

The Midwife.

Ministry of Health.

Public Health in 1947: New Low Records in "Testing Year."

ALTHOUGH 1947—"the eighth year of austerity"—included the severest winter for many years, health statistics for England and Wales remained excellent, and many of the low records of mortality set up in 1946 were again lowered.

This summing-up is given in the Ministry of Health's Annual Report* for the year ended March 31st, 1948, and published on August 5th.

The year under review saw the highest birth-rate (20.5 per thousand population) since 1921, the lowest infant mortality rate (41 per 1,000 related live births), and substantial falls in the still-birth rate (24), the neo-natal rate (22.7) and maternal mortality rate (1.17).

Progress in saving the life of babies is shown by comparing 1947 with 1921, a post-war year with a similarly high birth-rate and a very hot dry summer, when the infant mortality rate was 83. The maternal mortality rate was less than one-third of that for 1938 (3.94).

Deaths from diphtheria were barely half those of 1946; scarlet fever caused only 42 deaths—another record; the case fatality for measles reached a new low level; there was a further reduction in dysentery notifications, and deaths from diabetes were the fewest on record. The combined death rate for children under 15 from rheumatic fever and heart disease dropped to 39 per million, again a record.

These results, points out Sir Wilson Jameson, Chief Medical Officer of the Ministry, were achieved in what he terms "a testing year" which was marked by a winter of exceptional severity, an unprecedented scarcity of fuel, the rationing of bread and potatoes, and reductions in the meat and bacon rations.

The hard winter was probably partly responsible for an increase in deaths of old people, which led to the crude civilian death rate rising to 12.3 per 1,000 compared with 12.0 in 1946, and for a slight increase in deaths from tuberculosis.

Tribute to Nurses and Midwives.

Tribute is paid to the high standard of work maintained by nursing and other staff, and Sir Wilson observes that the improved vital statistics relating to mothers and infants, achieved "in the face of the difficulties presented by the high birth-rate, great pressure on maternity accommodation, and shortage of staff, reflect much credit on all concerned." He adds: "The enlightened food policy, pursued since austerity began, whereby the nutrition of expectant and nursing mothers, infants and young children, has been maintained by valuable priorities and supplements, has had no small share in this continual improvement."

Sir Wilson pays testimony to the help the Ministry receives from voluntary workers. "This country," he states, "has always been fortunate in having at its disposal the help of experienced voluntary organisations and of an army of able and enthusiastic voluntary workers. Never was voluntary service more welcome than it is now, and I would make special acknowledgement of the great assistance the medical side of the Ministry has received from such sources during my term of office."

A brief account is given of the preparations for the inauguration on July 5th, 1948, of the National Health Service, which coincided with the year marking the centenary

* Report of the Ministry of Health for the year ended March 31st, 1948, including the Report of the Chief Medical Officer on the State of the Public Health for the year ended December 31st, 1947. Cmd. No. 7734. H.M. Stationery Office.

of the first Public Health Act. Other sections of the Report deal with the progress of the housing programme, under which a quarter of a million families were provided with new homes in the year; local government, and with the extension of water and sewerage supplies.

Central Midwives Board.

FIRST Examination was held on August 10th, 1949. Candidates were advised to attempt to answer all the questions.

1.—A patient who is 38 weeks pregnant has a sudden vaginal haemorrhage. To what conditions may this be due? Describe how the case should be managed.

2.—What are the causes of lacerations of the perineum during delivery? Describe how you would attempt to avoid a perineal tear during a normal vertex delivery.

3.—Describe the vagina. With what other organs does it come in contact? What information may be gained from a vaginal examination during labour?

4.—What do you understand by the term involution? Discuss the factors which tend to cause sub-involution and indicate how they may be treated.

5.—What are the common types of infection which may occur in the new-born infant? Describe in detail the routine you would adopt in order to prevent cross-infection.

6.—Describe the examination of the abdomen of a pregnant woman at term. What may be the significance of your findings?

News from South Africa.

A valued member of the British College of Nurses, Ltd., Miss Christabel Ping, S.R.N., S.C.M., sends interesting news of her experiences since her arrival in South Africa last January, and writes:—"I am receiving the 'Journal' and following the activities of the College with much interest. . . . I had a lovely trip out on the 'Athlone Castle' last January and thoroughly enjoyed it all. Friends met me at Durban, brought me to Johannesburg and put me up until I was able to find accommodation, which was most difficult to get. Johannesburg is not the place from which to judge S. Africa; it is just a big city, not imposing, big tall buildings and, of course, nothing with any tradition or character. Also Johannesburg must be the most cosmopolitan city in the world. The south side of the City is marred with the gold mining dumps, but parts of the north-west side are quite pretty, as we are on the top of a 6,000 ft. mountain. In some of the suburbs there are lovely houses, more one-storey than two-storey with huge gardens, and people are very garden minded—except in the summer when there is a thunderstorm every day between 5 p.m. and 6 p.m. (as regularly as clockwork!). The gardens have to be watered by hose every day. Water at 2s. 6d., 10,000 gals."

It is interesting to learn in conclusion that Miss Ping is not allowing her expert knowledge to rust, and has been appointed sister-in-charge of the Maternity floors in a large Nursing Home in Johannesburg.

As the Fellows and Members of the British College of Nurses, Ltd., will remember, Miss Christabel Ping was for many years the very successful owner of a first-class Maternity Home, in Stanmore, Middlesex. Her past experience as owner and administrator in this branch of work will be invaluable to her in her present post.

The Nursing Home to which she is at present attached, she tells us, was opened just over a year ago and is designed on a large scale—150 beds of which there are 24 on each floor.

Miss Ping speaks with much admiration of the present matron, who is doing wonderful work in her department for the Home.

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