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**1923.**

**ANNUAL REPORT  
AND  
VITAL STATISTICS**

... The ...  
**Urban District of Hucknall.**

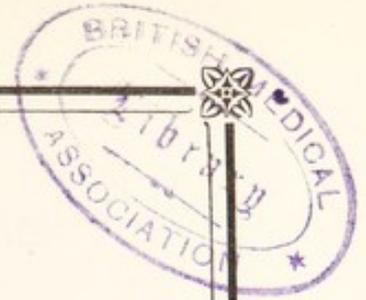
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Certifying Factory Surgeon.**

**The Medical Officer of Health of the District.**

**In accordance with instructions from the Ministry of Health.**

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To the Chairman and Members of the  
Hucknall Urban District Council.



GENTLEMEN,

I have the honour to present to you my Tenth Annual Report on the Health and Sanitary condition of the Urban District of Hucknall.

The Ministry of Health requests that this Report follows the lines of those for the preceding two years. It is therefore condensed, and I do not propose to enter into great detail on any subject, with the exception of the Epidemic of Small Pox, on which I write very fully.

The year has been equally as healthy as 1922, though the Vital Statistics do not show quite as good figures as those for that year.

Since August and up to the present time, all my energies have been directed to combatting the Small Pox Epidemic, and so I ask for your kind indulgence with regard to other matters, which have necessarily had to be put on one side.

I have to thank the various Officials concerned for their valuable co-operation during the year. And, I

take the opportunity of placing on record, my appreciation of the generous support afforded me by the Members of the Health Committee, and the Council as a whole.

I have the honour to be,  
Gentlemen,

Your obedient servant,

WALTER GARSTANG.

March 21st, 1924.

The Memorandum accompanying the Official Tables from the Registrar General bears the date March 1st.

These Tables were only received by me on March 21st, and the completion and publication of my Report has thus been very much delayed.

## 1.—General Statistics.

Area (acres)	...	...	...	3270
Population	...	...	...	17510
Number of Inhabited Houses	...	...	...	3931
Number of Families or separate Occupiers				4181
Rateable Value	...	...	...	£47104
Sum represented by a penny Rate			...	£160

## 2.—Extracts from Vital Statistics of the Year.

		Total	M.	F.	
Births	} Legitimate	...	387	192	195
	} Illegitimate	...	14	7	7
			Birth Rate (R.G.) = 22.3		

Deaths	...	...	202	95	107
			Death Rate (R.G.) = 11.4		

Number of women dying in, or { from Sepsis ... 1  
in consequence of Child-birth { „ other causes 2

Deaths of Infants under one year of age per 1000 births

Legitimate—36. Illegitimate—1. Total—37.

Infant Mortality Rate = 92.

Deaths from Measles (all ages)	...	...	4
„ „ Whooping Cough (all ages)		...	4
„ „ Diarrhoea (under 2 years)	...	...	4

The Tables at the end of this Report should be studied.

As usual, Table 2 from the Registrar General differs slightly from other Tables compiled by me. You will notice that the Registrar General credits us with 401 Births. This is correct for the actual number of children born in the District, but one of these should have been transferred to another district, as the parents do not reside here ordinarily.

We are also credited with 37 Infant Deaths. Here again, one is a transferable death, of which I received Official notice from the Quarterly returns of Transferable deaths, but it has not been deleted from Table 2. Then the Births—Male and Female—do not correspond with my figures. These differences, of course, are only slight, and do not effect the figures relating to the Vital Statistics materially. I only point them out to explain the apparent discrepancies in the various Tables.

The Birth Rate is higher than last year, and well above the figures for England and Wales (See Table 3).

The Death Rate is practically the same as that for the whole Country.

The Infant Mortality Rate is considerably higher than that of the Country as a whole, and very much higher than our own figures last year. At the same time, it is the lowest recorded since 1918 save last year. Table 4 shows 36 deaths under 1 year instead of 24 (1923) 21 under 4 weeks instead of 10. You will notice that the deaths under 4 weeks practically account for the difference in the two years. The chief causes of this increase are Premature Births, Congenital Malformations and Injuries at Birth, many of which are quite beyond our control.

It will also be seen that the Mortality Rates for Measles and Whooping Cough are slightly above those for the country; otherwise the figures for Hucknall shown in Table 3 are all good.

The Registrar General only allows us an increase of population, amounting to 80, compared with last year. If last year's figures are correct this is much too low, and my own estimate would be nearer 17,700.

All Rates are calculated on figures supplied by the Registrar General.

### 3.—Notifiable Diseases during the Year.

Full information is given in Tables X. and XI.

The only two diseases requiring some comment are Small Pox and Scarlet Fever. The district as a whole, has been remarkably free from other Notifiable Infectious Diseases, and the fact that no case of Enteric Fever was notified during the year is worthy of record.

The following figures have been submitted to me by the Registrar General.

#### CASE RATES OF CERTAIN INFECTIOUS DISEASES.

			England & Wales.	Hucknall.
Small Pox	...	...	0·06	7·53.
Scarlet Fever	...	...	2·23	1·19.
Diphtheria	...	...	1·04	0·17.
Enteric Fever	...	...	0·08	0·00.
Puerperal Fever	...	...	0·06	0·17.
Erysipelas	...	...	0·32	0·45.

The Hucknall figures are made out by me from returns received.

#### SMALLPOX.

This disease broke out on the 8th August and up to the 31st December 132 cases were notified and admitted to the Rushcliffe Small Pox Hospital.

Before making a Report on the Epidemic I propose to give various statistics relating to it.

Total Cases Notified 132. Males 78. Females 54.

Distribution of Cases :—

East Ward	39
West „	65
North „	28

—132

*Ages of Cases notified and Sex:—*

Under 1 year	...	1	...	M	0	F	1
1—5 years	...	9	...	M	4	F	5
5—10	„	30	...	M	21	F	9
10—15	„	26	...	M	16	F	9
15—20	„	22	...	M	14	F	9
20—25	„	11	...	M	7	F	4
25—30	„	3	...	M	1	F	2
30—40	„	4	...	M	1	F	3
40—50	„	20	...	M	11	F	9
50—60	„	1	...	M	1	F	0
60 upwards	...	5	...	M	2	F	3
					132	78	54

*Vaccination figures:—*

Unvaccinated	...	107 cases
Vaccinated	...	25 „

73 cases were taken from 27 houses  
 59 „ „ „ „ 59 „

In the East Ward 39 cases were removed from 26 houses; in the North Ward 28 cases were removed from 19 houses; and in the West Ward 65 cases were removed from 41 houses.

As stated the first case was notified on August 8th and was certainly due to “contact” from Kirkby-in-Ashfield, where the disease was then prevalent. The second case was a contact from the first and the third from the second. The other four cases during September, three in one house, were not satisfactorily accounted for, but it is possible that they may have originated from a case that had been overlooked, and never notified. The extreme mildness of the disease in many cases lends support to this view. With three or four exceptions, the remainder of the cases notified up to December 31st 1923 were due to direct contact in the home, at school, or at work. That School infection was responsible for a number of cases among boys in the East Ward is

proved by the fact that, after the Butler's Hill School was closed, no further cases occurred among school children, except those already infected. The same thing was noticed at the Spring Street School in December though to a lesser extent, as this school was re-opened too soon.

Among the adult males, all of whom were colliers, there is no doubt that the disease was disseminated in the collieries, for it was found out that men were going to work, having a rash on their faces or arms, which they put down to the conditions under which they were working.

The continued spread of the disease was also due to the carelessness and indifference of the general public, who neglected to take the various precautions advised. The great infectivity of Small Pox is shown by the monthly notifications, August 2, September 5, October 26, November 45, December 54.

It will be seen that by far the greater number of cases occurred in the age groups from 5 to 20 years and from 40 to 50 years, these accounting for 98 out of 132. The big preponderance of males to females in the group 5 to 10 years, and 10 to 15 years is noticeable, and is due to school infection. It is also a significant fact that, so far, no man who served in any branch of His Majesty's Forces in the late war has contracted the disease.

The Vaccination figures speak for themselves, and are still more convincing, if we analyse the cases that had been vaccinated. Of these 25 cases, 19 were between the ages of 25 and 70 years. as follows :—

1	case	between	20	and	30	years
2	cases	„	30	„	40	„
13	„	„	40	„	50	„
3	„	over	60	years.		

These people were all vaccinated in Infancy, but had never been re-vaccinated, and as we know the protection afforded by primary Infantile Vaccination does not extend through life, they were in the same position as the unvaccinated.

The remaining 6 cases (all primary)

2 between ages 1 to 5  
 2 „ „ 5 to 10  
 2 „ „ 10 to 15

were vaccinated after exposure to Infection, but not sufficiently soon to prevent the attack of Small Pox though it was of a modified type and very mild.

The disease itself differed in many ways from the usually accepted descriptions.

**Initial Symptoms.** In many cases these were absent, and the appearance of the Eruption was the first sign of the disease. This was especially noticeable in children. In adults these symptoms were generally well marked, and were characteristic of an attack of Influenza.

**The Eruption.** This varied from a few isolated spots to an intense rash covering the whole skin and invading the Buccal Mucous Membrane, and Fauces. In the confluent cases, the rash was true to type, and passed through all the characteristic stages. In the milder cases, this was not so, the pustular stage being reached more quickly. In all cases the rash was in the same stage of development at the same time. There were no successive crops, and I did not find spots in various stages of development though, naturally, the spots on face and arms were more advanced than on the body.

The sites of the rash were, on the whole characteristic, i.e. in cases where the rash was not abundant the spots would be confined to the face, arms and back of the wrists. The eruption varied considerably in the time of its appearance; the second, fourth and fifth days being as common as the third. I saw many cases where there were severe initial symptoms for three days; the patient was up and convalescent on the fourth day and the rash developed on the fifth day. Prodromal rashes have not been in evidence during this epidemic. As regards pitting, this is not so marked as in previous epidemics. In the confluent cases, after the scab has fallen off, a red discolouration of the skin has been found, but the deep pock marks, thickening of skin, and blurring of features so characteristic of previous epidemics have been absent.

Finally, all cases have proceeded to convalescence and recovery without any complications.

*Measures for Prevention and Control of the Disease.*

These may be summarised as follows :—

1. Prompt removal of patient to Hospital.
2. Disinfection of house and contents: clothes, bedding, etc. being taken to the Disinfector in a special van.
3. Free Vaccination or Re-Vaccination offered to, and urged upon all contacts, and the same facilities offered to the General Public.
4. Complete lists, as far as possible, of all contacts made, and regular visitation carried out.
5. All cases notified to Head Teachers, Vaccination Officer, and Public Vaccinator; Employers also warned of any cases occurring among their Employees.
6. Exclusion of children, who are contacts, from school for sixteen days.
7. Chicken Pox is Compulsorily Notifiable.  
Infectious Diseases Prevention Act, 1890 is in force.  
Public Health Acts Amendments Act, 1907, Part IV. is in force, excepting Section 5.
8. Large Posters containing all necessary particulars and advice, and address of Public Vaccinator freely exhibited on hoardings throughout the District, and Handbills of similar nature, distributed to every house in the District.

I am much indebted to the various Doctors in the town for early and prompt notification of every case and suspected case of Small Pox. With their help a number of cases were removed to Hospital sooner than they would otherwise have been.

Disinfection of houses and contents has been thoroughly and efficiently carried out in all cases.

Vaccination and Re-Vaccination is offered free to the Public. All contacts were urged to submit to Vaccination

for their own sakes and a good number availed themselves of this, the only method of safeguarding themselves from an attack of the disease. This was especially noticeable among the women and children. There is some excuse for the miner who could not afford to be away from work, if he refused Vaccination, and preferred to run the risk of Small Pox in its present form.

I am bound to say that the Inhabitants of Hucknall are very inefficiently protected by Vaccination, owing to the working of the Vaccination Act which allows all and sundry to escape Vaccination by means of the "Conscientious Objector" clause, which is abused in a most scandalous manner.

Visiting of contacts has been carried out regularly and systematically. This has entailed an immense amount of extra work and worry, far more than if we had been able to quarantine contacts. It cannot be regarded as satisfactory, because it is impossible to keep close supervision over people who are following their ordinary avocations and are "not at home" when called upon. I have seen cases in the morning of one day apparently well, and working, and on my next visit, 24 hours later, these have developed a distinct rash, which appeared during the evening of the preceding day, while they were at a Cinema performance. I have also seen cases, with severe initial symptoms for three days, convalescent and able to be about on the fourth day, and the rash appearing on the fifth day. The difference between this and previous epidemics must be remembered. My experience goes to prove that the most thorough supervision of contact cases does not control or prevent the spread of the disease, and is not as effective, as the older methods of Isolation and Quarantine, which proved of such service here in previous Epidemics. A short time ago a paragraph appeared in the Daily Press to the effect, that it was a curious fact that Small Pox was practically absent in the large towns, and prevalent in the smaller Urban and Rural Districts. I find that County Boroughs etc. have the right to Quarantine and Isolate Contacts if they desire,—Nottingham does so. One would imagine that if these Authorities find that this method is most effective in preventing the spread of the disease, the Ministry of Health would allow the smaller districts to take the same steps. Unfortunately this is not so, and our application has been turned down three times.

The Ministry of Health bases its decision on the score of expense. In our case the money spent in the upkeep of the Hospital, will amount to a very much bigger sum than we should have spent in Isolation of contacts during the last four months.

#### *School Closure.*

I have found that the closing of schools is of great use during an Epidemic of Small Pox. It seems to me that there is less risk of infection, if children are running about in the open air, than if they are packed together in class rooms breathing vitiated air. The result of the closing of the Butler's Hill schools proved this, as, after closing no new cases were reported, except one or two already infected, whereas, while the schools were open, a number of cases were occurring, among children living in various parts of the Town, whose only contact was in school.

I have to admit that my views in this connection are not shared by the majority of Medical Officers of Health, and Education Authorities, who argue that it is easier to supervise "contacts" if they are all in school, and that closure cannot be effective, so long as only Public Elementary Schools can be closed. There may be something to be said for this view, but at present I prefer my own opinion.

Our Posters were exhibited, and Handbills were distributed long before the Epidemic started here. They were used as a matter of precaution owing to the prevalence of Small Pox at Kirkby. Copies were forwarded to the Ministry of Health.

The Public took no notice of these handbills at all, and I am afraid I was looked upon as a scaremonger and an alarmist. Subsequent events have shown which view was correct.

In spite of all our care, and preventive measures taken the disease spread with great rapidity, reaching a maximum in January 1924, this month producing 57 cases. Since then there has been a decline, February having 29 cases, and March to the end of third week only 9.

The three chief reasons for the continued spread of the disease were :—

1. The unvaccinated state of the Inhabitants—this by far the most important.

2. The mildness and type of the disease which made people think it was nothing to worry about, and made them careless as to precautionary measures.
3. The fact that we are no longer able to isolate contacts in their houses.

#### SCARLET FEVER.

31 cases were notified, a larger number than for several years. Cases were notified every month except June; October having the largest number viz. 7. This was owing to a series of cases in Watnall Road and its vicinity. The milk supply came under suspicion in regard to these cases as I found that several Purveyors were getting some of their milk from a district in Leicestershire, where I believe, there were some cases of Scarlet Fever. I was unable to get definite proof of infection from this source.

The disease was distinctly more severe in character than it has been of late years, particularly with regard to the Rash, which was very profuse the Throat Symptoms which were marked, and the extensive desquamation.

A noticeable feature was that 16 cases were over 10 years old.

No case was sent to Hospital, but the fact that there were further cases in houses, after the first case was notified, proves that Isolation in the Home is not complete, and emphasizes the need for an Isolation Hospital to which these cases can be sent.

## TUBERCULOSIS.

Age Periods.	New Cases*				Deaths			
	Pulmon- ary		Non-Pul- monary		Pulmon- ary.		Non-Pul- monary	
	M	F	M	F	M	F	M	F
Under 1	...	...	2	...	...	1	1	1
1—5	1	...	...	1	...	...	2	...
5—10	1	...	...	...	...	...	...	...
10—15	...	1	...	...	...	...	...	...
15—20	1	5	1	...	...	...	...	...
20—25	...	1	1	...	...	3	1	...
25—35	3	4	...	...	...	2	...	...
35—45	1	3	...	...	1	1	...	2
45—55	1	...	...	...	...	1	...	...
55—65	...	...	...	...	1	...	...	...
65 upwards	...	...	...	...	...	...	...	...
Totals	8	14	4	1	2	8	4	3

\*New cases are to include all Primary Notifications, and any other **New** cases of Tuberculosis coming to the knowledge of the M.O.H. during the year.

Ratio of Non-notified Tuberculosis Deaths to Total Tuberculosis Deaths is as 4 is to 17.

Of these 4 deaths, 2 were cases of Morbus Coxæ of longer standing than 1912, and the other two were deaths occurring in Institutions.

I consider that notification is efficient.

One case of OPTHALMIA NEONATORUM was notified, treated at home, and vision was not impaired.

#### 4.—Causes of Sickness.

Nothing noteworthy to record, save the Small Pox Epidemic, already reported on. The Year as been a very healthy one.

### **Summary of Nursing Arrangements, Hospitals, etc., available for the District.**

I simply repeat statement of last two years.

General Nursing is undertaken by the District Nursing Association.

No arrangements are yet made re Infectious Cases e.g Measles. I think something can be done should the need arise.

The Local Authority does not provide or pay for any Sick Nursing, nor does it employ or subsidise any Midwives, who are controlled by the County Council.

Number of Midwives practicing in the District is seven.

#### *Clinics and Treatment Centres.*

1. Hucknall Maternity and Child Welfare Centre. Under the control of the Urban District Council. Accommodation consists of two rooms in the Public Hall, Watnall Road. The Hall belongs to the Urban District Council. The Centre is open on Monday and Tuesday afternoons throughout the year, excluding public holidays. The Health Visitor is in attendance at each Session, supported by two members of the Ladies' Committee. The Medical Officer is present at the Tuesday afternoon Session, and sees any babies brought for the first time, and any others referred to him by the Health Visitor, or by request of the mother. No treatment is given at the Centre, the Medical Officer's work is purely consultative. Cases requiring treatment are referred to their own Doctor.
2. A Centre attached to the District Nursing Association. I understand that this is primarily intended for those mothers who are attended in their confinements by the District Nurses, and has developed more as a training centre for mothers than as an Infant Welfare Centre.

Day Nurseries }  
 School Clinics } None in this District.

Tuberculosis Clinics } Provided by the  
 Venereal „ } County Council.

*Hospitals provided or subsidised by the Local Authority  
 or County Council.*

Ransom Sanatorium for Tuberculosis.  
 Rushcliffe Small Pox Hospital.  
 Basford Sanatorium (Infectious Fevers).

No provision is made in this district for Maternity or Children's Hospitals, as patients can quite well be sent to the various Hospitals in the City of Nottingham, which are reasonably close, and easy of access. Similarly there is no Institutional provision for unmarried mothers, illegitimate children etc. in this district.

The Rushcliffe Joint Hospital for Small Pox is the only Hospital situated in the district. It is subsidised by the following Authorities, the Urban District Councils of Arnold, Beeston, Carlton, and Hucknall, and Rural District Council of Stapleford.

The Hospital was opened for the reception of patients on February 8th 1923, and has been continuously open since then but for a period of three weeks in July and August. During this time 173 patients were received, 132 from Hucknall and 41 from Stapleford.

This Hospital has been considerably improved and enlarged during the year. A further Hut was erected in November as increased accommodation was necessary.

Both, in this and in the Hospital Hut erected 3 years ago, Central heating has been installed, replacing the old-fashioned stoves with their risk of fires, and as soon as convenient, the original Wards will also be fitted up in a similar manner. The accommodation now is about 60 beds and the Hospital is a credit to the Authorities concerned.

*Ambulance Facilities.*

For Infectious cases—

Provided by the Hospital concerned.

Other cases—

1. An Ambulance provided and maintained by the Local Authority, which is used very largely indeed, there being few days when it is not required.
2. Various Colliery Ambulances.

**6.—Laboratory Work.**

Bacteriological examinations are made at the City Laboratory in Nottingham, arrangements being made by the County Council. Cases of Tuberculosis are responsible for nearly all examinations this year.

The Effluent from the Sewage Disposal Works is regularly examined and reported on by the City Analyst.

Diphtheria Antitoxin is provided free by the Urban District Council.

**7.—Sanitary Administration.**

The present state of Sanitary provision is as follows :—

Water Closets	...	1542
Pail „	...	2525
Privy Middens	...	24
Ashpits ...	...	436
Sanitary Bins	...	2472

The number of conversions from Pail Closets etc. to Water Closets was 14.

I regret to state that it was impossible to make a start with the Conversion Scheme during this year owing to the Council having various other important works in hand. These are now practically complete, and the Conversion Scheme for the District, which is now only wanting the sanction of the Ministry of Health, should take precedence of any other matters. I am hoping that, before this Report is in print, a start will have been made with this work.



Other defects remedied :—

Cowsheds whitewashed	...	...	46
Slaughterhouses whitewashed	...	...	60
Lodginghouses whitewashed	...	...	2
Factories and Workshops whitewashed			20
			128

The following articles of food have been condemned and destroyed :—

Condensed Milk	...	...	57 tins.
Corned Beef	...	...	24 lbs.
Frozen Meat	...	...	82 lbs.
Tomatoes	...	...	52 tins.
Various other foods	...	...	55 tins.

#### *Dairies and Cowsheds.*

One Cowkeeper and one Milk Purveyor have ceased business.

Seven Purveyors and one Cowkeeper have been Registered.

The Register now contains—

Cowkeepers and Purveyors	...	17
Cowkeepers	...	13
Purveyors	...	21

Of the seven new Purveyors registered, four were Cowkeepers who are now selling their milk direct, and three firms from outside are supplying milk in sealed bottles.

15 Purveyors are supplied with milk from farmers outside the District.

The milk appears to be of good quality, and no complaints have been received.

Cowsheds are visited at frequent intervals, and the regulations are observed satisfactorily.

#### *Slaughterhouses.*

Number in use	...	14.
---------------	-----	-----

I have nothing to add to my remarks last year.

Regulations re Cleansing and Lime washing are properly carried out.

As the Officer appointed under the "Rats and Mice Orders" I have been trying to reduce the number of these pests during the year.

Rats, at the present time are found in large numbers on the allotments and farms surrounding the District, and it is not an easy matter to get rid of them. Absolute cleanliness and removal of garbage and refuse from the allotments is most necessary, and huts should be raised from the ground, so that there is a clear space underneath. Where this has been done, good results have occurred. When complaints are received, I visit the premises and give advice as to procedure.

Poison has been used at the Refuse Tips, but at the present time, it is impossible to say with what result. Farmers employ men who periodically clear their farms, and the Council is now employing somebody to clear these pests from their grounds at the Sewage Disposal Works.

CHARLES SEVERN.

### 8.—The Public Health Staff.

The Medical Officer of Health (Part time) who is also the Medical Officer in charge of Infant Welfare Centre, Medical Advisor to the Rushcliffe Small Pox Hospital Co., and Certifying Factory Surgeon for the District.

The Sanitary Inspector—Mr. C. Severn.

The Lady Health Visitor—Miss Harwood.

These two being whole time appointments.

### 9.—Housing.

Number of New Houses erected during the year ... 33

As part of a Municipal Housing Scheme ... .. 6

I. *Unfit Dwelling Houses.*

(1) Total number of houses inspected for housing defects (under P.H. or Housing Acts) ...	1057
(2) Number inspected and recorded under Housing Regulations 1910. ... ..	2
(3) Number found to be unfit for habitation ...	2
(4) Number (exclusive of those referred to above) found not to be in all respects reasonable fit for habitation. ... ..	38

III. *Action under Statutory Powers.*

## A.—Proceedings under Sections 28 Housing and Town Planning Act, 1919.

(1) Number of houses in respect of which Notices were served requiring repairs. ...	38
(2) Number of houses rendered fit—	
(a) By Owners ... ..	36
(b) By Local Authority ... ..	0
(3) Closing Orders operative in pursuance of declarations by Owners ... ..	0

## B.—Proceedings under Public Health Acts :—

(1) Number of houses in respect of which Notices were served requiring defects to be remedied. ...	1057
(2) Number of houses in which defects were remedied by Owners ... ..	1057

## C.—Proceedings under Sections 17 &amp; 18 Housing and Town Planning Act, 1909.

(1) Number of representations made with a view to making of Closing Orders. ... ..	1
(2) Number of dwelling houses in respect of which Closing Orders were made ... ..	1
(3) Number of dwelling houses in respect of which Demolition Orders were made ... ..	2



Number of visits to expectant mothers	...	36
"    "    "    ,, Measles cases	...	132
		<hr/>
Total Visits		3276

At the Infant Welfare Centre—

No. of children attending under 1 year	...	199
over 1 and under 5 years	...	92
		<hr/>
		291
Total number of attendances	...	1570
No. of children weighed, (under 1 year)	...	1327
Average attendances—Mondays and Tuesdays...		35
No. of Infants' Deaths among those attending		
Centre		2

MISS. A HARWOOD.

For two reasons I think this is an excellent record.

Firstly, Miss. Harwood was only appointed Health Visitor on January 1st 1923, and had to get acquainted with the people.

Secondly, during the first two months of the year, the Centre was much interfered with by alterations to the Public Hall.

In my opinion Miss Harwood has performed her duties in a thoroughly satisfactory manner.

I append the following Report from Mr. E. W. Bostock, the Surveyor and Engineer, on matters relating to Public Health, which come under his jurisdiction. And at the same time, I thank him most sincerely for his help.

#### *Sewage Disposal Works.*

The works continue to give highly satisfactory results as shewn by the monthly Analysis of the effluent.

During the year No. 1 Filter has been taken down, reconstructed and entirely refilled with new clinker. Now this is done it will allow of the other filters being rested at more frequent intervals.

New 9in. sewer is being laid in Sandy Lane thus enabling the cesspool drainage in this part of the town to be done away with, a decided improvement.

#### *Scavenging.*

The present system is working satisfactorily.

During the year 9105 loads of dry ashes have been removed at an average cost of  $2/3\frac{1}{2}$  per load, and 4861 loads of nightsoil have been removed at an average cost of  $6/5$  per load.

#### *Water Supply.*

The plans, sections and other particulars have been prepared ready for obtaining Tenders for the connecting link of 10in. Pumping Main between Papplewick Lane and the Seven Mile House on the Nottingham-Mansfield Main Road. When this is done this will complete the whole of the new 10in. Pumping Main from the Salterford Waterworks to the new Reservoir, a total length of  $5\frac{1}{2}$  miles. Thus we shall have two entirely separate Mains—the old 8in. and new 10in.—connecting the Town with the Waterworks.

#### *Roads.*

A scheme for the gradual re-surfacing of the whole of the roads and streets in the district is well in hand.

*Town Planning.*

The Council have decided to prepare a Town Planning Scheme, which no doubt will prove beneficial to the Town.

The Council are very much alive to the needs and welfare of the Townspeople from the health and recreation point of view, as witness the continual development of Titchfield Park.

Provision is made for Cricket, Tennis and Bowls, and there is now a nice layout of Beds, Borders and Shrubbery.

Too much praise cannot be accorded the Miners' Welfare Committee in helping on this scheme in such a magnificent manner, as provision is now being made for three further Tennis Courts and one Bowling Green, three Cricket Pitches and Football Ground.

In addition there will be new Gardens, Lawns, Bandstand and Lake, which will prove a beauty spot and provide a huge breathing space of 25 acres extent.

E. W. BOSTOCK.

TABLE 1.—Vital Statistics of Whole District during 1923 and previous Years.

Name of District: Hucknall Urban.

Year.	Population estimated to Middle of each Year.		Births.		Total Deaths Registered in the District.		Transferrable Deaths of Non-Residents registered in the District.	Transferrable Deaths of Residents not registered in the District.	Nett. Deaths belonging to the District.		
	Uncorrected Number	Nett.	Number	Rate.	Number	Rate.			Under 1 Year of age.		At all Ages.
							Number	Rate per 1000 Nett Births	Number	Rate.	
*1918	387	387	22.3	299	19.2	7	39	38	98	331	21.3
*1919	384	384	22.5	207	12.6	2	22	44	114	227	13.9
1920	493	493	28.9	189	11.1	2	21	58	117	208	12.2
1921	485	485	28.2	177	10.3	—	23	53	109	200	11.6
1922	369	369	21.1	142	8.1	3	37	24	65	176	10.0
1923	401	401	22.3	163	9.3	1	40	37	92	202	11.4

\* Civilian Population.

TABLE II.—Causes of Death in Hucknall.  
Urban District, 1923.      Civilians only

CAUSES OF DEATH.				Males.	Females
All Causes ... ..				95	107
1	Enteric Fever	...	...		
2	Small-pox	...	...		
3	Measles	...	...	2	2
4	Scarlet Fever	..	...		
5	Whooping Cough	...	...	3	1
6	Diphtheria	...	..		1
7	Influenza	...	...	1	
8	Encephalitis lethargica	...	...		
9	Meningococcal meningitis	...	...		
10	Tuberculosis of respiratory system	...	...	3	8
11	Other Tuberculous Diseases	...	...	4	3
12	Cancer, malignant disease	...	...	2	16
13	Rheumatic Fever	...	...		
14	Diabetes	...	...	1	
15	Cerebral hæmorrhage, &c.	...	...	2	4
16	Heart Disease	...	...	11	15
17	Arterio-sclerosis	...	...	4	2
18	Bronchitis	...	...	4	9
19	Pneumonia (all forms)	...	...	9	4
20	Other respiratory diseases	...	...	2	
21	Ulcer of stomach or duodenum	...	...	2	2
22	Diarrhœa &c. (under 2 years)	...	...	2	2
23	Appendicitis and Typhlitis...	...	...	1	1
24	Cirrhosis of Liver	...	..		
25	Acute and chronic nephritis	...	...	1	1
26	Puerperal sepsis	...	...		1
27	Other accidents and diseases of pregnancy and parturition	...	...		2
28	Congenital debility and malformation, premature birth	...	...	6	9
29	Suicide	...	...	2	
30	Other deaths from violence	...	...	11	2
31	Other defined diseases	...	...	22	22
32	Causes ill-defined or unknown	...	...		
Special Causes (included above)					
Poliomyelitis ... ..					
Polioencephalitis ... ..					
Deaths of infants } Total... ..				18	18
under 1 year } Illegitimate ...				1	
TOTAL BIRTHS ... ..				199	202
Legitimate ... ..				192	195
Illegitimate ... ..				7	7
POPULATION ... ..				17510	
General Register Office, March, 1923.					

TABLE III.—Birth-rate, Death-rate, and Analysis of Mortality during the Year 1923.

(Provisional figures. Populations as enumerated in 1922 have been used for the purposes of this Table).  
The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns).

	Birth-rate per 1,000 Total Population.	ANNUAL DEATH-RATE PER 1,000 POPULATION.										RATE PER 1,000 BIRTHS.		PERCENTAGE OF TOTAL DEATHS.			
		All Causes	Enteric Fever.	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under 2 Years).	Total Deaths under One Year.	Causes of Death certified by Registered Medical Practitioners	Inquest Cases.	Uncertified Causes of Death.		
England and Wales ...	19.7	11.6	0.01	0.00	0.14	0.03	0.10	0.07	0.22	0.44	7.7	69	92.0	6.9	1.1		
105 County Boroughs & Great Towns, including London	20.4	11.6	0.01	0.00	0.15	0.03	0.12	0.09	0.22	0.40	9.9	72	92.2	7.2	0.6		
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000)	19.8	10.6	0.01	0.00	0.19	0.02	0.10	0.06	0.21	0.38	6.4	69	92.6	6.1	1.3		
London ...	20.2	11.2	0.01	0.00	0.08	0.02	0.09	0.13	0.17	0.45	10.2	60	90.8	9.1	0.1		
<b>HUCKNALL ...</b>	<b>22.3</b>	<b>11.4</b>	<b>0.00</b>	<b>0.00</b>	<b>0.22</b>	<b>0.00</b>	<b>0.22</b>	<b>0.05</b>	<b>0.05</b>	<b>0.74</b>	<b>9.9</b>	<b>92</b>	<b>90.0</b>	<b>6.9</b>	<b>3.1</b>		

Table IV. Infant Mortality. 1923.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSES OF DEATH.	Under 1 Week.	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 1 year.	Totals
Whooping Cough ...	...	1	...	...	1	..	...	1	...	2
Tubercular Peritonitis ...	...	...	...	...	0	...	1	...	...	1
Other Tuberculous Disease...	...	...	...	...	0	..	...	1	1	2
Convulsions ...	1	...	...	...	1	...	...	1	...	2
Bronchitis ...	...	...	...	...	0	...	1	2	...	3
Pneumonia ...	...	...	...	...	0	..	1	1	...	2
Enteritis ...	...	...	...	...	0	2	...	...	1	3
Gastritis ...	...	...	...	...	0	1	...	...	...	1
Syphilis ...	...	...	2	...	2	..	...	...	...	2
Suffocation ...	1	...	...	...	1	...	...	...	...	1
Injury at Birth ...	2	1	1	...	4	...	...	...	...	4
Atelectasis ...	1	...	...	...	1	...	...	...	...	1
Congenital Malformation	3	...	...	...	3	..	...	...	...	3
Premature Birth ...	4	2	...	...	6	...	...	...	...	6
Marasmus ...	...	...	...	...	0	..	1	...	...	1
Other Causes ...	1	1	...	...	2	...	...	...	...	2
Totals ...	13	5	3	0	21	3	4	6	2	36

TABLE V.—Showing Number of Births registered in  
in the District each Month.

1923.	MALES		FEMALES.		Total.
	Legitim- ate.	Illegit- imate.	Legiti- mate.	Illegit- imate.	
January ...	26	1	23	...	50
February ...	18	1	22	1	42
March ...	19	...	17	...	36
April ...	13	...	10	...	23
May ...	21	1	20	...	42
June ...	13	1	16	...	30
July ...	18	...	11	4	33
August ...	12	1	15	1	29
September ..	8	1	14	...	23
October ...	19	...	14	...	33
November...	11	...	14	...	25
December ...	16	1	17	...	34
Total	194	7	193	6	400
	201		199		

TABLE VI.—Showing Total Notifications of Births  
for each Ward.

1923.	EAST WARD.	WEST WARD.	NORTH WARD.	Total.
January ...	12	17	14	43
February ...	16	14	4	34
March ...	5	10	9	24
April ...	6	14	16	36
May ...	8	16	9	33
June ...	7	18	12	37
July ...	11	13	9	33
August ...	9	12	6	27
September..	9	14	6	29
October ...	9	14	12	35
November...	11	19	4	34
December ...	9	7	11	27
Total ...	112	168	112	392

TABLE VII.—Showing Number of Deaths registered  
in the District each month.

1923.	Male.	Female.	Total.
January ... ..	10	12	22
February ... ..	7	10	17
March ... ..	7	11	18
April ... ..	5	7	12
May ... ..	6	8	14
June ... ..	7	8	15
July ... ..	3	2	5
August ... ..	4	1	5
September.. ...	3	6	9
October ... ..	8	6	14
November... ..	10	7	17
December ... ..	4	11	15
Total ... ..	74	89	163

TABLE VIII.—Showing Number of Deaths in the three Wards respectively.

1923.	EAST WARD.	WEST WARD.	NORTH WARD.	Total.
January ...	3	9	10	22
February ...	4	5	8	17
March ...	5	12	1	18
April ...	3	8	1	12
May ...	4	5	5	14
June ...	4	4	7	15
July ...	3	1	1	5
August ...	1	3	1	5
September ..	1	4	4	9
October ...	3	9	2	14
November...	6	5	6	17
December ...	3	9	3	15
Total ...	40	74	49	163

TABLE IX.—Showing Ages at which Death occurred.

1923. Age.	January	February	March	April	May	June	July	August	September	October	November	December	Totals
Under 1 year	5	5	1	3	3	3	2	3	1	5	3	2	36
1 and under 2	1	1	5	1	...	3	...	...	...	...	...	1	12
2     „     5	2	...	1	...	...	1	...	...	...	...	1	...	5
5     „     15	1	...	1	...	...	...	1	...	...	...	...	...	3
15    „     25	1	...	1	3	...	1	1	2	2	4	...	2	17
25    „     45	3	1	2	2	2	4	2	...	2	2	3	...	23
45    „     65	4	5	5	3	4	1	4	...	1	4	3	4	38
65 upwards	10	6	7	3	9	4	1	1	5	4	11	7	68
Totals	27	18	23	15	18	17	11	6	11	19	21	16	202

TABLE X.—Cases of Infectious Disease notified during the year 1923.  
Hucknall Urban District.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.													Total cases notified in each Locality.			Total cases removed to Hospital	Total Deaths.
	At all Ages.	At Ages—Years.												East Ward	West Ward	North Ward		
		Under 1.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 35.	35 to 45.	45 to 65.	65 and upwards.					
Smallpox ...	132	1	1	1	5	33	0	25	23	14	11	17	1	39	65	28	132	...
Scarlet Fever ...	31	...	1	2	1	11	5	7	2	2	...	...	...	4	18	9	...	...
Diphtheria ...	3	2	...	...	...	1	...	...	...	...	...	...	...	...	2	1	...	...
Erysipelas...	8	...	2	...	...	...	1	2	1	...	...	...	2	1	5	2	...	...
Respiratory Tuberculosis	22	1	1	...	1	1	6	7	5	...	...	...	...	9	7	6	10	...
Other forms of Tuberculosis...	5	2	...	1	...	...	...	1	1	...	...	...	...	3	2	...	...	...
Pneumonia ...	38	1	2	2	3	1	3	2	4	8	4	3	5	9	18	11	...	...
Malaria ...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...
Puerperal Fever ...	3	...	...	...	...	...	...	...	1	1	1	...	...	...	3	...	...	...
Chickenpox ...	60	4	3	8	5	3	28	6	2	...	...	1	...	18	25	17	...	...
Ophthalmia Neonatorum	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Totals ...	304	9	9	16	15	87	43	45	35	24	22	8	84	146	74	142	...	...

Isolation Hospital or Hospitals, Sanatoria, etc. } Ransom Sanatorium, Mausfield.  
Rushcliffe Small Pox Hospital, Hucknall.

TABLE XI.—Showing Monthly Notifications  
of Infectious Diseases.

Disease.	January	February	March	April	May	June	July	August	September	October	November	December	Totals
Small Pox	...	...	...	...	...	...	...	2	5	26	45	54	132
Scarlet Fever	3	2	2	4	1	...	1	2	4	7	3	2	31
Diphtheria	...	...	2	...	...	1	...	...	...	...	...	...	3
Erysipelas	...	...	...	4	1	...	1	1	1	...	...	...	8
Respiratory Tuberculosis	3	5	2	4	...	1	2	1	...	1	1	2	22
Other forms of Tuberculosis	...	2	...	1	...	...	1	1	...	...	...	...	5
Pneumonia	3	2	4	3	2	2	3	1	4	4	3	7	38
Malaria	...	...	...	...	1	...	...	...	...	...	...	...	1
Puerperal Fever	...	...	...	...	1	...	...	...	...	2	...	...	3
Chickenpox	15	1	7	5	...	1	1	2	2	6	14	6	60
Ophthalmia Neonatorum	...	...	...	...	...	1	...	...	...	...	...	...	1
Totals	24	12	17	21	6	6	9	10	16	46	66	71	304

**Annual Report of the Medical Officer of Health on the  
administration of the Factory and Workshops Act, 1901.**

**1.—INSPECTIONS.**

Premises.	Inspections.	Notices.
Factories and Laundries... ..	85	12
Workshops ... ..	149	26
Workplaces ... ..	43	0
	<hr/>	<hr/>
	277	38

**2.—DEFECTS.**

	Found	Remedied.
Want of Cleanliness ... ..	26	26
Sanitary Defects ... ..	12	12
	<hr/>	<hr/>
	38	38

**3.—HOMEWORK.**

Nature of Work, Wearing Apparel, etc.  
Lists from Employers twice a year.

Lists ... ..	5
Out Workers ... ..	40
Notices served on Occupiers as to keeping or sending lists	32

**4.—REGISTERED WORKSHOPS.**

Hosiers ... ..	17
Milliners ... ..	16
Tailors ... ..	10
Boot Repairers... ..	13
Shetland Goods ... ..	12
Bakers ... ..	10
Cigar Makers ... ..	1
Unclassified ... ..	15
	<hr/>

**5.—OTHER MATTERS.**

Notified by H. M. Inspector	...	...	14
Reports sent to H. M. Inspector	...	...	5
Other matters	...	...	3 <sup>2</sup>

Owing to depression in trade, very few Homeworkers were employed during the year.

The Sanitary arrangements at various Factories and Workshops have again been the subject of considerable correspondence with H. M. Inspector. Defects have been remedied where possible, but in two cases it has not been found possible to carry out the requirements of H. M. Inspector.

WALTER GARSTANG,  
M.O.H.

