Board it is proposed to hold one of the clinics in a Hospital. Owing to difficulties of accommodation no fixed date for the opening of fully equipped clinics can be given.

Scope of Treatment: Patients will be referred from the appropriate Clinics to the Dental Officer who will endeavour to render the patient dentally fit *before* confinement. In cases where this is not possible sepsis and potential causes of pain will be dealt with and treatment concluded after confinement. The conservation of the teeth will be encouraged. It is proposed that every case will be seen by the Dental Officer as soon after the establishment of pregnancy as possible.

All forms of dental treatment, including dentures, where necessary, will be provided by the Authority's dental officers. All dentures will be made in the Authority's own dental workshops or by mechanics to the profession, or if the dental officer concerned is a part-time officer of the Authority, by any mechanic employed by him in his private practice.

(ii) *Children under five years.*

Children under five years will be referred for dental treatment by Medical Officers, General Medical Practitioners and Health Visitors, who will acquaint the parents with the facilities available. Inspection and treatment will be carried out at the school clinics or Centres or, in the areas not so served, in the schools when the school children are dealt with.

From time to time Dental Officers will be available for advice and talks at the various Welfare Centres.

4. *Supply of Welfare Foods.*

It is proposed to arrange for the supply of Welfare Foods not available through local offices of the Ministry of Food, by chemists of the patient's choice.

5. *Provision of Maternity Outfits.*

Maternity outfits will be provided for all domiciliary confinements.

6. *Nursery Provision.*

The Health Authority has no information to the effect that nursery provision is necessary, but will review this matter as may be necessary.

7. *Care of Unmarried Mothers and their Children.*

The Health Authority will ensure that all its staff, particularly health visitors, engaged in connection with the care of mothers and children, will have special regard to the care of unmarried mothers and their children, and close co-operation will be continued with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association.

Part III.

DEVELOPMENT PLAN.

It is intended to re-consider the siting of the Child Welfare Clinics as opportunity occurs, and to increase the number when the staff becomes available, so as to provide clinic facilities in all areas where the population warrants it. In rural areas the Health Authority will attempt to provide adequate transport when necessary for the conveyance of mothers and children to the nearest clinic. At the same time efforts will be made to increase the present health visiting staff so that all necessary advice with regard to the care of their children will be available to the mothers in their homes.

It is hoped that improved and adequate accommodation for the Clinic at Bury St. Edmunds will be made available very soon after the appointed day.

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

NATIONAL HEALTH SERVICE ACT, 1946.

SCHEME OF THE LOCAL AUTHORITY FOR THE PROVISION OF A MIDWIFERY SERVICE IN ACCORDANCE WITH SECTION 23.

Part I.

STATISTICAL DATA.

Total number of domiciliary births in the Authority's area :—

(a) 1945 : 940.

(b) 1946 : 1,075.

EXISTING SERVICE.

The domiciliary midwifery service in the County is provided through the agency of the County Nursing Association, which embraces 37 district nursing associations employing 42 district nurse-midwives.

No full-time midwives are employed.

A non-medical Supervisor of Midwives (who is also the Superintendent of the County Nursing Association) is employed by the County Council.

The majority of nurse-midwives are supplied with cars by their District Nursing Association or provide their own for which they receive an allowance.

Existing midwives are trained in the use of gas and air analgesia as and when vacancies and relief staff become available. Up to the present the cost of training and apparatus has been borne by the District Nursing Associations.

Part II.

GENERAL ADMINISTRATIVE ARRANGEMENTS.

1. The Health Authority proposes to maintain the existing arrangements whereby the service is carried out by nurse-midwives.

2. The Health Authority does not propose to employ whole-time midwives in the County as a whole but the separation of the midwifery from the general nursing service in the larger urban districts may be considered in the future if it appears that such action would increase the efficiency of the service.

Efforts are being made to increase the number of nurse-midwives employed to 46, which it is estimated would be adequate to meet the immediate need, including emergency staff to undertake sickness and relief duty. The shortage of staff in the County at the present time is thought to be due in part to lack of housing accommodation.

3. The Health Authority proposes to administer the scheme with the co-operation of the County Nursing Association.

4. It is not proposed to enter into any joint arrangement with another Local Health Authority.

ARRANGEMENTS FOR THE SUPERVISION OF MIDWIVES.

The Health Authority does not propose to make any change in the present arrangement for the supervision of midwives. (See existing service.)

TRANSPORT.

The present arrangement for transport of midwives will be continued, and a grant paid to the midwife for the maintenance of her own car or efforts will be made to provide cars for all midwives who are not car owners.

ANALGESIA.

The Health Authority will endeavour to arrange for all midwives employed in the service who are not yet trained in the use of analgesia, to attend a course of instruction as and when relief midwives become available.

Part III.

DEVELOPMENT PLAN.

As stated under Part II., it is hoped to have increased the present staff to 46 by the Appointed Day to meet the immediate need.

It is proposed to appoint eventually a further 10 district nurse midwives when the shortage of midwives and houses becomes less acute, to increase the staff to 56. It would then be possible to provide one emergency midwife to undertake permanent relief duty for every six midwives, in order to adopt the recommendations of the Rushcliffe Report concerning off duty, and to enable midwives to attend Post Graduate courses when necessary.

The Health Authority will take all necessary steps to expand, improve, and maintain the efficiency of the domiciliary midwifery service including particularly the housing provision and general amenities of the midwives.

NATIONAL HEALTH SERVICE ACT, 1946.

SCHEME OF THE LOCAL AUTHORITY FOR THE PROVISION OF A HEALTH VISITING SERVICE IN ACCORDANCE WITH SECTION 24.

Part I.

1. Total mid-1946 population of the Authority's Area	.. .. .	106,080
2. Area in square miles	.. .. .	610.8
3. Number of Births in 1946	.. .. .	2,028

EXISTING SERVICE.

The Health Visiting Service in the administrative County of West Suffolk is undertaken directly by that Authority in the employment of full-time Health Visitors on the County Staff.

The present establishment provides for 1 Superintendent Health Visitor, and 8 Health Visitors, but owing to the difficulty of obtaining these fully trained Officers, there are at present 1 Superintendent Health Visitor and 3 Health Visitors, which number is expected to be augmented by a further 2 Health Visitors before the Appointed Day. These Health Visitors also undertake work under the Tuberculosis and School Health Services, but in addition there are 4 School Nurses.

No arrangements have been entered into with voluntary organisations.

Part II.

GENERAL ADMINISTRATIVE ARRANGEMENTS.

1. Generally, the arrangements outlined in Part I above will be continued, and the vacancies in the existing establishment will be filled when possible.

The Health Visitors will work under the supervision of the Superintendent Health Visitor. These Officers will visit persons in the administrative county in their homes for the purpose of giving advice as to the care of young children, persons suffering from illness, expectant and nursing mothers, and the preservation of health of the household as a whole, including precautions against the spread of infection. Health Visitors will at all times work in close co-operation with the General Medical Practitioners.

2. It is considered that the existing establishment of 1 Superintendent Health Visitor and 8 Health Visitors will not prove adequate to provide this service as extended under the Act. The Health Visitors will not be concerned with Child Life Protection as this will be undertaken by the Children's Welfare Officer who is taking over the work as from 1-1-48.

Four School Nurses—for routine medical inspections of schools in co-operation with the Assistant School Medical Officers—will continue to be so employed.

3. The Health Visiting Service after the Appointed Day will, as now, be carried out by the full-time Health Visiting Staff.

It is intended that as vacancies on the Establishment are filled so the Service will be extended.

4. It is not considered necessary to make any joint arrangements with another Local Health Authority.

TRANSPORT.

At present Health Visitors are paid an allowance for the use of their cars in connection with their duties. This system has so far proved satisfactory and will be continued. In the future, where necessary, the Health Authority will by means of loans assist Health Visitors in purchasing motor cars.

Part III.

DEVELOPMENT.

In view of the acute shortage of fully-trained persons, it is not considered that it will be possible to fill the establishment of Health Visitors by the Appointed Day, but it is intended to do this to a maximum of 16, including School Nurses.

The Health Authority will continue the present scholarship scheme of financial assistance to encourage suitable recruits to qualify as Health Visitors. Such recruits would be required, as now, to continue in the service of the Health Authority for a prescribed period after qualification.

The service will be under constant review by the Medical Staff and Superintendent Health Visitor, and expanded wherever possible.

The County Medical Officer will be responsible for the direction and supervision of the service.

NATIONAL HEALTH SERVICE ACT, 1946.

SCHEME OF THE LOCAL AUTHORITY FOR THE PROVISION OF A HOME NURSING SERVICE IN ACCORDANCE WITH SECTION 25.

Part I.

1. Total mid-1946 population of the Authority's Area	106,080
2. Area in square miles	610.8

Part II.

GENERAL ADMINISTRATIVE ARRANGEMENTS.

1. The Health Authority proposes to continue the existing arrangement for the provision of a domiciliary service except that the nurses will be directly employed by the Authority. At the present time 37 District Nursing Associations affiliated to the County Nursing Association employ 42 district nurse-midwives who undertake combined midwifery and nursing duties and one full-time and one part-time general nurse.

Supervision is carried out by a Nursing Superintendent who is also supervisor of midwives, and who is employed jointly by the County Council and County Nursing Association. This officer will be employed by the County Council to administer the service under the general supervision of the Medical Officer of Health.

It is not expected that adequate staff will be available for a long time, but the provision of a night service will be considered when the shortage of nurses becomes less acute.

2. It is estimated that 46 district nurse midwives are required to meet the immediate need, to provide emergency relief staff and to cover districts which are at present without a nurse.

3. It has been agreed that the existing staff of the Nursing Associations will be transferred to the direct employ of the Health Authority who will maintain close co-operation with the Associations in the administration of the service.

4. It is not proposed to enter into any joint arrangement with another Local Health Authority.

TRANSPORT.

The present arrangement whereby a nurse receives a grant for the use of her own car or is provided with a car, will be continued.

Part III.

DEVELOPMENT PLAN.

Three Associations covering 11 villages are at present without a nurse, and efforts are being made to find accommodation and staff for these districts.

In addition four villages have not had the services of a district nurse recently but it will be possible to absorb these villages into existing associations on the Appointed Day.

As stated under Part III. of the Midwifery Service proposals it will be necessary and it is proposed to increase the present staff to 56 district nurse midwives as opportunity arises to bring the service to full efficiency. This would include necessary relief staff, but a further increase would be required before it would be possible to develop a night service.

NATIONAL HEALTH SERVICE ACT, 1946 (Section 26).

PROPOSED ARRANGEMENTS FOR VACCINATION AND DIPHTHERIA IMMUNISATION.

Part I.

STATISTICAL DATA.

1. Total mid-1946 population of Authority's area	106,080
2. Mid-1946 child population of the Authority's area—	
(a) Under 5 (including Bury St. Edmunds)	7,724
(b) Ages 5-15 (including Bury St. Edmunds)	12,686
3. Number of registered live births in the Authority's area in—	
(a) 1945 (including Bury St. Edmunds)	1,924
(b) 1946 (including Bury St. Edmunds)	2,028
4. Estimated percentage of mid-1946 child population who had been immunised against diphtheria up to 31st December, 1946—	
(a) Under 5	53.9 per cent. (estimate)
(b) Ages 5-15	88.3 per cent. (estimate)

5. An estimate of the number of vaccinations against smallpox and immunisation against diphtheria of children aged up to 15 years which are likely to be undertaken in the year to 31st March, 1949 :—

Vaccination (including Bury St. Edmunds)	..	..	..	900
Diphtheria immunisation (including Bury St. Edmunds)	..	..	..	1,600

Part II.

VACCINATION AGAINST SMALLPOX.

A. INFANT VACCINATION.

The Local Health Authority will take all practical steps in conjunction with the Medical Profession to secure that every child in the County will, if the parents so desire, have an opportunity of being vaccinated against smallpox. Vaccination will be offered to the parent of every child before it attains the age of six months.

It is intended, apart from arrangements under paragraph C, that the County Medical Staff should not be required to undertake vaccinations, but arrangements for this should be made through Medical Practitioners in the area under contract with the Executive Council and all other Medical Practitioners in the area, and an opportunity will be given to all Medical Practitioners in the area to take part in these arrangements.

The Local Health Authority will make full use of publicity material issued by the Ministry and through the Central Council for Health Education, and its Staff, particularly Health Visitors, Midwives and others employed at Welfare or Health Centres, will take steps to encourage parents to have their children vaccinated.

Apart from general publicity, a leaflet prepared by the County Medical Officer, explaining the desirability of vaccination and asking the parent to arrange for the child to be vaccinated before attaining the age of six months, will be handed to the parent by the Registrar when the birth is registered. Full information will be given as to the facilities available in the neighbourhood for vaccination.

B. RECORDS AND PAYMENT OF FEES.

The certificates and records of vaccination will be in the form which the Minister proposes to prescribe, whilst the fees payable for vaccination will be according to the scale of fees which it is understood will be negotiated with the medical profession.

C. ARRANGEMENTS IN THE EVENT OF AN OUTBREAK OF SMALLPOX.

In the event of a large scale public demand for vaccination because of an outbreak of Smallpox in the area of the Local Health Authority, a special request will be made immediately to all Medical Practitioners to undertake vaccinations—(1) at their surgeries and (2) on a sessional basis at clinics and other centres maintained by the Local Health Authority, and all the Medical Staff employed by the Council will be made available as necessary to undertake vaccinations. At the same time special publicity will be given through the medium of the local Press as to the urgent need for vaccination.

DIPHTHERIA IMMUNISATION.

A. CHILDREN UNDER 5.

(a) The Local Health Authority will take all practical steps through all official agencies and in conjunction with all Medical Practitioners in the area to secure that every child in the County will, if the parents so desire, have an opportunity of being immunised against diphtheria. Immunisation against diphtheria will be offered to the parent of every child between the ages of eight to 10 months. These facilities will be made available to all infants by the organisation of special immunisation sessions, such as are at present held in the various County Schools and also at Child Welfare Centres throughout the County. In addition, individual immunisations will be performed by medical practitioners practising in the County.

(b) Sessional arrangements will be provided at Child Welfare Centres in the various County Districts as part of the Maternity and Child Welfare service. These clinic sessions will be held at appropriate intervals and, whenever practicable, not less frequently than once a month.

The Local Health Authority will also consider the desirability of supplementing its arrangements for sessional immunisations, having regard to the additional facilities available when Health Centres are established.

The Authority's arrangements will place responsibility for carrying out immunisations primarily upon the Assistant County Medical Officers and Assistant School Medical Officers, but an opportunity will be given to all Medical Practitioners in the area under contract to the Executive Council and all other Medical Practitioners in the area, to participate in the arrangements.

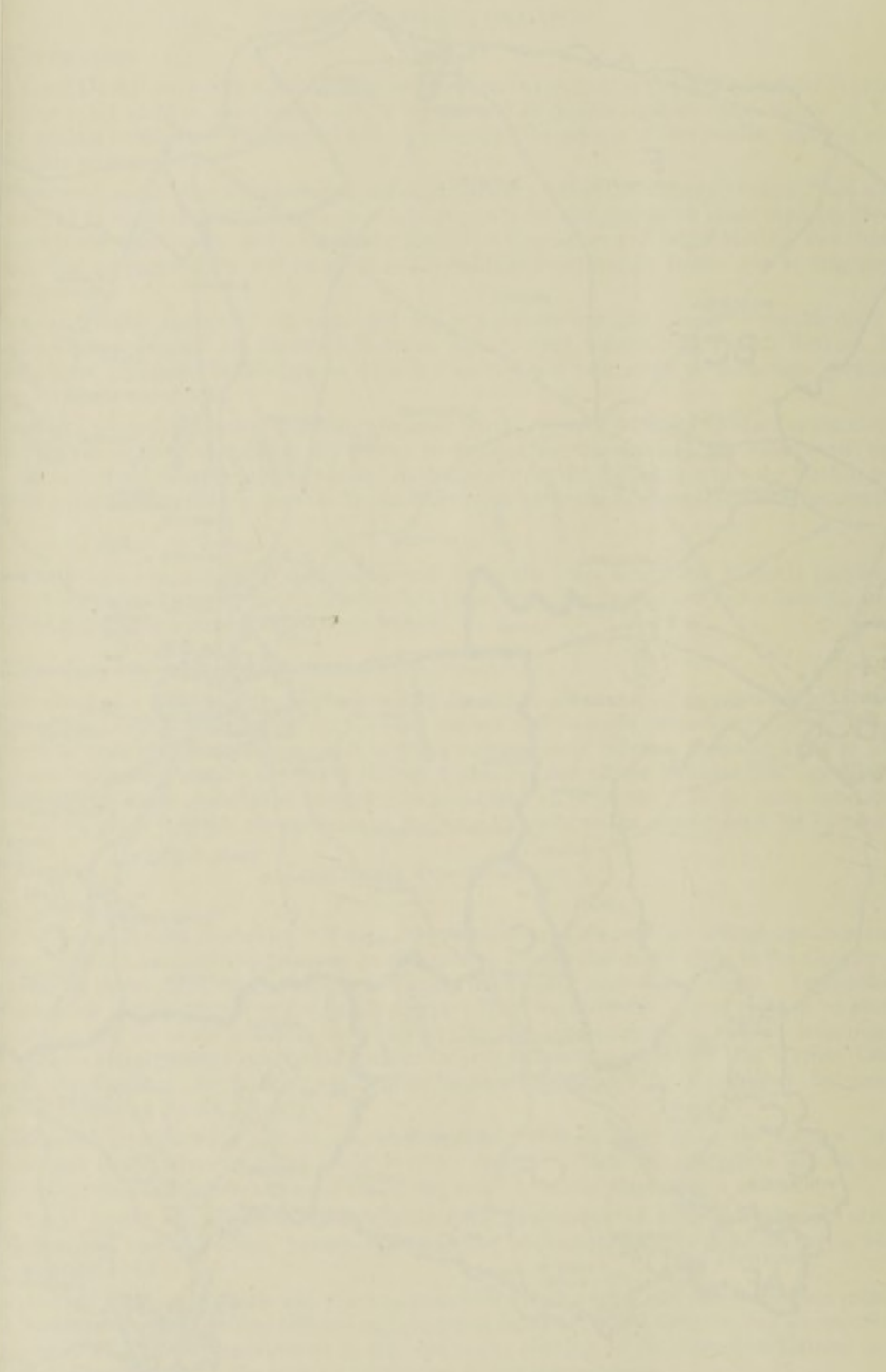
(c) The Local Health Authority will ensure that the Staff in its employ, particularly Health Visitors, School Nurses and Midwives, are kept aware of the value of immunisation and the necessity for encouraging parents to take advantage of the facilities provided and the co-operation of Teachers and all other persons interested in child nurture will be secured, so as to encourage the immunisation of all children in the area.

NATIONAL HEALTH SERVICE ACT, 1946.
AMBULANCE SERVICES.

- | | |
|--|--|
| A FULL-TIME STATION | F INFANT WELFARE CENTRES |
| B PART-TIME STATION | G PUBLIC ASSISTANCE HOSPITALS |
| C SITTING CASE CARS | H SERVED BY STOWMARKET AMBULANCE |
| D HOSPITALS WITH NO. OF BEDS | I SERVED BY IPSWICH AMBULANCE |
| E ISOLATION HOSPITALS WITH NO. OF BEDS | AMBULANCE DISTRICT BOUNDED BY THICK LINE |



WEST VIRGINIA
NATIONAL HEALTH SURVEY
1910-1911
COUNTY OF MORGAN
TOWNSHIP OF
CENSUS OF 1910
POPULATION 10,000
Males 5,000
Females 5,000
Total 10,000



Scale 1 inch = 1 mile
MORGAN COUNTY, WEST VIRGINIA
1910-1911

(d) The Local Health Authority will ensure that the national publicity material made available, particularly by the Ministry of Health and the Central Council for Health Education, will constantly be brought to the notice of the persons referred to above and to the public ; in addition, at appropriate intervals, publicity will be obtained through the medium of the Press, by which parents will be informed of the available facilities for immunisation at the Authority's Clinics and through the Medical Profession.

(e) A leaflet setting out the facilities available for diphtheria immunisation will be handed by the Registrar to the parent when a birth is registered.

B. CHILDREN OF SCHOOL AGE.

With regard to children of school age, arrangements have to be considered for (a) primary immunisation and (b) reinforcing immunisation. With respect to primary immunisation the proposals will be largely similar to those applicable to children under five.

To secure reinforcing doses there is first of all a need to impress upon the public that this further prophylactic treatment is required. In co-operation with the Education Committee a leaflet will be sent to the parent of every school entrant pointing out the desirability of the child receiving a reinforcing dose. Reinforcing injections will be given either at School, Child Welfare Centres, or through General Medical Practitioners, as may be most convenient in each individual case.

The giving of a reinforcing injection on entry to school will apply only when primary immunisation took place in infancy, and arrangements for such injections will operate, as occasion may require, throughout the period of school life.

C. RECORDS AND PAYMENT OF FEES.

Medical Practitioners who have taken service under Part IV. of the National Health Service Act and other Medical Practitioners will be provided with request forms on receipt of which by the Health Department the necessary prophylactic material will be sent to them together with a certificate of immunisation on which will be noted the name, address and date of birth of the child, for whom the request has been made.

The Local Health Authority will arrange for all Medical Officers or General Practitioners performing immunisation to furnish particulars for record purposes in such form as the Minister of Health may prescribe, or may be necessary to secure the keeping of efficient records by the Local Health Authority, particularly to facilitate the submission of such returns to the Minister as may be prescribed.

No payments will be made to the Council's Staff, but payment on such basis as may be fixed by the Minister will be made to Medical Practitioners and the submission by them of a certificate of immunisation will be accepted as an account for payment. On the basis of receiving such particulars the Local Health Authority will pay fees to medical practitioners on such scales, according to circumstances, as are agreed upon between the Ministry and the profession.

NATIONAL HEALTH SERVICE ACT, 1946.

SCHEME OF THE LOCAL AUTHORITY FOR THE PROVISION OF AN AMBULANCE SERVICE IN ACCORDANCE WITH SECTION 27.

Part I.

1. Total mid-1946 population of the Authority's Area 106,080
2. Area in square miles 610.8
3. Particulars of the Existing Ambulance Service.
 - (a) With the exception of an area around HAVERHILL the British Red Cross Society provides an Ambulance Service for non-infectious cases for the whole of the administrative County. This voluntary organisation is receiving an annual block grant of £250 from the Local Authority.
 - (b) A local Ambulance Fund Committee at HAVERHILL maintains an Ambulance Service for HAVERHILL and the adjacent rural district in West Suffolk, and serves parishes in Essex and Cambridgeshire.
 - (c) At White Lodge Emergency Hospital, NEWMARKET, there are two converted ambulances operated under the Emergency Hospital Scheme. They were provided solely for the discharge of that Hospital's functions, namely the conveyance of In-patients to other Hospitals for specialised treatment ; transfer of such patients ; and collection of patients (both adults and school children) for attendance at the various County Clinics held at that Hospital. One of these Ambulances is now out of action, but a " Utilicon " Ambulance loaned by the British Red Cross Society from BURY ST. EDMUNDS is being used.

(d) *Infectious Disease Cases.*

- (i) The County Council have an ambulance which is stationed at St. Mary's Hospital, BURY ST. EDMUNDS. This ambulance is used primarily for the conveyance of cases within the administrative County to the County Scabies Treatment Centre at St. Mary's Hospital.

This ambulance is also used from time to time by the Borough of Bury St. Edmunds for the conveyance of infectious diseases cases within the Borough to the local Isolation Hospital.

- (ii) An Ambulance, owned by the Newmarket R.D.C., sited at the Isolation Hospital, EXNING, is used for the conveyance of infectious diseases cases in the Newmarket Urban District, Haverhill Urban District, Mildenhall Rural District, Clare Rural District and Newmarket Rural District, the last being situated in Cambridgeshire.
- (iii) The conveyance of infectious diseases cases for the remainder of the administrative County is effected by ambulances outside the County area attached to hospitals to which cases are admitted. Such arrangements are now made by the District Medical Officers of Health.
- (iv) By an agreement with the Cambridgeshire County Council, cases of smallpox would be transported to the Cambridgeshire Smallpox Hospital.

(e) *Other forms of Transport.*

A Hospital Car Service has been established by the British Red Cross Society. The drivers are all volunteers and use their own cars. They are paid 6d. per mile to cover all expenses including petrol. Coupons are supplied to cover the quantity of petrol used.

Details of Existing Service.

(a) PROVIDED BY THE BRITISH RED CROSS SOCIETY.

A. DISTRICT SERVED.

The whole of the administrative County of West Suffolk with the exception of HAVERHILL URBAN DISTRICT and the following parishes of Clare Rural District:—

Barnardiston, Great and Little Bradley, Clare, Great and Little Thurlow, Great and Little Wratting, Stoke-by-Clare, Wixoe and Withersfield.

B. NUMBER, TYPE AND CARRYING CAPACITY OF EXISTING AMBULANCES.

	<i>Centre.</i>	<i>Make.</i>	<i>Year.</i>	<i>H.P.</i>	<i>Carrying Capacity.</i>	<i>Remarks.</i>
(i)	Bury St. Edmunds	Dodge	1941	30	2 Stretchers	In good running condition. Engine recently rebored.
		Bedford	1939	30	Ditto	Requires new engine and overhaul of steering transmission.
		Ford	1941	10	1 Stretcher or 4 Stretcher (Utilicon)	
		Morris	1941	14	2 Stretchers	
(ii)	Mildenhall	Austin	1941	18	4 Stretchers	Out of date and extravagant. Would cost £600 to recondition. Replacement before Appointed Day expected.
(iii)	Brandon	Morris	1931	18	2 Stretchers	
(iv)	Newmarket	Bedford	1936	26	Ditto	Will require replacement in 1951. In good running order.
		Fordson	1943	25	4 Stretchers	In good running order.
(v)	Sudbury	Austin	1935	18	2 Stretchers	In good running order. Repairs to body recently effected by firm of body builders.

Delivery of an additional ambulance, Chevrolet 30 h.p., 2 Stretchers, stated by British Red Cross Society to be imminent.

C. SITTING CARS.

There is a Hospital Sitting Car Service. Vide paragraph (F).

D. OTHER VEHICLES.

Nil.

E. AMBULANCE STATIONS.

The Ambulances are stationed at the places indicated in "B." An "Officer in Charge" at each centre controls the Ambulance.

F. ARRANGEMENTS FOR SERVICING AND MAINTENANCE.

At local garages.

G. STAFF.

- (i) Two full-time Drivers both of whom are on day duties with alternative night shifts arranged weekly.
- (ii) Six part-time volunteer Drivers and Attendants on a weekly day and night rota.
- (iii) A volunteer day and a volunteer night Driver. Hon. Secretary of this local British Red Cross Society Detachment also stands by.
- (iv) One full-time Driver. Part-time Drivers supplied when required by a local garage where ambulance is stationed. Local British Red Cross Society Detachment available if required.
- (v) One full-time Driver and part-time Drivers. (17 on rota.) Attendants available on rota system.

Period.				H. Calls. Number.	I. Mileage. Miles.
(i)	1-1-46—31-12-46	..	..	1,236	30,000
(ii)	1-1-46—31-12-46	..	..	81	2,375
(iii)	1-6-46—31-5-47	..	..	35	1,364
(iv)	1-7-46—30-6-47	..	..	403	7,964
(v)	1-1-47—30-6-47	..	..	60	3,966

(b) PROVIDED BY HAVERHILL AMBULANCE FUND COMMITTEE.

A. DISTRICT SERVED.

Haverhill Urban District and the following parishes of Clare Rural District :—Barnardiston, Great and Little Bradley, Clare, Great and Little Thurlow, Great and Little Wrating, Stoke-by-Clare, Wixoe and Withersfield and 14 parishes of Essex and Cambridgeshire.

B. NUMBER, TYPE AND CARRYING CAPACITY OF EXISTING AMBULANCES.

Austin (1946), 27 h.p., 2 Stretchers. The ambulance is in good running condition and is fitted with a Claxton heater. The stretchers can be converted into seats.

C. SITTING CARS.

Nil.

D. OTHER VEHICLES.

Nil.

E. AMBULANCE STATION.

Haywards Garage, Queen Street, Haverhill.

F. ARRANGEMENTS FOR GARAGING AND MAINTENANCE.

By Messrs. Haywards.

G. STAFF.

Garage personnel. Paid on an hourly basis.

				H. No. of Calls.	I. Mileage.
Period : 1st Sept., 1946—31st Aug., 1947				186	7,988

(c) WHITE LODGE EMERGENCY HOSPITAL.

A. AREA SERVED.

Administrative County of West Suffolk.

B. NUMBER, TYPE AND CARRYING CAPACITY.

Humber, 1938	..	..	4 Stretchers	Unserviceable
Ford V8, 1939	..	..	4 Stretchers	
Ford 10, 1941	..	..	6 seater Utilicon	Loaned by British Red Cross (Bury St. Edmunds Detachment).

C. SITTING CARS.

Standard 20 h.p., 1936, 4 seater.

D. OTHER VEHICLES.

Nil.

E. AMBULANCE STATION.

White Lodge Emergency Hospital.

F. ARRANGEMENTS FOR MAINTENANCE AND SERVICING.

Messrs. J. Milward and Sons, Exning Road, Newmarket.

G. STAFF.

Employee of Hospital employed as ambulance driver/mortuary attendant. Another member of staff also available if required.

	H. Calls.	I. Mileage.
Period : 1st July, 1946—30th June, 1947	1,647	30,661

(d) OTHER FORMS OF TRANSPORT.

The Hospital Car Service has approximately 58 cars operating in the County.

A. DISTRICT SERVED.

The areas coincide with the ambulance areas of the voluntary organisations except that Brandon and Mildenhall are covered by the full-time station at Bury St. Edmunds ; and Hadleigh British Red Cross Society Detachment service the immediate vicinity.

B. NUMBER, TYPE AND CARRYING CAPACITY OF EXISTING AMBULANCES.

Nil.

C. SITTING CARS.

All private cars of varying makes and carrying capacity.

D. OTHER VEHICLES.

Nil.

E. STATIONS.

The number of cars stated to be available in each District is as follows :—

District.	Approximate No. of cars.						
Bury St. Edmunds	30
Newmarket	10
Sudbury	9
Hadleigh	9

F. ARRANGEMENTS FOR SERVICING AND MAINTENANCE.

The owners make their own arrangements.

G. STAFF.

All are volunteers. Arrangements for the use of these cars are made by local British Red Cross Society Transport Officer of the Districts indicated in Sub-paragraph "E."

	H. No. of Calls.	I. Total Mileage.
Period : 1-1-46—31-12-46	838	29,148

Part II.

1. SERVICE WHICH WILL OPERATE FROM APPOINTED DAY.

The Local Health Authority have reviewed the Ambulance facilities in the County, and have considered the alterations necessary to provide an effective service in accordance with the requirements of the National Health Service Act, 1946.

Full use will be made of the facilities available through the Hospital Car Service.

A. CO-ORDINATION OF EXISTING SERVICES.

(a) It has already been agreed with the British Red Cross Society and the Haverhill Ambulance Fund Committee that the agency arrangements of those voluntary organisations as outlined in Part I. shall continue.

Such arrangements will therefore form the nucleus of the County Ambulance Service, subject to the alterations and extensions indicated below. The facilities thus offered by these voluntary organisations will be co-ordinated under the direction of the County Medical Officer.

The Service will be administered by an Ambulance Sub-Committee of the Local Health Authority, such Sub-Committee to consist of the following :—

- 5 members of the Health Committee.
- 2 representatives of the British Red Cross Society.
- 1 representative of the Haverhill Ambulance Fund Committee.

The financial arrangements with the voluntary organisations will be such as may from time to time be agreed.

The Local Health Authority's proposals for a mental health service in accordance with Sections 28, 50 and 51 of the National Health Service Act, 1946, include provision for the transfer to and from Hospitals of persons suffering from mental illness. It is considered that the responsibility of the Authority for the provision of a vehicle in this connection can be met by arrangements outlined above.

The Health Authority will authorise Ambulances and cars to be called out by :—

- (a) Medical Officers of Health.
 - (b) Assistant County Medical Officers.
 - (c) Medical Practitioners.
 - (d) District Nurses and/or Midwives.
 - (e) Hospitals.
 - (f) The County Public Health Department.
 - (g) Duly authorised Officers of the Mental Health Service Board.
 - (h) Head Teachers of Schools—in the case of accidents to their pupils or school staffs.
 - (i) In the case of accidents or other emergencies, calls from any source will be answered immediately.
- (b) (i) The Local Health Authority will continue to maintain directly its Ambulance for the conveyance of Scabies cases to the County Treatment Centre.
- (ii) In view of Circular 66/47, paragraph 25, the conveyance of infectious disease cases will be undertaken by the Ambulance Service as set out below in Part B of this paragraph.
- (iii) It is not proposed to earmark any particular ambulance for the conveyance of Smallpox cases. Special arrangements will be made as and when required.

B. RE-DISTRIBUTION AND AUGMENTATION OF EXISTING SERVICES.

It is proposed that the County shall be divided into definite districts within the framework of existing arrangements.

It is proposed that the MILDENHALL and BRANDON part-time stations shall be operated in conjunction with the whole-time station at BURY ST. EDMUNDS.

The full-time station at SUDBURY will be augmented by another Ambulance a full-time Driver and Ambulance to be based at Walnuttree Hospital. The British Red Cross Society has undertaken to arrange this before the Appointed Day. The Regional Hospital Board will be asked to agree to continue this arrangement.

In view of Circular 66/47, paragraph 18, it is assumed that the Ambulances stationed at White Lodge Emergency Hospital, NEWMARKET in excess of the requirements of that Hospital after the Appointed Day, will be offered to the Local Health Authority by the Regional Hospital Board. Accordingly the full-time Ambulance Station maintained by the British Red Cross Society at NEWMARKET would be responsible for operating any ambulance or ambulances thus offered.

With regard to the HAVERHILL Station, it has been agreed with the Local Committee that the use of the Ambulance shall not be confined merely to the present area, but within an area extended so as to participate more fully in the County scheme.

It is further proposed—with the full concurrence of the Local Health Authority for East Suffolk—that HADLEIGH Urban District and the SOUTH-EASTERN part of COSFORD Rural District shall be served by the full time Ambulance Station at IPSWICH. Similarly that part of the COSFORD Rural District that looks to IPSWICH, and not already covered by the foregoing arrangements, shall be served by the full-time Ambulance stationed at STOWMARKET. Having regard to the fact that the work so carried out will not be of a reciprocal nature, it is proposed that financial adjustment will be made, on a basis to be mutually agreed.

C. CONSULTATION WITH LOCAL HEALTH AUTHORITIES IN REGARD TO JOINT ARRANGEMENTS.

Reciprocal arrangements for mutual assistance (and where necessary for joint action) have been made with the Local Health Authorities of the following counties :—

- East Suffolk.
- Essex.
- Cambridgeshire.
- Norfolk.

The financial arrangements will be such as may from time to time be mutually agreed.

D. STAFF.

The County Medical Officer will be responsible to the Health Authority, through its Ambulance Sub-Committee, for maintaining the Service.

(a) *Agency Arrangements.*

The voluntary organisations will continue to arrange the employment of drivers and attendants.

(b) *Direct Service.*

The Health Authority will continue to arrange for the services of a driver to be available when required for its ambulance sited at St. Mary's Hospital, BURY ST. EDMUNDS.

The Authority will make arrangements for securing that, as far as possible (i) all ambulance drivers and attendants shall hold the first-aid certificate of the St. John Ambulance Association or the British Red Cross Society, or the St. Andrew Ambulance Association or such other first-aid qualification as may be approved or prescribed by the Minister of Health; (ii) all such drivers and attendants shall be so trained as to be interchangeable in their duties.

E. MAINTENANCE AND SERVICING.

It is considered that the existing arrangements for the maintenance and servicing, as set out under E of paragraph 3 of Part I. are adequate. All possible priority has always been given.

F. CONVEYANCE OF PATIENTS BY RAILWAY.

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking the Local Health Authority propose to arrange accordingly.

G. CALL OUT ARRANGEMENTS.

The Authority will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County informed of the action to be taken to call an ambulance.

2. DEVELOPMENT PLAN.

It is estimated that, in order to provide adequately for the conveyance, where necessary, at any time of the day or night of persons suffering from illness (as defined in Section 79 (1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers from places in the county to places in or outside the county and to meet the Council's obligations to neighbouring Local Health Authorities under arrangements for joint use or for mutual assistance in emergency, the service provided directly and through agency arrangements will need to comprise a total of 13 to 15 ambulances and 1 to 5 sitting-case cars. The Local Health Authority will also, if necessary, enter into arrangements with local garages for the hire of cars. The requirements of the ambulance service will be kept under constant review, and such increases as experience shows to be required will be made from time to time up to the maxima mentioned above in the number of ambulances, and sitting-case cars. With regard to staff the number of whole-time paid driver/attendants will, if necessary, be increased to a total not exceeding 30 (or their equivalent in part-time paid staff). Any such increases in the total establishment of vehicles and staff as may be effected under this Development Plan will be deployed at such of the stations as the needs of the service may require. Such temporary redistribution of vehicles and staff between the stations will be made as may from time to time be deemed necessary to ensure the most effective use of the authority's ambulance resources.

The Local Health Authority will have regard to the possibility of obtaining greater efficiency in the use of vehicles and manpower by co-operation with the Fire Service Authority for Suffolk and Ipswich.

NATIONAL HEALTH SERVICE ACT, 1946.

SCHEME OF THE LOCAL AUTHORITY FOR THE PREVENTION OF ILLNESS, CARE AND AFTER CARE IN ACCORDANCE WITH SECTION 28.

Part I.

A. TUBERCULOSIS.

The Health Authority proposes to make arrangements in the administrative County for the purpose of prevention of tuberculosis, care of persons suffering from tuberculosis, and for the after-care of such persons. In pursuance of this it is proposed to enter into discussions with the Regional Hospital Board in order to ensure that the services and advice of the Board's specialists in tuberculosis are made available and that the Authority's own arrangements are integrated as much as possible with the Specialist duties devolving upon the Board.

The Health Authority will also make available the services of its own medical and nursing staff in the prevention, care and after-care of persons suffering from tuberculosis.

The County Medical Officer, who will be responsible to the Health Authority for the aftercare service, will co-ordinate the work of the Assistant County Medical Officers (who are also Assistant School Medical Officers) so that the services of the whole of the Authority's medical staff will be available.

Close contact with the Medical Officers of Health of districts will be maintained so that any action necessary from a housing or sanitary view may be dealt with.

It will be the endeavour of the Health Authority to arrange in suitable cases for patients treated at Papworth or any other Sanatorium with a Colony, to be colonised.

Care and after-care.

This Service will be administered by a Sub-Committee of the Health Authority, and such Sub-Committee will consist of the following :—

.....Members of the Health Committee.

.....Co-opted Members (with special knowledge) or from County areas so as to ensure adequate local representation.

The services provided will include the provision of nourishment ancillary to treatment, outdoor shelters, beds, bedding, and nursing requisites, the services of domestic help, and assistance to parents in finding homes for children where it is necessary to remove children from households accommodating a patient suffering from tuberculosis or in those cases where the parent or parents are admitted to hospital (subject to statutory requirements regarding welfare of children).

It is proposed to provide, where necessary, clothing for patients, extra nourishment for patients and their dependants, extra fuel, and tools ; also assistance in finding suitable employment through the Rehabilitation Officer of the Ministry of Labour.

B. MENTAL ILLNESS OR DEFECTIVENESS.

The Health Authority has decided to become a constituent authority jointly with the East Suffolk Health Authority in a Joint Mental Health Board. The functions of this Board include the prevention of mental illness, care and after-care of persons suffering from mental illness or defectiveness.

C. OTHER TYPES OF ILLNESS (OR ILLNESS GENERALLY).

The Health Authority will consult with the Regional Hospital Board and the Local Executive Council with the intention of making arrangements for the prevention, care, and after-care of illness generally, and for the after-care of patients discharged from hospitals.

In the light of such consultations the Health Authority will take the necessary steps to develop this service.

These arrangements will be ancillary to the services provided under Section 25 of the Act.

So far as the Authority arranges under section 28 for the follow-up of persons under treatment for, or known or believed to be suffering from, venereal disease, such arrangements will be carried out in co-operation with the Medical Officers of the V.D. treatment centres of the Regional Hospital Board.

In connection with its arrangements under section 28, the Authority will seek to develop health education in its area by all appropriate means.

D. PROVISION OF NURSING EQUIPMENT AND APPARATUS.

Under this Section of the Act the Health Authority proposes to develop the arrangement for the provision on loan of equipment, apparatus and nursing requisites for the satisfactory nursing or care of patients who are being confined, nursed or cared for at home.

In this connection it is proposed to utilise the existing arrangements of the District Nursing Associations whereby the loan of equipment, apparatus and nursing requisites are effected. The Local Health Authority will replenish the stocks of the foregoing as and when necessary through their Non-Medical Supervisor of Midwives.

Similarly, arrangements will be made with the British Red Cross Society for the loan of equipment, apparatus and medical requisites, through their medical loan depots. Arrangements will be entered into with the British Red Cross Society regarding replenishments.

NATIONAL HEALTH SERVICE ACT, 1946.

SCHEME OF THE LOCAL AUTHORITY FOR THE PROVISION OF A DOMESTIC HELP SERVICE IN ACCORDANCE WITH SECTION 29.

INTRODUCTION.

The Local Health Authority propose to utilise their powers under Section 29 to provide domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age. It is proposed to recover contributions towards the cost of the services so provided in those cases where such a payment would be reasonable.

Part I.

1. Total mid-1946 population of the Authority's Area	.. .. .	106,080
2. Area in square miles	.. .. .	610.8

EXISTING SERVICE.

The County Council in 1938 adopted a scheme whereby, in necessitous domiciliary maternity cases, a grant is made towards the cost of a home help. In such cases it has been the practice for the services of any such persons to be obtained either directly by the household needing such help or through the co-operation of the District Nurse, but no home helps have been employed directly by the Authority. The extent to which this arrangement has operated has been extremely limited.

In the Borough of Bury St. Edmunds, where the Borough Council is at present the Welfare Authority, a scheme is in operation whereby the services of a number of part-time workers are available on payment of a fee. This scheme is organised by a voluntary committee.

Part II.

THE SERVICE WHICH WILL OPERATE FROM THE APPOINTED DAY. GENERAL ADMINISTRATIVE ARRANGEMENTS.

The Service will be administered by the Sub-Committee set up to operate the Health Authority's scheme under Section 28 of the Act. The Superintendent Health Visitor, under the direction of the County Medical Officer, will be responsible for the organisation of the service. It is intended to operate the scheme through the agency of such voluntary organisations as the District Nursing Associations, the Women's Institutes and the Women's Voluntary Service.

It is proposed to co-operate with the voluntary organisations at present operating the Home Help Service in the Borough.

It is not considered necessary to enter into formal joint arrangements with any other local health authority.

Part III.

DEVELOPMENT PLAN.

It is not considered necessary to prepare a development plan as the arrangements now proposed will be kept constantly under review in order to ensure that the services of an adequate number of home helps are available.

1948 No. 1554.

NATIONAL HEALTH SERVICE.

The Suffolk County Joint Mental Health Board Order, 1948.

Made : 3rd July, 1948

Coming into Operation : 3rd July, 1948

Whereas the councils of the administrative counties of East and West Suffolk have represented to the Minister of Health that it would be expedient that a joint board should be established under section 19 of the National Health Service Act, 1946 (a) for their areas for the purpose of performing their functions as local health authorities relating to mental health services under Section 28 of the said Act and under the Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938 ;

And whereas it appears to the Minister to be expedient in the interests of the efficiency of those services that a joint board should be constituted for the said purpose :

Now, therefore, the Minister of Health in exercise of the powers conferred upon him by Section 19 of the National Health Service Act, 1946, and of all other powers enabling him in that behalf, hereby makes the following Order :—

1. This Order may be cited as the Suffolk County Joint Mental Health Board Order, 1948, and shall come into operation on the date hereof.

2.—(1) In this Order, unless the context otherwise requires, the following expressions have the respective meanings hereby assigned to them :—

" The councils " means the councils of the administrative counties of East and West Suffolk ;

" The board " means the Suffolk County Joint Mental Health Board.

(2) The Interpretation Act, 1889(b), applies to the interpretation of this Order as it applies to the interpretation of an Act of Parliament.

(a) 9 & 10 Geo. 6. c. 81.

(b) 52 & 53 Vict. c. 63.

Short title
and com-
mencement.

Interpretation

Formation
of joint
board.

3.—(1) A joint board shall be constituted for the areas of the administrative counties of East and West Suffolk for the purpose of performing the functions of the councils of the said counties in their capacity as local health authorities in relation to mental health services under Section 28 of the National Health Service Act, 1946, and under the Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938, and those enactments shall apply to the board, so far as is required for the purposes of this Order, as if the board were referred to therein instead of a local health authority.

(2) The board shall be called the Suffolk County Joint Mental Health Board.

Constitution.

4. The board shall consist of twenty members (in this Order referred to as "official members") of whom ten shall be appointed by the county council of East Suffolk and ten by the county council of West Suffolk from among the members of those councils respectively, and of such number of members, not exceeding five, as the board may co-opt.

Appointment
of original
members.

5. The original members to be appointed by the councils shall be appointed at meetings of those councils held before the 5th day of July, 1948, or as soon as may be thereafter, and, subject to the provisions of this Order, those members shall hold office until the date of the annual meeting immediately following the next elections of the respective councils.

Appointment
of members.

6. The official members, other than the original members, shall be appointed at the first annual meeting following the councils' elections, and, subject to the provisions of this Order, they shall hold office until the date of the annual meeting immediately following the next elections of the respective councils.

Retiring mem-
bers to be
eligible for
re-appoint-
ment.

7. A retiring member shall, subject to the provisions of this Order, be eligible for re-appointment if he is re-elected a member of the appointing council.

Resignations.

8. A member of the board may resign on giving notice in writing to the clerk of the board and, except in the case of a co-opted member, the clerk on receiving such notice shall give information thereof to the clerk of the council which made the appointment.

Members
ceasing to be
members of
appointing
council.

9. An official member shall cease to hold office if he ceases to be a member of the appointing council: Provided that for this purpose he shall not be deemed to have ceased to be a member of the appointing council if he is re-elected thereto.

Disqualifica-
tion of mem-
ber who fails
to attend
meetings.

10. A member who fails to attend three consecutive meetings of the board shall on the date of the next meeting of the board cease to be a member unless at that meeting the board resolve that his failure has been explained to their satisfaction.

Casual
vacancies.

11. Any casual vacancy in the official membership of the board occurring more than six months before the ordinary day of election of the council which appointed him shall be filled by the appointment of a new member, and the person so appointed shall, subject to the provisions of this Order, hold office during the remainder of the term for which his predecessor was appointed.

Meetings and
proceedings.

12. The meetings and proceedings of the board shall be conducted in accordance with, and shall be subject to, the rules set forth in the First Schedule to this Order.

Committees.

13.—(1) The board may appoint committees for the exercise of any functions which in the opinion of the board can be properly exercised by committees and may authorise any such committee to exercise on their behalf any functions of the board.

(2) A committee so appointed shall consist of not less than three members and may include persons who are not members of the board: Provided that at least three-fourths of the members of every committee shall be members of the board.

(3) The provisions of Section 96 (Standing Orders, etc.) of the Local Government Act, 1933(c), shall apply to the board as if the board were a local authority.

Appointment
and remunera-
tion of
officers.

14.—(1) The board shall appoint a clerk, a treasurer and one or more medical officers from persons holding similar appointments with either of the councils, and the board shall terminate their appointments upon their ceasing to hold such similar appointments.

(2) The board may also appoint such other officers, including medical officers, and servants as they may require and must pay their clerk, treasurer, medical officers and other officers and servants such reasonable remuneration as they may think fit.

Application of
enactments.

15. The enactments mentioned in the Second Schedule to this Order shall apply with any necessary modifications to the board, as if the board were a local authority or, as the case may be, a local health authority.

Joint board
fund.

16.—(1) The board shall establish a fund to which all moneys received by the board shall be carried, and out of which shall be defrayed all expenses lawfully incurred by the board.

(2) The amount required to defray the expenses of the board shall be apportioned by the board between the councils on the basis of the proportion which the population of the area

of each council bears to the aggregate population of the areas of both councils according to the last published estimates of the Registrar General, and shall be paid by such councils to the treasurer of the board on precepts signed by the clerk of the board.

(3) All payments to and out of the fund shall be made to and by the treasurer of the board.

(4) All payments out of the fund shall be made in pursuance of an order signed by three members of the board present at the meeting authorising such payments and countersigned by the clerk or, in his absence or inability, by such other officer as the board may authorise for the purpose.

(5) All cheques for payment of moneys issued in pursuance of an order of the board shall be signed by the treasurer or, in his absence or inability, by such other officer as the board may authorise for the purpose.

Accounts and
audit.

17.—(1) The accounts of the board shall at all reasonable times be open to inspection and transcription without payment by any member of either of the councils or by any of their officers duly authorised for that purpose.

(2) The accounts of the board and of their officers shall be audited by a district auditor.

(3) A copy of the abstract of the accounts of the board and of any report to the board made by the district auditor shall be sent by the board to each of the councils as soon as may be after the completion of the audit.

FIRST SCHEDULE.

RULES AS TO MEETINGS AND PROCEEDINGS.

1. The first meeting of the board shall be convened by the clerk of the county council of East Suffolk for a day not later than the thirty-first day of July, nineteen hundred and forty-eight, and to be held at the County Hall, Ipswich, and subsequent meetings shall be held alternatively at the Shire Hall, Bury St. Edmunds, and the County Hall, Ipswich, or at such other place as may be fixed by the board or by their chairman acting on their behalf.

2.—(1) The board shall in every year hold an annual meeting and at least three other meetings for the transaction of general business which as near as may be shall be held at regular intervals.

(2) The first meeting of the board in any year shall be the annual meeting.

3.—(1) The board shall at their annual meeting appoint one of their number to be chairman and the chairman shall, unless he resigns his office or ceases to be a member of the board, continue in office until his successor is appointed.

(2) The board may at their annual meeting appoint one of their number to be vice-chairman who shall, unless he resigns his office or ceases to be a member of the board, continue in office until immediately after the election of the chairman at the next annual meeting.

4. On a casual vacancy occurring in the office of chairman or vice-chairman of the board the vacancy shall be filled by the appointment by the board of one of their number at a meeting held as soon as practicable after the vacancy occurs and where the office vacant is that of chairman the meeting may be convened by the clerk to the board.

5.—(1) At a meeting of the board the chairman, if present, shall preside.

(2) If the chairman is absent from a meeting of the board the vice-chairman, if present, shall preside.

(3) If both the chairman and vice-chairman of the board are absent such member of the board as the members present shall choose shall preside.

6.—(1) The chairman of the board may call a meeting of the board at any time.

(2) If the chairman refuses to call a meeting of the board after a requisition for that purpose signed by three members of the board has been presented to him, or if, without so refusing, the chairman does not call a meeting within seven days after such requisition has been presented to him, any three members of the board on that refusal or on the expiration of seven days, as the case may be, may forthwith call a meeting of the board.

(3) Three clear days at least before a meeting of the board—

(a) notice of the time and place of the intended meeting shall be published at the offices of the board, and, where the meeting is called by members of the board, the notice shall be signed by those members and shall specify the business proposed to be transacted thereat: and

(b) a summons to attend the meeting, specifying the business proposed to be transacted thereat and signed by the clerk of the board, shall be left at or sent by post to the usual place of residence of every member of the board:

Provided that want of service of the summons on any member of the board shall not affect the validity of a meeting:

Provided also that no business shall be transacted at a meeting called by members of the board other than that specified in the notice thereof.

7. No business shall be transacted at a meeting of the board unless at least three members, of whom two at least shall be official members, are present thereat.

8. A copy of the minutes of proceedings at each meeting of the board shall be sent to the clerks of the councils within twenty-one days after the date of the meeting.

9. The minutes of the proceedings of the board shall be open to the inspection of any local government elector for the area of the administrative counties of East and West Suffolk on payment of a fee not exceeding one shilling and any such elector may make a copy thereof or extract therefrom.

10. The provisions of paragraphs 1 to 5 of Part V of the Third Schedule to the Local Government Act, 1933, shall apply to the board as if the board were a local authority and as if for references therein to the said Act there were substituted references to this order.

SECOND SCHEDULE.

ENACTMENTS APPLIED TO THE JOINT BOARD.

Session and chapter.	Short title.	Enactments applied.	Subject-matter.
9 & 10 Geo. 6. c. 81.	National Health Service Act, 1946.	Section 58.	Acquisition land by compulsory purchase.
23 & 24 Geo. 5. c. 51.	Local Government Act, 1933.	Section 125	Offices.
		Section 157 and 164 to 166.	Purchase of land by agreement and disposal of land.
		Section 176.	Application of Lands Clauses Acts to purchase by agreement.
		Section 266.	Contracts.
		Section 277-278.	Legal proceedings.

Given under the official seal of the Minister of Health this third day of July, nineteen hundred and forty-eight.

(L.S.)

I. F. ARMER,
*Under Secretary,
Ministry of Health.*

EXPLANATORY NOTE.

(This Note is not part of the Order, but is intended to indicate its general purport.)

This Order provides for the constitution of a joint board for the areas of the administrative counties of East and West Suffolk for the purpose of exercising the functions of the councils of these areas in relation to mental health services.

ADMINISTRATIVE COUNTIES OF EAST AND WEST SUFFOLK.

Proposals for the provision of a Mental Health Service in accordance with Sections 28, 50 and 51 of the National Health Service Act, 1946, by a Joint Board for Mental Health.

PART I.

Population mid-1946 :	East Suffolk, 194,870.	Total : 300,950.		
	West Suffolk, 106,080.			
		<i>E.S.</i>	<i>W.S.</i>	<i>Total.</i>
(a) Number of patients at present chargeable to the Local Authorities under the Lunacy and Mental Treatment Acts		696	382	1,078
(b) Number of patients dealt with under those Acts by the Relieving Officers of the area in 1946	.. .. .	147	81	228

	<i>Total.</i>
(c) Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts in the course of 1946	52*
(d) Number of persons reported to the Local Authorities as mentally defective in 1946	57*
(e) Number of patients chargeable to Local Authorities in Institutions and under guardianship on 1st January, 1947	608
(f) Number of mental defectives under Statutory supervision on 1st January, 1947	296
(g) Number of mental defectives as on 1st January, 1947, not "subject to be dealt with," but for whom a Local Authority may subsequently become liable	891 of whom 837 are under voluntary supervision.

* Joint Committee.

PART II.

PROPOSALS.

(A) General.

1. The Local Health Authorities for East and West Suffolk have, in pursuance of Section 19 (2) of the National Health Service Act, 1946, decided to ask the Minister of Health to make an Order constituting a Joint Board, to be known as the "Suffolk County Mental Health Board," for the purpose of exercising all the functions relating to the mental health service which will devolve upon the East and West Suffolk County Councils under the Act. In arriving at this decision the Local Health Authorities have had regard to the satisfactory joint arrangements which have operated since 1915 in relation to the administration of their duties under the Mental Deficiency Acts.

The Board's Medical Officer of Health will be responsible to the Joint Board for the organisation and control and the medical direction of the service.

(B) Medical.

2. It has been agreed that all the whole-time medical officers at present employed by the two constituent authorities will undertake duties in connection with the Mental Health Service and the total number of such medical officers at present is 10.

It is contemplated that prior to the appointed day the present medical staff available to the Board will be supplemented, if possible, by at least one medical officer with special experience in mental health, but in any event the Board will consult with the Regional Hospital Board at an early date to ensure that so far as practicable there is made available to the Board the advice and collaboration of the Regional Hospital Board's specialist medical officers who have had experience in psychiatry, neurology, etc.

(C) Non-Medical.

3. It is proposed that the officers of the Suffolk Mental Welfare Association, totalling 9 (including 2 part-time), whose experience has been primarily with the care of the mentally defective, will be transferred to the Board, and that certain persons at present employed by the two Authorities as relieving officers will also be transferred. These officers will, as early as practicable, attend courses proposed to be held by the National Association for Mental Welfare in relation to the mental health duties of the Health Authorities. It has also been decided to obtain the services of psychiatric social workers.

The number of such staff, particularly psychiatric social workers, will be governed by experience gained as to the extent of the work devolving upon the Board and the availability of such staff.

It is also intended that the Board shall discuss with the Regional Hospital Board the joint use of officers of the Regional Hospital Board or other Authorities, in order to ensure the maximum efficiency of the service and economy of staff.

4. In connection with the appointment of duly authorised officers who will be required to take initial steps for the presentation of petitions under the Lunacy and Mental Treatment Acts, and the Mental Deficiency Acts, the Board will be concerned primarily to ensure that such officers are readily available throughout the Board's area. It is intended to arrange that the following shall be appointed as authorised officers:—

- (a) Whole-time officers of the Board.
- (b) Certain officers of both constituent authorities, particularly Registrars of Births, Deaths and Marriages, who have offices in various parts of the area.
- (c) Certain officers of County District Councils throughout the Board's area, subject to the consent of the employing Council.

Apart from the members of the Board's Central Staff, the other officers will be appointed on a part-time basis and be given any necessary training in mental health work.

At this stage it is not practicable to indicate the number and status of persons who will be required to undertake the duties of duly authorised officers, or the centres from which they are to operate, as this will be dependent upon the making of arrangements on the lines indicated in the preceding paragraphs. The Board will, however, ensure that by the appointed day there is a ready availability of duly authorised officers throughout the whole area.

5. At the present time occupation centres for training of mental defectives have been established at Lowestoft and Bury St. Edmunds. Both these centres are established on a part-time basis. In addition, classes for one half-day per fortnight are held at Ipswich, Leiston and Newmarket. Consideration will be given to the development of those centres and the opening of further centres.

In the same way the Board will ensure that as soon as possible adequate arrangements are made for the training of mental defectives in their homes.

6. It is proposed that the Board shall make arrangements for the purpose of the prevention of illness, and the care and after-care of persons, in respect of all forms of mental health work coming within its purview.

(D) Ambulance Service.

7. The constituent Local Health Authorities have formulated schemes for the provision of ambulance services in accordance with Section 27 of the National Health Service Act, 1946. It is considered that the arrangements are adequate for the removal of persons suffering from mental defectiveness or mental illness, particularly as in respect of the latter there is an ambulance station in Woodbridge, in close proximity to St. Audry's Mental Hospital. The Board will ensure that the schemes for the provision of ambulance services will provide for the authorised officers of the Board being empowered to obtain the services of an ambulance or sitting case car whenever necessary for the exercise of their functions.

NATIONAL ASSISTANCE ACT, 1948.

SCHEME FOR THE EXERCISE OF THE COUNCIL'S FUNCTIONS UNDER SECTION 21.

The West Suffolk County Council, in exercise of their duty under Section 21 of the National Assistance Act, 1948, hereby make the following Scheme :—

INTRODUCTORY.

1. The total estimated mid-1947 population of the area of the Council is 107,580.
2. The numbers of aged, infirm and handicapped persons in the area for whom accommodation is required are estimated to be as follows :—

(a) Aged	80
(b) Physically and Mentally Infirm ..	73
(c) Blind and Partially-Sighted ..	18
(d) Deaf or Dumb	2
(e) Epileptics	10
(f) Crippled	5

3. The estimates contained in the preceding Article have been arrived at as follows :—

	<i>Aged.</i>	<i>Physically and Mentally Infirm.</i>	<i>Blind and Partially- Sighted.</i>	<i>Deaf or Dumb.</i>	<i>Epileptics.</i>	<i>Crippled.</i>	<i>Totals.</i>
(a) Number of persons for whom accommodation is at present being provided	51	47	9	1	7	3	118
(b) Number of persons on present waiting lists	3	2	3	—	—	—	8
(c) Allowance for growing demand for accommodation	26	24	6	1	3	2	62
Totals ..	80	73	18	2	10	5	188

4. In so far as the Council do not provide accommodation in accordance with this Scheme in premises managed by them, or in premises to which paragraph 8 of the Sixth Schedule to the Act applies, they may do so by arrangement with any other local authority for the purpose of Part III of the Act or with any voluntary organisation.

5. In addition to providing residential accommodation for persons who are ordinarily resident in the area of the Council and for other persons who are in urgent need thereof, the Council may exercise their powers under subsection (4) of Section 24 of the Act as respects persons ordinarily resident in the area of another local authority.

6. The Council shall provide the accommodation and services specified in Part I of this Scheme and shall as soon as practicable modify, improve and develop them and provide further accommodation and services in accordance with Parts II and III of the Scheme.

7. Nothing in this Scheme shall preclude the Council from discontinuing the provision of accommodation in any establishment if and when they have made other and more suitable arrangements for the accommodation of the residents thereof.

PART I.—EXISTING SERVICE.

Particulars of Existing Accommodation.

8. Particulars of the residential and temporary accommodation now provided by the Council, and of the amenities provided therein, are contained in the Schedules to this Scheme.

Services, Amenities and Requisites.

9. *Medical Attention.* Where the accommodation referred to in Article 8 of this Scheme is provided in premises managed by the Council or in premises to which paragraph 8 of the Sixth Schedule to the Act applies the Council shall make adequate arrangements—

- (i) for the accommodation and nursing of residents during illnesses of a kind which are ordinarily nursed at home ;
- (ii) for enabling residents to obtain the benefit of any of the services provided under the National Health Service Act of which they may from time to time be in need ; and
- (iii) for the supervision of the hygiene of their accommodation.

10. *Other Services, etc.* There shall be provided as part of any accommodation provided in premises managed by the Council or in premises to which paragraph 8 of the Sixth Schedule to the Act applies such services, amenities and requisites as the Council may from time to time and in any particular case decide are necessary, including

- (i) board ;
- (ii) recreational facilities such as reading matter, wireless, cinema and other entertainments and outings ;
- (iii) where desired by residents, clothing suitable to their individual requirements ;
- (iv) where desired by residents, extra comforts such as tobacco and sweets ;
- (v) adequate opportunities for religious worship and for participation in activities in which residents are individually interested ; and
- (vi) reasonable facilities for residents to move freely in and outside the establishments and to visit and be visited by their friends and relatives.

11. Arrangements made with any other local authority or with any voluntary organisation for the provision of accommodation on behalf of the Council in accordance with this Part of this Scheme shall be such as to ensure that the services, amenities and requisites available to residents in accommodation so provided are on the whole not less favourable than those enjoyed by residents in similar accommodation provided in premises managed by the Council.

PART II.

DEVELOPMENTS CONTEMPLATED DURING THE PERIOD TO 31st MARCH, 1950.

Provision of Residential Accommodation in Small Homes.

12. The Council shall take every practicable step to provide further residential accommodation to meet the need of persons to whom Section 21 of the Act applies, including the need for accommodation in small homes for suitable persons resident in former poor law premises which are not capable of being satisfactorily improved in accordance with Article 18 of this Scheme.

13. The Council shall provide such further accommodation either by the acquisition and (where necessary) adaptation of existing premises, or, to such extent as the availability of building labour and materials permits and the Minister of Health approves, by the erection of new buildings. Except where the Council consider it necessary otherwise to provide accommodation for any class of persons in need of specialised accommodation and care, such further accommodation shall as far as may be practicable be provided in the form of homes for approximately 30-35 persons, and shall comprise bedroom accommodation for married couples, as many single bedrooms as possible and a dining room and sitting rooms for the use of the residents. The Council shall provide as part of any further accommodation the services, amenities and requisites referred to in Articles 9 and 10 of this Scheme. So far as may prove to be practicable, the aim of the Council will be to utilise the homes in which further residential accommodation is provided for or on behalf of the Council, for the aged and for any infirm or other persons in need of accommodation in accordance with Section 21 of the Act, who can suitably be accommodated in such homes, subject to meeting the needs of the residents for congenial companionship.

Accommodation provided by other local authorities and by voluntary organisations.

14. The Council shall, to such extent as may be necessary and expedient, extend their arrangements and make further arrangements with other local authorities for the purposes of Part III of the Act and with voluntary organisations for the provision of further residential accommodation on behalf of the Council. In so doing, the Council shall have particular regard to the needs of classes of persons requiring specialised accommodation and care not immediately available to them in premises managed by the Council. Article 11 of this Scheme shall apply to any arrangements extended or made in accordance with this Article.

Accommodation in premises managed by the Council.

15. The following properties have been acquired by the Council to provide additional residential accommodation and are at present in process of being adapted to accommodate the number of persons indicated, viz. :—

<i>Name and address, etc.</i>	<i>Total number of residents (both men and women).</i>
Glanely Rest, Exning, Newmarket	40—50
Bristol Hotel, Sea Road, Felixstowe (available for adaptation in September, 1949)	30—40

For the said purpose the Council shall endeavour, by 31st March, 1950, to provide one or more further establishments, as may be required.

Provision of Temporary Accommodation.

16. The Council shall from time to time review the temporary accommodation provided under Part I of this Scheme and modify the provision so made in such manner as the Council may consider to be appropriate.

17. The Council shall make arrangements whereby they are enabled to hold in reserve the use of certain buildings to serve as temporary accommodation to meet exceptional circumstances, such as flooding, and to provide shelter for other persons in urgent need thereof in circumstances which could not reasonably have been foreseen or in such other circumstances as the Council may in any particular case determine.

This reserve accommodation shall, so far as the Council are able so to arrange, be continuously available and kept in order. The Council shall take steps to ensure that any stores and equipment necessary to bring such accommodation into use are available at short notice.

Improvement of Existing Establishments.

18. The Council shall, where necessary, and so far as building restrictions and other circumstances permit, improve establishments providing residential or temporary accommodation which are for the time being under their direct control, and shall continue to take all such steps as may be practicable to ensure the improvement of other establishments or parts thereof in which residential or temporary accommodation is provided by the Council. These improvements shall include the provision of additional services, amenities and requisites of the kind specified in Articles 9 and 10 of this Scheme, and such matters as the division of large rooms so as to provide smaller sitting-rooms and bedrooms including single rooms and rooms for married couples, modifications of ablution facilities necessary to secure privacy, the substitution of small dining tables for long tables, the redecoration of rooms and corridors in brighter colour schemes, the introduction of attractive and interesting pictures, the provision of comfortable chairs according to the varying needs of the residents, and generally of furnishings of a home-like character, including any furnishings which it may be practicable to allow residents themselves to provide.

It is considered that the accommodation provided in the home for blind persons at Felixstowe is adequate in every respect, but the possibility of improvements will be kept under review.

PART III.

FURTHER ACCOMMODATION CONTEMPLATED AFTER 31st MARCH, 1950.

19. The Council shall keep under constant review the accommodation and services provided in accordance with this Scheme and shall continue to improve them and to provide further accommodation and services in manner provided by Part II of the Scheme. In particular they shall use their best endeavours to complete any necessary improvements of existing accommodation and services and to meet the total estimated needs of the area of the County Council by the 31st March, 1954, or as soon as may be thereafter.

SCHEDULES.

1. RESIDENTIAL ACCOMMODATION FOR AGED, INFIRM AND HANDICAPPED PERSONS, AND TEMPORARY ACCOMMODATION USED JOINTLY BY THE EAST ANGLIAN REGIONAL HOSPITAL BOARD AND THE LOCAL AUTHORITY.

(The following establishment has been classified as a Hospital for the purposes of the National Health Service Act, 1946, and accommodation has been made available to the Local Authority in accordance with the provisions of paragraph 8(2) (a) of the Sixth Schedule to the National Assistance Act, 1948.)

A	B	C	D	E	F	G																																				
Name and address of Establishment.	Whether for one or both sexes.	Approx. age of Estab't.	Accommodation available for Part III residents.	Services and Amenities Provided.	Approximate Number of Staff.	Standard Charge.																																				
St. Mary's Hospital, Bury St. Edmunds	Both sexes.	100 years.	<p>Accommodation is provided in the premises known as the House Block. There are no single bedrooms and the beds are distributed as follows :—</p> <table><thead><tr><th colspan="2">Male.</th><th colspan="2">Female.</th></tr><tr><th>No. of rooms.</th><th>Beds in each.</th><th>No. of rooms.</th><th>Beds in each.</th></tr></thead><tbody><tr><td>1</td><td>5</td><td>2</td><td>10</td></tr><tr><td>1</td><td>7</td><td>1</td><td>13</td></tr><tr><td>1</td><td>8</td><td>1</td><td>17</td></tr><tr><td>1</td><td>10</td><td>1</td><td>19</td></tr><tr><td>1</td><td>11</td><td>1</td><td>4</td></tr><tr><td>1</td><td>16</td><td></td><td></td></tr><tr><td>2</td><td>20</td><td></td><td></td></tr></tbody></table> <p>Beds not occupied by residents are used for the accommodation of cases in the care of the Regional Hospital Board.</p> <p>1 room with 5 beds is available for the accommodation of individual families requiring temporary accommodation.</p>	Male.		Female.		No. of rooms.	Beds in each.	No. of rooms.	Beds in each.	1	5	2	10	1	7	1	13	1	8	1	17	1	10	1	19	1	11	1	4	1	16			2	20			(1) Board. (2) Clothing (where required). (3) Sweets and tobacco. (4) Daily papers and Library. (5) Religious Services held in Chapel in the Hospital grounds. (6) Wireless in day rooms. (7) Facilities for daily visiting and freedom to go out at all reasonable times. (8) General medical supervision of premises undertaken by the Medical Officer employed by the Regional Hospital Board who has obtained a limited list for the purpose of treating any resident who wishes to be placed on his list. Residents have the same freedom of choice of Medical Practitioner as if they were in their own homes.	(a) Senior Staff. (b) Other Staff. (a) House Governor Matron. (b) Matron's Assistant 4 Female Orderlies. 4 Male Porters. Kitchen and Laundry Staff provided by the Regional Hospital Board.	£2 5s. 6d. per week.
Male.		Female.																																								
No. of rooms.	Beds in each.	No. of rooms.	Beds in each.																																							
1	5	2	10																																							
1	7	1	13																																							
1	8	1	17																																							
1	10	1	19																																							
1	11	1	4																																							
1	16																																									
2	20																																									

2. ACCOMMODATION FOR HANDICAPPED PERSONS PROVIDED IN CONJUNCTION WITH ANOTHER LOCAL AUTHORITY.

A	B	C	D	E	F	G
Name and address of Establishment.	Type of persons accommodated.	Approx. age of building.	Accommodation provided.	Services and amenities provided.	Approximate number of staff employed.	Standard Charge.
"Cloncurry," Grange Road, Felixstowe.	Blind Persons of both sexes.	50 years.	Twenty beds in small rooms, the proportion of males to females being adjusted in the light of current needs.	(1) Board. (2) Clothing (where required). (3) Sweets and Tobacco. (4) Indoor Games and Wireless. (5) Facilities for daily visiting. (6) Transport provided to church on one Sunday each month. (7) General Medical Super- vision of premises undertaken by County Medical Officer of East Suffolk. Medical treatment generally provided by a local practitioner but residents will have the same freedom to choose a doctor as if they were in their own homes. (8) Liberty to go out at all reasonable times.	(a) Senior Staff. (b) Other Staff. (a) Matron in charge. (b) Assistant Matron. Six.	£4 4s. od. per week.

This home has been provided by the West Suffolk County Council in conjunction with the East Suffolk County Council, the West Suffolk County Association for the Blind and the East Suffolk County Association for the Blind. The administration is carried out by the East Suffolk County Council. There are 12 beds provided for the use of East Suffolk residents, and 8 for the use of West Suffolk residents.

3. ACCOMMODATION FOR HANDICAPPED PERSONS PROVIDED THROUGH THE AGENCY OF VOLUNTARY ORGANISATIONS.

<i>Name and Address of Establishment.</i>	<i>Accommodation Occupied by West Suffolk County Council cases.</i>		<i>Standard Charge. Per week.</i>
	<i>Male.</i>	<i>Female.</i>	
Deaf and Dumb. British Home for Deaf and Dumb Women, 26, Clapton Common, Upper Clapton, E. 5.	—	1	£2 1s. 10d.
Epileptics. "Meath Home," Godalming.	—	1	£2 18s. 6d.
Maghull Home for Epileptics, Maghull, Liverpool.	1	—	£2 7s. 10d. Plus clothing.
Chalfont Epileptic Colony, Chalfont St. Peter, Bucks.	1	—	£2 18s. 0d.

The Council do not make a definite number of reservations at any of the above establishments, it being the practice of the Council to make application for accommodation as and when need arises.

NATIONAL ASSISTANCE ACT, 1948.

SCHEME FOR THE PROVISION OF WELFARE SERVICES UNDER SECTIONS 29 AND 30 OF THE ACT OF 1948.

The County Council, in exercise of their powers under Sections 29 and 30 of the National Assistance Act, 1948, hereby make the following scheme under Section 29 of that Act :—

PART I.—A.

ARRANGEMENTS FOR PROMOTING THE WELFARE OF BLIND PERSONS.

1. Discharge of Functions.

The Council in so far as they do not directly discharge their functions under Section 29 of the National Assistance Act, 1948 (hereinafter referred to as "the Act of 1948") in relation to blind persons in accordance with the provisions of this Scheme may do so by arrangement with any other local authorities for the purposes of Part III of the Act or any voluntary organisation registered in accordance with Section 41 of the Act of 1948 (hereinafter referred to as a registered voluntary organisation), on such terms (including terms as to the reimbursement of expenditure incurred by that other local authority or voluntary organisation) as may be agreed.

2. Blind Population.

The following statistical summary shows the number registered with the Council of blind persons by age groups so far as is known, and the total number so registered of blind persons ordinarily resident in the area of the Council as at 31st March, 1948 :—

<i>Age Group.</i>	<i>Total Number.</i>	<i>Ordinarily Resident.</i>
0—1	—	—
1—5	—	—
5—16	2	2
16—21	2	2
21—40	12	10
40—50	10	10
50—65	47	47
65—70	28	28
70 plus	111	111

3. Accounts.

The accounts relating to welfare services for blind persons which are provided by or on behalf of the Council shall be kept in such form or forms as the Minister of Health may direct. In particular the accounts relating to workshops for the blind and to home workers, whether kept by the Council or by a registered voluntary organisation acting as agent for the Council, shall be kept in the forms suggested in Ministry of Health Circular 262 dated 21st December, 1921, as amended by Part II. of Circular 1306 dated 17th March, 1933, or such other forms as the Minister of Labour and National Service, after consultation with the Minister of Health, may direct.

4. Registration of Blindness.

(1) The Council at their own expense shall make arrangements for the medical examination of all applicants for registration as blind persons and, subject to their certification as such in manner hereinafter provided, for their registration and classification. The register shall be kept in such form as the Minister may direct.

(2) No person shall be added to the classified register of blind persons to be kept by the Council until he has been examined and certified to be a blind person by a registered medical practitioner with special experience in ophthalmology.

(3) If, upon the examination of a person by a registered medical practitioner pursuant to the preceding provision of this Article doubt exists, either on the part of that person or the registered medical practitioner as to whether or not the person should be certified as a blind person, the case shall be referred to a medical referee provided under arrangements with the Southern Regional Association for the Blind or under such other arrangements as the Minister of Health may from time to time approve.

(4) A registered medical practitioner examining persons for admission to the register of blind persons to be maintained by the Council shall be asked to complete Form B.D.8 referred to in Ministry of Health Circular 1353 dated 5th October, 1933.

(5) For the purpose of this Article, the expression "registered medical practitioner with special experience in ophthalmology" means a medical practitioner who devotes his or her whole time to the practice of ophthalmology in all its branches or who is in charge of the Ophthalmic Department of a General Hospital of not less than 100 beds.

Provided that if in any particular case the services of such a practitioner cannot reasonably be obtained the expression shall be deemed to include a medical practitioner who holds a diploma in ophthalmology from a University, the Royal Colleges of Surgeons of England and of Physicians of London, or other examining body recognised by the General Medical Council.

5. Blind Welfare Services to be Provided Immediately.

The following Services for blind persons shall be provided immediately :—

(1) HOME TEACHERS.

(a) General.

The existing arrangements in connection with home teaching and the visiting of blind persons, which work is at present performed by one Welfare Officer, who is a qualified Home Teacher, and one Home Teacher, shall be continued, the number of welfare officers so qualified and teachers being varied from time to time as circumstances may require.

(b) Recruitment and Duties.

Home Teachers shall be recruited by public advertisement or such other means as may be approved by or on behalf of the Council.

The duties of Home Teachers shall include :—

- (i) Discovery of blind persons and ascertainment of their needs ;
- (ii) the visitation of blind persons in their homes or elsewhere within the area of the Council ;
- (iii) teaching them wherever practicable to read embossed literature ;
- (iv) instructing them in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities ;
- (v) generally assisting in promoting their welfare ;
- (vi) advising blind persons of all available social services ;
- (vii) paying particular attention to those blind persons who are also suffering from some other form of handicap the nature of which is such as to increase the disability of blindness ;
- (viii) organising social centres and classes.

(c) Qualifications.

No person shall be appointed by or on behalf of the Council as a Home Teacher unless at the time of appointment he holds the Home Teachers' Certificate of the College of Teachers of the Blind or such other qualification as may by regulation be prescribed by the Minister of Health, or not being so qualified, undertakes on appointment to train for the purpose of so qualifying :

Provided that the employment of any unqualified Home Teacher shall not be continued beyond a period of two years after his appointment.

(d) Remuneration.

Qualified and unqualified Home Teachers shall be remunerated in accordance with such scales of salary as the Council shall decide.

(2) WORKSHOP EMPLOYMENT.

(a) General.

The Council shall continue to arrange for the provision of facilities for the employment of suitable blind persons in special workshops for the blind under arrangements made with any other local authority for the purpose of Part III of the Act or with a registered voluntary organisation.

(b) Types of Employment and numbers employed.

At present only one blind person, a male brushmaker, is provided with employment in a special workshop for the blind.

(c) Particulars of workshops.

Details of the workshop at which the blind person is employed, pursuant to arrangements made by the Council, and the Body controlling the workshop are as follows :—

<i>Name of Controlling Body.</i>	<i>Address of Workshop.</i>
Norwich Institution for the Blind.	Magdalen Street, Norwich.

(d) Remuneration.

Money payments shall be made to blind persons employed in workshops on such basis as the Council shall decide in consultation with the registered voluntary organisations managing the workshops.

(3) HOME EMPLOYMENT.

(a) General.

The Council shall continue to carry out their existing arrangements under which blind persons desirous of engaging in work on their own account are enabled to carry out such work in their homes, occupational centres or elsewhere, *i.e.*, other than in a special workshop, with the assistance and under the supervision of the Council either directly through the services of the Council's own staff or by arrangement with registered voluntary organisations. In this Scheme blind persons in this class are referred to as "home workers". A blind person shall not be admitted to participation in these arrangements unless he is capable of earning such minimum sum a week as may be agreed by or on behalf of the Council from time to time, and of maintaining an average of such earnings over such period as the Council may approve from time to time.

(b) Types of employment and numbers employed.

On 31st March, 1948, there were four blind persons in the Home Workers' Scheme, employed in the following occupations, viz. :—

Occupation.	Men.	Women.	Totals.
Basket Makers	2	—	2
Boot Repairer	1	—	1
Piano Tuner	1	—	1

(c) Remuneration.

Money payments shall be made to home workers, provided that they are not in receipt of National Assistance grants, on such basis as the Council shall decide in consultation with any other bodies concerned.

(4) MARKETING OF PRODUCE.

(a) Workshop Employment.

In so far as blind persons are for the time being employed in workshops provided by the Council by arrangement with other local authorities or registered voluntary organisations, the arrangements made shall include provision by the management of the workshops for the disposal of the produce of the workers. In the event of blind persons being employed in workshops directly provided by the Council appropriate marketing arrangements shall be made by or on behalf of the Council.

(b) Home Employment.

The present arrangements whereby the Norwich Institution for the Blind (being a registered voluntary organisation) undertake the marketing on behalf of the Council or provide assistance to certain blind persons concerned in the marketing of the produce of Home Workers shall be continued, unless and until otherwise decided by or on behalf of the Council. In so far as these arrangements do not make provision for all the blind persons concerned the Council shall directly provide the necessary assistance.

The Council shall directly or under arrangements with registered voluntary organisations afford any necessary facilities to enable Home Workers to dispose privately of their produce.

(5) HOSTELS.

The present arrangements under which blind persons engaged in workshops, and other blind persons for whom work or training is provided in pursuance of the Disabled Persons (Employment) Act, 1944, live in hostels made available by the Council through the agency of registered voluntary organisations shall be continued and where necessary or desirable, extended to hostels managed by other similar organisations and other local authorities for the purposes of Part III of the Act. Particulars of the hostels and managing bodies to which the present arrangements relate are as follows :—

COLUMN I. Name of Voluntary Organisation.	COLUMN II. Managing Body.	COLUMN III. Address of Hostel.
Norwich Institution for the Blind.	Norwich Institution for the Blind.	Magdalen Street, Norwich.

(6) EMPLOYMENT IN OPEN INDUSTRY.

(a) The Council shall in consultation with the Ministry of Labour and National Service continue to take steps, in appropriate cases, to ensure that suitable work is found for blind persons in open industry, that is to say, under contracts of service or otherwise in places elsewhere than special workshops.

(b) Where any blind person engaged in work in open industry which he is enabled to perform in consequence of anything done in pursuance of arrangements made under the Blind Persons Acts, 1920 and 1938, or Section 29 (4) (d) of the Act of 1948, or under this Scheme, is

unable, by reason of his handicap, to earn amounts comparable to those earned by sighted persons in the same occupation, and the Council are satisfied that there are special circumstances justifying such action, the Council may make a money payment to that blind person of such an amount and for such period as the Council may from time to time determine to be appropriate in the particular case.

(7) GENERAL SOCIAL WELFARE OF THE BLIND.

The Council shall continue to promote the general social welfare of blind persons by the provision of all necessary services either directly or by arrangement with the County Association for the Blind or other registered voluntary organisations, as the Council may from time to time decide, including the taking of such steps as may be necessary to ensure that blind persons are assisted to obtain any general and preventative medical treatment, the provision of embossed literature, social and handicraft centres, facilities for holidays at holiday and rehabilitation homes or elsewhere, pastime occupations, concerts, recreational facilities and lectures and may provide all such other lawful things whatsoever for the carrying into effect of this Scheme.

6. Training Facilities for Blind Persons.

The Council shall continue to take such steps as may be necessary either directly or by arrangement with other local authorities for the purposes of Part III of the Act or registered voluntary organisations to ensure the provision of suitable training under the Education Act, 1944, or under the Disabled Persons (Employment) Act, 1944, for blind persons who are capable of benefiting from such training.

7. Children.

The Council shall continue to take such steps as may be necessary to satisfy themselves that blind children are dealt with under the Education Act, 1944, the National Health Service Act, 1946, or Children Act, 1948, as may be appropriate.

8. Further Development of Welfare Services for the Blind.

The Council, in consultation with registered voluntary organisations and other bodies concerned shall keep under review during the period ending on the 31st March, 1954, and thereafter from time to time examine, the services provided under Sections 29 and 30 of the Act in accordance with the provisions of this Scheme with a view to ascertaining in particular the need for extensions of arrangements for workshop employment, the provision of hostel accommodation for blind workers, additional social clubs and recreational facilities and the employment of additional qualified Home Teachers.

In the light of such review or examination the Council shall, with the approval of the Minister of Health, make any adjustments to or extensions of the welfare services for blind persons (not being adjustments or extensions for which provision is made in this Scheme) which the Council may from time to time consider to be necessary or desirable.

9. Blind Persons in Hospitals etc.

Where a blind person in relation to whom the Council are exercising functions under Section 29 of the Act of 1948 enters a hospital, hostel, home managed by a voluntary organisation or any similar institution not under the management of the Council or any local authority for the purposes of Part III of the Act of 1948, the Council shall use their best endeavours to secure such arrangements with the body managing any such institution as may be considered necessary or expedient with a view to ensuring the continued promotion by the Council of the welfare of the persons.

10. Scope.

This part of this Scheme shall apply to the Council in relation to the exercise of any of their functions under Sections 29 or 30 of the Act of 1948 in accordance with the provisions of this Scheme as respects any blind person ordinarily resident in the area of the Council and to such extent as may be considered necessary or expedient in relation to the exercise of any such functions of the Council as respects any other blind person.

PART I.—B.

ARRANGEMENTS FOR PROMOTING THE WELFARE OF PARTIALLY-SIGHTED PERSONS.

11. Immediate Provision.

The services referred to in Articles 13 and 14 shall be provided immediately in relation to partially-sighted persons ordinarily resident in the area of the Council and may be provided in relation to any other partially-sighted persons.

12. Definition of Partially-Sighted Person.

For the purposes of this Scheme the expression "partially-sighted person" means a person who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

13. Registration.

The Council shall establish and maintain in such form as the Minister of Health may direct a register, to be known as the "Observation Register", in which partially-sighted persons may be registered and classified.

14. General Arrangements.

The Council shall either directly or by arrangement with other local authorities for the purposes of Part III of the Act or registered voluntary organisations, so far as may be practicable and to such extent as may be necessary or desirable regard being had to the particular needs of individual partially-sighted persons, extend to such persons ordinarily resident in the area of the Council, with the necessary modifications, the arrangements detailed in the following provisions of Part I.—A of this Scheme in relation to the provision of welfare services for blind persons :—

(1) *Registration of Partially-Sighted Persons.*

The provisions of paragraphs (1) and (2) of Article 4.

(2) *Home Teachers.*

The provisions of paragraph (1) of Article 5.

(3) *Workshop Employment.*

The provisions of paragraphs (2) (a) and (d) of Article 5.

(4) *Home Employment.*

The provisions of paragraph (3) (a) and (c) of Article 5.

(5) *Marketing of Produce.*

The provisions of paragraph (4) (a) and (b) of Article 5.

(6) *Hostels.*

The provisions of paragraph (5) of Article 5.

(7) *Employment in Open Industry.*

The provisions of paragraph (6) of Article 5.

(8) *General Social Welfare.*

The provisions of paragraph (7) of Article 5.

(9) *Training Facilities.*

The provisions of Article 6.

(10) *Children.*

The provisions of Article 7.

(11) *Partially-Sighted Persons in Hospitals, etc.*

The provisions of Article 9.

(12) *Accounts.*

The provisions of Article 3.

15. Further Development of Welfare Services for the Partially-Sighted.

The Council shall keep under constant review the services provided in accordance with the preceding provisions of this Part of this Scheme, in consultation with any registered voluntary organisations or other bodies concerned, and shall, with the approval of the Minister of Health, make any adjustments to or extensions of the welfare services for partially-sighted persons (not being adjustments or extensions for which provision is made in this Scheme) which the Council may consider to be necessary or desirable.

PART II.

ARRANGEMENTS FOR PROMOTING THE WELFARE OF HANDICAPPED CLASSES, OTHER THAN BLIND OR PARTIALLY-SIGHTED PERSONS.

16. The Council shall continue to carry out the survey now in progress of the needs of the area of the Council in relation to the provision of appropriate welfare services (including services similar to those provided for in Part I of this Scheme) for classes of handicapped persons, other than the blind and partially-sighted, to whom Section 29 of the Act applies. With a view to meeting these needs account shall be taken in such survey of the welfare services already available to other classes of persons, the results of discussions which have been opened with voluntary organisations and other bodies concerned and any suggestions which the Minister of Health may make to the Council in this connection.