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CITY OF NOTTINGHAM.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1942.

CYRIL BANKS,
M.D., B.S.(LOND.), D.P.H.(SHEFF.),
MEDICAL OFFICER OF HEALTH.

Nottingham :

DERRY AND SONS, LIMITED, PRINTERS.

HEALTH COMMITTEE MEMBERS

1942 (mid-year.)

LORD MAYOR :—COUNCILLOR L. PILSWORTH.

Chairman :—COUNCILLOR ERNEST PURSER.

Vice-Chairman :—COUNCILLOR W. B. BLANDY,

M.R.C.S., L.R.C.P., L.D.S.

ALDERMAN H. BOWLES, J.P.	COUNCILLOR (Mrs.) B. HAZARD.
" E. A. BRADDOCK, J.P.	" (Mrs.) S. JAMES.
" W. CRANE, J.P.	" T. W. KERRY.
" R. SHAW, J.P.	" J. LITTLEFAIR.
COUNCILLOR R. ARBON.	" T. G. MILLER.
" H. O. EMMONY.	" J. E. MITCHELL.
" (Miss) GLEN-BOTT,	" A. E. SAVAGE.
J.P., M.B., B.S., F.R.C.O.G.	

SUB-COMMITTEES

ISOLATION HOSPITAL AND CITY HOSPITAL.

CHAIRMAN.	COUNCILLOR EMMONY.
VICE-CHAIRMAN.	" (Miss) GLEN-BOTT
ALDERMAN BRADDOCK.	" (Mrs.) HAZARD.
" CRANE.	" (Mrs.) JAMES.
" SHAW.	" MILLER.
COUNCILLOR ARBON.	" MITCHELL.

The Chairman of this Sub-Committee is Alderman R. Shaw, and the Vice-Chairman, Councillor (Mrs.) Hazard.

TUBERCULOSIS AND VENEREAL DISEASES.

CHAIRMAN.	COUNCILLOR KERRY.
VICE-CHAIRMAN.	" LITTLEFAIR.
ALDERMAN CRANE.	" MILLER.
COUNCILLOR (Miss) GLEN-BOTT.	" MITCHELL.

MATERNITY AND CHILD WELFARE.

CHAIRMAN.	COUNCILLOR (Mrs.) HAZARD.
VICE-CHAIRMAN.	" (Mrs.) JAMES.
ALDERMAN CRANE.	" MILLER.
COUNCILLOR ARBON.	" SAVAGE.
" (Miss) GLEN-BOTT.	

Co-opted Members :—

MISS W. GIBSON.	MRS. D. RADFORD.
MRS. M. MARSDEN.	MRS. SANSOM.

OFFENSIVE TRADES.

CHAIRMAN.	COUNCILLOR EMMONY.
VICE-CHAIRMAN.	" KERRY.

BLIND PERSONS.

CHAIRMAN.	COUNCILLOR KERRY.
VICE-CHAIRMAN.	

HEALTH DEPARTMENT STAFF, 1942.

(The necessity for condensing this list causes the absence
of many names deserving recognition).

MEDICAL.

Medical Officer of Health—

CYRIL BANKS, M.D., B.S.(Lond.), D.P.H.(Sheff.).

Tuberculosis Officer and Deputy Medical Officer of Health—

JOHN V. WHITAKER, M.B., Ch.B., D.T.M., D.P.H.

Assistant Tuberculosis Officer—

FREDK. H. W. TOZER, M.D., B.S.(Lond.), M.R.C.P.(Lond.).

Assistant M.O.H. and Medical Supt., City Isolation Hospital and Sanatorium—

THOMAS A. DON, M.B., Ch.B., D.P.H.

Resident Medical Officer, City Isolation Hospital and Sanatorium—

One appointment—held for 6 or 12 months.

Senior Medical Officer, Maternity and Child Welfare—

ISABELLA MCD. HARKNESS, M.B., Ch.B., D.P.H.

Bacteriologist—

ELLIOTT J. STORER, M.R.C.S., L.R.C.P.

Newstead Sanatorium—

Medical Superintendent :

GEOFFREY O. A. BRIGGS,

M.A., M.B., B.Ch., M.R.C.P.(Lond.), D.P.H.

Resident Assistant Medical Officer :

GRACE M. WILD, M.B., B.Ch., B.A.O., T.D.D.

Medical Officers—

Maternity and Child Welfare. 7 (3 full-time, 4 part-time).

Venereal Diseases. 5 (part-time).

U.V. Ray Clinic. 2 (part-time).

Relief Districts (13). 11 (part-time).

Public Vaccinators. 5 (part-time).

Diphtheria Immunization. 1 (full-time).

Scabies Treatment Centre. 1 (part-time).

NON-MEDICAL.

*Chief Sanitary Inspector—*ALFRED WADE, F.R.San.I.

*Chief Clerk—*HERBERT READ.

Sanitary Inspectors (all branches)	17	Mortuary Attendants	2
Clerks (excluding Hospitals) ..	23	Office Porter	1
„ Casualty Bureau and Group Officer ..	2	Cleaners	16
Women Housing Officers ..	5	General Labourer	1
Vaccination Officers (part-time)	2	Venereal Diseases Hospital ..	5
Health Visitors, Supervisors of Midwives, Tuberculosis Nurses	29	Small-pox Hospital (Caretakers : man and wife)	2
Clinic Nurses, orderlies, etc. (4 part-time)	10	City Isolation Hospital and Sanatorium—	
City Midwives	30	Nursing	44
Hostels for Unmarried Mothers	6	Others (F.)	25
Ultra-violet Ray Clinic ..	2	„ (M.)	17
Bacteriological Laboratory ..	4		86
Scabies Treatment Centre ..	6	Newstead Sanatorium—	
Wartime Day Nurseries (as at 31/12/42)—		Nursing	30
Matrons	4	Others (F.)	30
Nurses	16	„ (M.)	10
Others	7		70

CITY HOSPITAL.

Medical Superintendent—DR. C. L. C. CROWE.

Deputy Medical Superintendent	1	Apprentice Pharmacist	..	1
1st Assistant Medical Officer	1	Laboratory Assistant	..	1
Assistant Medical Officers	..	Laboratory Technicians	..	2
Assistant Surgical Officers	..	Teachers	..	2
Obstetrical Officers	..	Masseuses	..	4
Consulting Physicians*	..	Cook (female)	..	1
Consulting Surgeons—		Assistant Cooks (female)	..	7
General*	..	Chef	..	1
Special*	..	Assistant Chefs	..	3
Other Medical, etc.—Staff*	..	Assistant Cooks (male)	..	2
Steward	..	Maids	..	22
Matron	..	Kitchen-boy	..	1
Assistant-Matron	..	Seamstresses	..	6
Ward Sisters	..	Clerks	..	7
Night Superintendent	..	Medical Supt's Secretary	..	1
Night Sisters	..	" " Typists	..	2
Tutor Sisters	..	Hospital Porters	..	35
Home Sisters	..	Telephone Operators	..	3
Housekeeping Sister	..	Lodge Porters	..	3
Theatre Sisters	..	Male Receiving-Ward Attndt.	1	
X-Ray Sister	..	Female	..	1
Staff Nurses	..	Linen Storekeepers	..	2
Ambulance Nurses	..	Labourers	..	8
Probationers	..	Window-cleaner and sweep	..	1
Sub-probationers	..	Scrubbers	..	96
Assistant Nurses	..	Kitchen Porters	..	3
Ward Orderlies	..	Office-boy	..	1
Maternity Pupils	..	Mortuary Attendant	..	1
Charge Male Nurses	..	Ambulance Drivers	..	3
Male Nurses (Probationers)	..	Canteen Manageress	..	1
Pharmacist	..	" Workers	..	4
Dispensers	..			

* Part-time.

CIVIL NURSING RESERVE.

Ward Sister	1	} All on full-time duty.
Staff Nurses	..	..	2
Nursing Auxiliaries	..	..	43
Assistant Nurses	..	..	2

REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1942.

To the Chairman and Members of the Health Committee.

In presenting my Annual Report for the year 1942, I have again refrained from including the large number of statistical tables which have to be kept as a record ; these have in fact been prepared and will be filed for reference.

The year 1942 was an outstanding one as regards developments in the Health Services of the city. It is true that some of the new features of recent years were provided only to meet war-time demands, such as the "Daily Minder" scheme for children of war-workers, the War-time Day Nurseries and the Scabies Clinic at the Turkish Baths. But some of the new work represents real progress in the development of the regular activities of the department. This has gone on in spite of the war, or perhaps even because of the stimulus provided by the war-time attitude of mind towards problems of public health.

Things to record with pleasure are the opening of Newstead Sanatorium ; increased activity in the Tuberculosis Clinic ; the successful campaign for immunization against diphtheria ; developments in the Venereal Disease work ; the start of construction of a new ward for enteritis, and of cubicle wards at the Isolation Hospital ;

expansion, through Corporation assistance, of district nursing facilities in the city area; the ever-growing importance of the City Hospital; and the establishment of the Blood Transfusion Service on a permanent basis for post-war needs.

GENERAL STATISTICS FOR 1942.

Instructions have been received that certain figures which might be of use to the enemy shall not be published. The number of inhabited houses, the population and actual numbers of births and deaths are not given.

Rateable value	.. .. .	£2,147,016
Sum represented by a penny rate (1942-3)	..	£8,562
Rates in the pound (1942-3)	.. .. .	15/-

Births.

Birth-rate per 1,000 population = 18·15.

This is the highest rate since 1926, when it was 18·4. It had been higher still for a few years prior to 1926. The illegitimate births, which in 1941 showed an increase of 33·7% over 1940 were, in 1942, 52·7% more numerous than in 1940. The stillbirth rate which in 1941 showed a welcome decline to 31·66 from the 1940 rate of 34·85, showed a slight increase (32·22). The stillbirth rate among illegitimates was over twice that among legitimates, a significant fact.

Deaths.

Death-rate per 1,000 population = 13·07.

This is the civilian death-rate based on an estimate of the civilian population. The present civilian population differs from the peace-time population by the removal from it of many healthy young adults of both sexes

who are in the Forces of the Crown. Therefore, one might reasonably expect in those who remain a higher death-rate than usually recorded pre-war. Actually a death-rate of 13·07 would have been regarded as quite good pre-war, so it is satisfactory now. It is lower than in 1941 (14·03), but the latter was slightly swollen by deaths from enemy action upon the city.

Infant Mortality.

This was 62 per 1,000 live births, thus approaching the record low figure for Nottingham (61 in 1940). As it was as high as 80 in 1941, the drop was considerable and relieved the anxiety felt in that year, when infantile gastro-enteritis was so prevalent. As usual the proportion of first-year deaths was very much higher among illegitimates than among legitimates, probably due to the same causes that give a high stillbirth rate among illegitimates. Almost exactly half the deaths in the first year occurred in the first month of life.

The infant mortality rate for the country as a whole was only 49, and that for 126 Great Towns 59, so Nottingham has still room for improvement. Fortunately there has been great progress in this direction during the last few years.

Maternal Death-rate.

Deaths of mothers in child-birth were at the rate of 2·46 per 1,000 births (live and still) compared with 2·75 in the previous year, and maintained Nottingham's good record in this item. The rate for England and Wales as a whole was 2·01. An analysis of the statistics of the cases presents no features worthy of comment.

Deaths from Puerperal Causes.

				Rate per 1,000 (live and still) births.	
				NOTTINGHAM.	ENGLAND AND WALES.
Sepsis	..	..	..	0·62	0·42
Other Causes	..	..	..	1·84	1·59
Total	..	..	..	2·46	2·01

Puerperal Pyrexia.

The notified cases are classified in the accompanying table :—

Cases Notified.	Admitted to Hospital.	Cases arising in Hospital.	Notification—Age Group.			
			15-20	20-25	25-35	35-40
45	21	23	3	14	23	5

SANITARY CIRCUMSTANCES OF THE CITY.

The Report of the Chief Sanitary Inspector (Mr. A. Wade) consists of tables giving a detailed analysis of the work of the Sanitary Inspectors in the wide field which their duties cover. I am satisfied that this work is being done with great efficiency. The following notes bring out some of the more interesting points :—

Water.

Piped water supplies are universal except in a few remote situations. Where wells exist, sampling is done periodically and appropriate action taken if the water is unsatisfactory. Exchange of information between the Health and Water Departments is routine and constant, and the co-operation extends, with the help of the County Authorities, so as to cover the difficult problem of safeguarding the sources of the city's water supply against possible pollution from camps and other temporary dwellings erected from time to time for war-time purposes.

Sanitary Inspection.

34,935 inspections by District Sanitary Inspectors were made in connection with nuisances or defects and the following-up of notices.

Notices outstanding on 1st January 1942	1,352
„ served	7,256
„ complied with	7,127
„ outstanding on 1st January 1943	1,481

However willing agents and owners may be to remedy defects there is frequently delay owing to war-time difficulty in regard to materials and man-power. The above figures, however, prove that the comfort of the citizens is not being neglected.

Shops Acts, 1912-1938.

These Acts come to public notice chiefly because of prosecutions for offences relating to sales during prohibited hours, but it is not widely known that the health and comfort of shop-workers is the purpose. The Inspectors served 196 notices, 180 of which were complied with before the end of the year, relating to ventilation, heating, washing facilities, sanitary accommodation and the like, but when all has been done that the law demands, one feels that many shop-assistants are not working in conditions ideal for health and comfort.

Smoke Abatement.

The cessation during the war of an active campaign for the abolition of the nuisance caused by smoke from factory and house chimneys is regretted by those comparatively few people who take a serious interest in this important subject. If we wish not only to prevent disease but to aim for "positive health" for the people we shall have to do away with the pall of smoke which

covers our towns and keeps out the valuable rays of the sun. This is no mere fad or "crank", but is based on scientific evidence. The great monetary loss entailed by smoke damage to buildings and metal and textile articles is considerable, but not the concern of the health officer. Smoke abatement must find a place in our post-war programme.

Housing.

Work of inspection of dwellings for defects capable of remedy under the Housing Acts continues on a large scale, although slum clearance schemes are in abeyance during the war. The number of dwellings kept habitable as a result of such action is considerable.

Overcrowding, as legally defined, was found in 35 new cases during the year. At the year end 92 instances were known to exist, involving 109 families with 651 persons ($543\frac{1}{2}$ units). 47 cases were relieved (266 persons—317 units). No case was discovered of a house again becoming overcrowded after the condition had been relieved by the action of the Authority. The Estates Department gives priority to applicants for Corporation houses when reports from the Health Department indicate overcrowding as legally defined. Much of the overcrowding is due to sons or daughters getting married and bringing the new wife or husband to the old home. There is sometimes a suspicion that overcrowding has been resorted to as a short cut to the priority list for Corporation houses, but such deliberate action is not always successful.

Houses-let-in-Lodgings.

These premises still present one of the most difficult problems in housing, the tenants mostly being of the feckless type who do little to keep the premises in order.

Some of the premises are quite unsuitable for the purpose and are not properly equipped for the accommodation of numerous families. It is to be regretted that the bye-laws do not require a higher standard of accommodation to be provided for those who must occupy lodging-houses. When originally erected, these properties were each intended to house one family, and the conveniences, etc., provided for that purpose are now required to serve numerous families. Consequently the standard of life in such conditions is poor and there appears to be every justification to suggest that before dwellinghouses are let as lodging-houses the approval of the Local Authority should be necessary.

144 such premises are registered and regularly inspected and the bye-laws enforced.

By contrast, the common lodging-houses present no problem and are well conducted. Tents, vans and sheds used for human habitation gave no trouble, this class of dwelling being now well under control locally, as a result of persistent action over many years. The majority of the caravans now in the city are occupied by showmen who have been obliged to cease travelling for the duration of the war. It is seldom that there is cause for serious complaint against bona fide showmen in respect of their occupation of movable dwellings, but it is, of course, undesirable for congregations of vans to occupy sites in urban areas for long periods.

Pests.

Constant action is maintained to keep down rats and mice under The Rats & Mice (Destruction) Act 1919. Rat nuisances in built-up areas are usually associated

with defects in the drainage system, and the advice of the inspectors is freely available. The eradication of bugs is also a subject of much action by the department. The breeding of gnats in stagnant water has also been for many years minimised by the action of the inspectors.

Advice to Tenants.

The Housing Committee employs five women housing inspectors, who work under the Chief Sanitary Inspector, and are particularly useful in teaching tenants transferred from slums to Corporation housing estates how to make the best use of their new houses. A useful part of their work consists in trying to prevent the new houses becoming verminous. Furniture is disinfested of bugs before transfer. Three of the women officers are trained nurses and one of them renders "district nurse" service to elderly people residing on the Corporation estates. Over 20,000 visits were paid in the year by the officers.

Inspection and Supervision of Food, Etc.

Milk Supply.

There are only twenty-one cowkeepers in the city and regular inspections are made. Much of the milk sold locally is pasteurised, though not always sold as such and not, therefore, always under licence. Licensed pasteurising plants are under regular supervision. That milk needs to be pasteurised is shown by the following figures of raw milk under examination for tubercle bacilli, the percentage of samples found to contain living tubercle bacilli being as indicated :—

1938	..	..	6.1%
1939	..	..	6.7%
1940	..	..	5.5%
1941	..	..	11.4%
1942	..	..	8.3%

These samples were not from suspected animals but from mixed milks. Where tubercle bacilli were found the appropriate Government department was notified so that the ailing cattle could be eliminated from the herds as a result of veterinary inspection. As regards adulteration of milk, 309 "formal" and 10 "informal" samples were taken for analysis by the Public Analyst, and of all these 25 were found to be adulterated by the addition of water or by the abstraction of cream. Deficiency in fat ranged from 3% to 44%, and addition of water from 3% to 23.4%. In some cases warnings were issued and in 8 cases prosecutions were made, successfully in every case. In addition, 296 informal milk samples were "Gerber" tested by the Food and Drugs Inspectors, and 34 or 11.4% were found to be unsatisfactory. There was a successful prosecution for failing to cause milk bottles to be cleansed with boiling water or steam before being used again.

Other Foodstuffs.

Sampling of foodstuffs and drugs for examination by the City Analyst always covers a wide range of articles, and among those found deficient were saccharin tablets deficient in saccharin 49% and 60%, potted meat containing 74% starch filler, and sausage containing excess of sulphur dioxide preservative. The most notable case prosecuted related to an aerating mixture for cakes, found to contain arsenic five parts per million and sodium silico-fluoride 0.49%. Acid calcium ammonium phosphate in connection with the same case contained arsenic 20 parts per million and sodium silico-fluoride 2.1%. The presence of arsenic in such mixtures is customarily sought for, but it seems that in future the search for silico-fluoride will have to become routine in view of the

use of phosphates of undesirable origin. Fluorides are dangerous when taken in repeated small doses, causing deterioration of teeth and bones, especially in young children. The above prosecution resulted in a fine of £15 and costs £7 15s. 6d.

The action of the Ministry of Food directed towards the control of the manufacture and sale of fraudulent or unsatisfactory food and drink substitutes appears to have met with considerable success and no flagrant instances were brought to light in Nottingham in 1942.

Fertilisers and feeding stuffs were sampled in 31 instances; six were unsatisfactory and appropriate action was taken.

MATERNITY AND CHILD WELFARE.

This section of the department under the efficient management of Dr. I. McD. Harkness grows every year in its scope.

The chief new work in 1942 was occasioned by the need for War-time Day Nurseries for the children of women engaged on work of national importance. Prior to 1942, there were in the city two day nurseries conducted by voluntary bodies with the aid of subsidies from the Corporation; these are situated in Heathcoat Street and Pearson Street, Basford. There was also a day nursery run in connection with the Health Committee's Hostel for Mothers at 95 Queen's Drive. These have continued, the one at Queen's Drive having been increased from 28 to 40 places at the expense of the Ministry of Health. The day nurseries opened in 1942 were three in number, while preparations were going on for the erection of five others (which at the time this report is written, are also open). The three opened were at King Edward Park, Brierley Street and Radford.

The one at King Edward Park, opened on March 9th 1942, is for only 20 children and is run in association with the Heathcoat Street nursery. The premises belong to the Education Committee. The Brierley Street and Radford (Ashburnham Avenue) nurseries are for 40 places each, and constructed of Maycrete slabs to a stock design. They were opened on March 5th, 1942 and September 7th, 1942, respectively.

The nurseries admit children up to five years of age, and this provision is additional to the large extension of nursery classes by the Education Committee. The organization of these new institutions, and particularly the engaging of staff (nurses, nursery nurses and domestics) has been a harassing task, which has fallen chiefly to Dr. Harkness and the Deputy Chief Health Visitor, Miss Bell. The medical supervision is undertaken by Drs. MacLeod, Allan and Chalkley, in addition to Dr. Harkness. There is agreement among them that most of the children have improved physically by the good food and the organised rest, which is part of the routine, and by the measures taken to correct defects discovered on regular medical examination. There have been the usual outbreaks of infectious disease which are the bugbear of all such establishments, but it is expected that diphtheria will give no serious trouble, as most of the children have been immunized against it.

Another responsible duty undertaken by the staff is the medical supervision of the residential nursery for 20 infants established by the Social Welfare Committee at the house known as Radford Vicarage, Hartley Road. The Social Welfare Committee's action in opening such a nursery for children, permanently or temporarily deprived

of parental care, is a valuable step forward, for the reason that very young children cannot suitably be cared for among the older ones in children's homes. The intention of the Committee to make provision on a larger scale as soon as conditions permit is commendable.

The "Daily Minder" Scheme of the Ministry of Labour and National Service, by which children of war-workers are looked after by day by selected women in the homes of the latter, continues successfully, the selection and regular supervision being done by the infant welfare visitors.

The municipal midwifery service continues to work under the trying conditions of the black-out, and the midwives put up with many war-time difficulties cheerfully. There are usually about thirty midwives employed as City Midwives, the number varying according to the difficulties experienced in replacing those who retire or transfer elsewhere. With an increasing number of births taking place the city midwives did considerably more work than in the previous year, acting as midwives on 2,057 occasions and as maternity nurses 195 times. 13,680 visits were paid to patients in the ante-natal period; 1,984 special visits and 38,390 in the period following births.

Midwives practising privately and maternity nursing-homes are regularly supervised by the appointed staff of supervisors.

The fees paid to medical practitioners for services rendered when called in by midwives in accordance with Central Midwives Board rules amount to £736, of which a substantial portion was recovered from the patients.

Ophthalmia Neonatorum.

Thirty-five cases of inflammation of the eyes of the new-born were notified, against eighteen the previous year—an increase which may be due to an increase in venereal disease, coupled with failure on the part of expectant mothers to follow out prescribed treatment during the weeks preceding confinement. The bright side of the picture is seen in the fact that every case cleared up without any impairment of vision (11 treated in hospital and 24 at home). 935 visits to homes were necessary to procure this excellent result and to deal with other eye troubles of infants and young children.

Puerperal Pyrexia.

The statistics are given on page 8.

Ante-natal Care.

Ante-natal clinics were held in various centres at the rate of 14 sessions a week, in addition to those held in connection with the City Hospital and The Firs. At the various Centres 18,960 total attendances were made, 3,525 being first visits and 15,435 repeat visits. The average number of visits paid per patient was 5·3, and the average attendance per session 26·4. In addition a special consultant clinic held 51 sessions at which 292 patients attended.

Maternal Mortality.

The statistics are given on page 7.

Hostels for Unmarried Mothers, Queen's Drive.

These hostels, under Mrs. Bayley as Matron, and closely linked with the general maternity and child welfare services continue to give useful help to the girls

and women and their infants. The expectant mothers are admitted whenever necessary, during pregnancy, on account of social difficulties, and with a view to helping them in the many and various circumstances which arise. Confinements are conducted at the City Hospital, after which mothers and babies return to Queen's Drive until earning capacity is restored and suitable arrangements can be made for return to normal life. The details of the work are too varied to permit of analysis and report, and the success or failure of the work cannot be tabulated, but its usefulness is undoubted, both in the help given to the women and the healthy start in life provided for the infants, who otherwise would be in jeopardy.

Health Visiting.

Health Visitors paid the following visits to homes of children :—

		1941.	1942.
Primary visits	.. ..	4,021	4,498
Re-visits under 1 year	.. ..	10,641	15,935
Re-visits, 1-5 years	.. ..	25,127	32,554
Other visits	.. ..	1,278	981

An attempt has been made to keep up the supply of qualified health visitors by a training scheme under which selected nurses are engaged as pupils, on half salary for a year, during which they spend a winter at a training course in Birmingham, the course being at no cost to them. The rest of the year is spent in health visiting work in Nottingham. After qualification they come on the staff at full salary for an agreed period. Only three or four such pupils can be accepted yearly.

Infant Welfare Centres.

An average of 26 sessions weekly are held at the various centres. At these centres 53,605 attendances were made in the year, of which 50,089 were of infants up to 2 years of age. 3,702 attendances were recorded as first visits. The purpose of Infant Welfare Centres is not to give medical treatment to sick babies, but to watch the progress of all infants, to detect the beginnings of illness or defects and to ensure that suitable action is taken to prevent serious developments. Mothers are trained in infant feeding, clothing and management.

Infant Life Protection (Public Health Act 1936).

Health Visitors are appointed Infant Life Protection Visitors for the purpose of the Act, and paid 712 home visits and gave 60 interviews at the department, in addition to duties regarding adoptions. 82 foster-mothers are registered. There were 97 cases on the register at the beginning of the year and 128 at the year end.

BIRTH CONTROL.

76 women were referred to the Women's Welfare Centre at the School-room, Methodist Church, Shakespeare Street by various Health Department medical officers. Of these, 57 took advantage of this arrangement.

NURSING.

Nurses' Salaries.

Your Medical Officer of Health has been privileged to serve as one of the representatives of the Association of Municipal Corporations on the Nurses' Salaries Committee of the Ministry of Health, under the chairmanship of Lord Rushcliffe. This Committee was set up to

establish national scales of salaries for nurses employed in hospitals and in public health departments, in the hope of making the nursing profession more attractive and of putting an end to the competition by employers for nurses, which has been going on during the period of shortage.

It was realised that recruiting to the profession would not be stimulated merely by increasing the pay, and the Committee therefore considered many other matters, such as hours of work, night duty, holidays, sick pay, living-out allowances, interchangeability of superannuation rights between various pension schemes, and other factors bearing on the lives of nurses. The Committee began its work in London in November 1941 and has continued to meet at frequent intervals ever since; the meetings have often extended over several days and for long hours. The amount of detailed work required proved to be great, owing to the many categories of nurses needing consideration, but no member will regret the effort and the accompanying discomforts of travel if the nursing profession can be made attractive to the best type of woman. The Committee issued its first report on women hospital nurses in February 1943, and further reports will be issued on male nurses and nurses employed in the public health services. A separate Committee under Lord Rushcliffe has been dealing with the salaries of midwives.

Civil Nursing Reserve.

This organization continues to meet a need in keeping a register of trained and assistant nurses available for duties, whole-time or part-time, in essential services, and for training and placing auxiliary nurses. There is

a Local Emergency Committee of the Nursing Profession which meets regularly to control the service, the secretary of which is Miss Kaye Barter, whose office is being removed from Gordon House, Carrington Street, to Park House, Friar Lane. The British Red Cross Society, 6 Magdala Road, has continued to assist greatly in this work by taking charge of the training arrangements for auxiliary nurses. Each winter, lecture courses and other activities are provided in order to keep the personnel together and to keep them up-to-date and interested. The cost of this service is refunded to the Corporation by the Ministry of Health, and the Medical Officer of Health who is generally responsible for the maintenance of the organization is grateful to all workers, paid and unpaid, who have contributed to the smooth and efficient working of it.

District Nursing.

In the last Annual Report an account was given of the provision made by the Nottingham District Nursing Association, and other bodies, for the nursing of the sick in their own homes. During 1942 negotiations were conducted with a view to getting the services of a district nurse for an area near the city boundary at the far end of Sneinton Dale. A committee in the area, under the chairmanship of the Rev. T. Varteg Evans, agreed to collect annually £35 per annum, and the Health Committee promised to grant £175 annually. For these sums the Nottingham District Nursing Association agreed to provide a trained nurse, resident within the area. This arrangement came into operation on 1st December 1942.

This arrangement is similar to one which came into operation on 16th February 1942 for a defined area of

Sherwood, the local collection of £35 being guaranteed by a committee formed by the Rev. E. Lysons. With the help of the Corporation the city is thus gradually acquiring a more complete district nursing service than has hitherto been provided by voluntary effort alone. The annual contributions being made by the Health Committee on December 31st 1942, were at the following rates :—

Nottingham District Nursing Association.				£
General grant	..	..	..	150
Towards Aspley nurse	..	..	..	150
Towards Sherwood nurse	..	..	..	150
Subscriptions formerly made by other Corporation Committees now paid by Health Committee				171
				<hr/> 621
20% increase granted in 1942	..	..	..	124
Towards Sneinton Dale nurse (1942)	..	..	..	175
				<hr/> 920
Bulwell Nursing Association	..	..	..	25
Basford Nursing Association	..	..	..	25
Manor Farm Community Centre	..	..	..	200
Beeston & Stapleford Association (in respect of Lenton Abbey)	..	..	..	25
				<hr/> £1,195
Total expenditure				<hr/> <hr/>

THE CITY HOSPITAL AND THE FIRS MATERNITY HOSPITAL.

The report of the Medical Superintendent again indicates progress in the development of these hospitals. The extension of buildings has been impossible during the war, but much thought has been given to post-war planning, and a scheme has now been prepared for future expansion upon the City Hospital site. The whole question of the future of the hospital services of the

country is under review by the Government in collaboration with the Nuffield Trust, and schemes are being prepared for the best use of all the hospitals working together to provide in-patient and out-patient facilities to meet the needs of the entire population of the country. Just where our local hospitals will fit into the scheme is at present unknown, but there can be no doubt that time will show a very great development of the facilities available. The site occupied by the City Hospital, Vale Brook Lodge and the City Isolation Hospital is by no means fully occupied, and it will prove to be a valuable asset when the time comes to extend and rebuild. In the meantime one valuable development has already taken place in connection with the Pathology Department of the City Hospital. Under the arrangements made by the Ministry of Health Emergency Medical Service the laboratory has become an Area Laboratory providing laboratory facilities for hospitals over a fairly extensive area. Dr. A. H. Johns is the Area Pathologist. Extra room space has been devoted to laboratory purposes and the apparatus provided is of high quality, enabling the staff to undertake investigations of an intricate and advanced character. This is a valuable development which should, in time, be still further extended.

The use of the City Hospital for military as well as civilian patients continues successfully, though involving a certain amount of hardship for the civilian population, for it is not always possible to admit every case in which hospital treatment is desirable.

The increased demand for midwifery beds, which is a feature of the times, and which has been added to by

the complexities of family life under war-time conditions, has imposed a severe strain on the maternity department of the City Hospital and on The Firs. Not only are the beds occupied to full capacity but many normal cases have to be refused bookings, because the first call upon the beds must be for emergencies of an obstetrical character, or for persons whose home conditions are such that confinement at home would involve great hardship. The staff of the maternity units has been working under considerable strain but has done fine service.

A development took place during the year in regard to surgery of the chest. During the last decade or so surgeons have been able to perform operations upon the chest which in earlier times were not possible, and some of these operations are applicable to sufferers from tuberculosis of the lungs—provided the cases are carefully selected. For some years the Corporation have engaged the services of specialists in this branch of surgery—first, the late Mr. O'Shaughnessy and later Mr. Mason of Newcastle. Chest operations were carried out at the City Hospital on both tuberculous and non-tuberculous patients. It might have been thought desirable to have a theatre at the Newstead Sanatorium for operations upon tuberculous cases, but the balance of opinion and the advice of the Ministry of Health led to the decision not to do so, on the grounds that greater efficiency of personnel is secured by concentrating specialised work of this kind in a small number of places rather than in having many isolated units doing a few cases each. It was therefore decided to arrange, with the consent of the Notts. County Council, to have the city cases operated upon by Mr. Mason (accompanied by his own anæsthetist) at the Ransom Sanatorium, where the Ministry had

already agreed to the construction of a theatre for the purpose. Later it was decided to keep tuberculous and non-tuberculous cases separate on account of the infectivity of the former and, therefore, an agreement was made during 1942 with the County Council by which tuberculous cases from city and county are operated upon at Ransom Sanatorium, while non-tuberculous patients from city and county are admitted to the City Hospital for operation. The allocation of costs and method of payment is merely a matter of bookkeeping. The arrangement is already in force, although the theatre at the Ransom Sanatorium is not yet in working order ; for the present the operations on tuberculous cases are being carried out at Kilton Hill Hospital. This happy example of co-operation between the medical services of county and city is probably only a forerunner of other similar arrangements which may be made in future when the hospital services of the country have been re-organised.

The training schools for nurses and midwives at the City Hospital and The Firs (the latter working in conjunction with the city midwives, who take the pupils for training in the homes) have continued to work satisfactorily. Owing to the removal of most cases of pulmonary tuberculosis to the Newstead Sanatorium after its opening in August 1942, an arrangement was made by which each probationer-nurse from the City Hospital is transferred for a period to the sanatorium to learn how to nurse tuberculous patients. This arrangement is a useful one for the sanatorium, for without it the nursing staff there would have been insufficient and the beds could not have been opened in full number. The sanatorium and the City Hospital will in future work as affiliated hospitals under the General Nursing Council, as mentioned in the section of the report relating to the sanatorium.

The following abbreviated statistical report gives some idea of the volume of work undertaken in the various sections of the City Hospital and The Firs :—

Beds (War-time Accommodation).

Specialised Wards (Tuberculosis, Venereal Disease, Isolation and Maternity)	..	..	..	314
Male Medical	..	..	..	154
Male Surgical	..	..	..	150
Female Medical	..	..	..	234
Female Surgical	..	..	..	170
Children—Medical	..	..	..	66
Children—Surgical	..	..	..	56
				<hr/>
				1,144
				<hr/>

Averages for the Year.

<i>Beds.</i>	Average daily number occupied	..	779
<i>Admissions.</i>	Average daily number	..	24·94
<i>Duration of stay of patients :—</i>			
Under 4 weeks	..	..	6,387
4 weeks and under 13	..	..	2,153
13 weeks or more	..	..	604
Maximum no. of beds occupied, March 25th	..		906
Minimum no. of beds occupied, December 26th	..		683

Statistical Table for Year ended 31/12/42.

Remaining in hospital, January 1st	..	743	
Admitted	..	7,907	
Born in hospital	..	1,195	
		<hr/>	9,845
Discharged	..	8,293	
Died	..	851	
		<hr/>	
Patients treated to a conclusion	..		9,144
			<hr/>
Remaining in hospital 31/12/42	..		701
			<hr/>

Comparative Table for Three Years.

			1940.	1941.	1942.
Admissions	..	..	6,912	7,754	7,907
Births	..	..	1,030	1,459	1,195
Deaths	..	..	817	956	851
Admissions, average daily number			21·76	25·24	24·94
Operations performed	..	..	1,685	2,394	2,660

Clinical Laboratory.

The work of this laboratory has continued to increase and the scope of the undertaking has been generally extended. Specimens from 4,786 patients required between 9,000 and 10,000 investigations. As from 1st January 1943, the Ministry of Health, under the Emergency Pathological Service Scheme, have accepted full financial responsibility in the terms of para. 4 of Circular 2658.

Massage Department.

Number of treatments given :—

Civilians	..	..	..	17,643
Military	..	..	..	14,244
				<hr/>
				31,887
				<hr/>

Increase over previous year 2,815

X-Ray Department.

The total number of investigations made, of all types, was 4,487. This is a decrease of 714 from the previous year, but 1,479 more than in 1940.

Dental Department.

Extractions	..	..	..	2,722
Increase over previous year	..	..	..	377

Maternity Department.

		City Hospital.	The Firs.
Live Births .. ..	..	1,195	638
Still Births .. ..	..	67	21
Born in ambulance ..	..	19	—
		<hr/>	<hr/>
		1,281	659
Cæsarean Sections ..	..	41	23
Maternal Deaths—			
Ante-partum ..	1		—
Post-partum ..	4		2
After miscarriage ..	1		—
		<hr/>	
		6	
Pemphigus Neonatorum, cases ..	..	69	—
Puerperal Pyrexia .. ..	..	8	6
Ophthalmia Neonatorum ..	..	—	—
Infant Deaths within 10 days ..	..	36	8
Admissions for ante-natal care ..	..	850	194
Ante-natal Clinic—bookings ..	..	1,172	783
Repeat Visits .. ..	..	4,122	5,982
Post-natal Clinic, visits ..	..	664	849
Births in Venereal Unit .. ..	..	57	—

Theatre Department.

Operations performed—

Ear, Nose and Throat .. ..	..	486
Genito-urinary .. ..	..	198
Orthopædic .. ..	..	222
Gynæcological .. ..	..	517
Chest .. ..	..	37
General Surgery .. ..	..	1,200
		<hr/>
		2,660
		<hr/>

Ambulance Service (per Mr. G. W. Gould, Vale Brook Lodge).
(Year ended 31/3/43).

This does not include City Isolation Hospital or Newstead Sanatorium which have their own ambulances.

Mileage .. ..	..	28,303 (previous year 31,219)
Average miles per gallon ..	..	9.164 („ „ 9.594)
No. of patients removed ..	..	3,538 („ „ 3,970)
No. of journeys .. ..	..	3,190 („ „ 3,502)

BLOOD TRANSFUSION SERVICE.

In the last Annual Report an account was given of the origin of the Blood Transfusion Service locally, and of the ultimate formation of an organization comprising representatives of the City Council, the County Council, the General Hospital and other voluntary hospitals of city and county. The chairman of the committee is Alderman Robert Shaw, J.P. The funds are contributed by the bodies mentioned and by the Ministry of Health; the scheme is part of a regional arrangement, the Ministry supplying a medical officer and a Regional Transfusion Laboratory at University College, Highfields. At this laboratory the preparation of dried plasma is undertaken by a paid staff of scientific workers supplemented by voluntary helpers. Blood from the store, or dried plasma, is supplied for transfusions wherever it is required. It must be cheerful for those who have given blood to think that their blood, or the plasma derived from it, may have saved lives in local hospitals, or it may have gone to Tunisia or Sicily to help the men and women injured there in the fighting.

There is no doubt whatever about the immense value of this piece of work; lives are saved daily because of it. It will continue after the war on a permanent footing. Therefore, the roll of blood donors must be kept large, for it would be unfair to expect a few volunteers to be bled over and over again while other people did nothing to help. The call is for more and more people of goodwill to come forward and offer this small sacrifice to save the lives of those who are in desperate need of blood in an emergency. Volunteers should drop a card to the Secretary, Blood Transfusion Service, Sherwood Street, Nottingham.

**PREVALENCE OF, AND CONTROL OVER, INFECTIOUS
AND OTHER DISEASES.**

Statistical Tables are omitted. The following report is made by Dr. T. A. Don, who, in addition to acting as Medical Superintendent of the City Isolation Hospital, is also Assistant Medical Officer of Health and undertakes the infectious disease control work of the Health Department :—

Smallpox.—There were no cases of smallpox notified during the year 1942. Several contacts connected with the Glasgow outbreak arrived in the city. These were kept under surveillance, but fortunately none developed the disease. The Smallpox Hospital was, however, used for the reception and treatment of some twenty Scarlet Fever patients who contracted Chickenpox in one of the wards at the Isolation Hospital. This outbreak was caused by a Scarlet Fever patient developing chickenpox (a highly infectious complaint) within a few days following admission. The primary case of chickenpox thus gave rise to nineteen secondary cases. The smallpox hospital was occupied from early in December 1942 until the middle of January 1943.

Scarlet Fever.—605 patients notified as suffering from Scarlet Fever were admitted to the City Isolation Hospital for treatment. The diagnosis was confirmed in 597 of these cases. The disease was again mild in type, only one death occurring from septicæmia within 48 hours of the commencement of the illness. Surgical complications were remarkably few, only one mastoidectomy (double) operation being necessary. Another girl required surgical treatment for a cervical abscess. Three children required to have an operation for the removal of tonsils and adenoids in order to hasten their convalescence.

The incidence of relapses and secondary attacks, namely 3.1% amongst the 597 proved cases of scarlet fever calls for some comment. Overcrowding of wards is usually held to be a potent factor in bringing this about, by causing re-infection with a different strain of the casual germ. However, it was noted that about half of these relapses or secondary attacks occurred when the scarlet fever wards were less than half full. This is difficult to explain. Nevertheless, additional accommodation for the Scarlet Fever patients may be desirable as soon as normal peace-time conditions prevail.

Diphtheria.—283 patients were admitted during the year, having been notified as suffering from diphtheria or suspected diphtheria. The diagnosis was confirmed in 213 cases. There were 12 deaths. None of the fatal cases had been immunized. Some of the deaths could and *should* have been avoided if the parents had availed themselves of the facilities provided for preventive inoculation at any of the numerous child welfare or school clinics throughout the city. Personal interviews with the parents of these children after their decease, revealed the fact that all had at least known something about diphtheria immunization but had not thought it necessary in the case of their own children. Two of these fatal cases represented the only child in the family.

The amount of human misery caused by this *preventable* disease is to be measured not only by the number of deaths but also by the long anxious spell of confinement in hospital, necessary in those cases which recover after several weeks, and often even months. During 1942 a total of 9,437 "hospital days" were necessary in the case of those diphtheria patients who recovered, in other

words, the average time spent in hospital per patient was 44.4 days. The twelfth death occurred in a spinster aged 79—truly a remarkable age to contract what is mainly a childhood infection !

Has the diphtheria immunization scheme proved itself as judged by the hospital statistics for the year in question ? The answer is YES. 118 children under 15 years who had not been immunized were admitted suffering from diphtheria of varying grades of severity ; of these eleven died. Only 14 children under 15 years, who had been completely immunized, were admitted ; all were suffering from a very mild type of the disease, and amongst these there were no deaths.

Enteric Fever.—Only two cases of this infection were admitted for treatment during the year. They proved to be of the milder paratyphoid B variety. Both recovered. Four other patients notified as suffering from Enteric were found to be suffering from some other condition. The above total of two cases of this disease is the lowest for eight years, which is remarkable considering present war-time conditions.

Measles.—48 cases were admitted for treatment during 1942. All but three were children under 5 years of age ; the vast majority were infants under 3 years. Four deaths occurred amongst these 48 patients, all in children, aged 7 and 8 months and 2 and 8 years respectively.

Whooping Cough.—22 patients, all children under 5 years of age, were sent into hospital for treatment. Here again it may be stated that the majority of these patients were under 2 years and were suffering from one or more of the serious complications which are liable to set in.

There were 7 deaths, the ages of these fatal cases being 3 months (2 cases), 5 months (2 cases), 7 months, 12 months and 18 months respectively.

NOTIFIABLE DISEASES OF THE CENTRAL NERVOUS SYSTEM.

Meningococcal Meningitis (Cerebro-spinal Fever.)—Altogether there were 26 patients admitted suffering from this notifiable disease. This number is materially lower than the recent annual figures obtaining since the outbreak of war. Three deaths occurred, all being in infants under one year of age, giving a mortality of 11·5%.

Encephalitis Lethargica.—One patient, a youth of 18 years, was admitted suffering from the acute form of this disease, which is more popularly known as 'sleepy sickness'. He made a good initial recovery and was discharged after 22 days, apparently fit and well.

Acute Anterior Poliomyelitis.—Two cases were admitted during the year suffering from this disease which is also termed Infantile Paralysis. One, a girl of 16 years, died ten days after admission: the other a woman of 30 years, a member of one of the Women's Services, developed a fairly widespread paralysis but was transferred after a hospital stay of 25 days to another hospital for early remedial treatment to the affected muscles. Subsequent reports of this patient's progress indicated that a good degree of recovery had taken place.

Other Cases.—Amongst 'Other Cases' not previously mentioned which were admitted to the City Isolation Hospital at the request of medical practitioners (hospital and private) were :—(N.B. Corrected Diagnosis stated)—

Meningismus	..	..	..	10 cases.
Chickenpox	..	..	..	4 "
Pneumococcal Meningitis	..	..	..	4 "
Tubercular Meningitis	..	..	..	4 "
Nil. abnormal found	..	..	..	3 "
Mumps (Contacts only)	..	..	..	3 "
Lymphocytic Choriomeningitis	..	..	..	2 "
Acute Bronchitis	..	..	..	2 "
Cerebral Irritation	..	..	..	2 "
Dysentery (Bacillary)	..	..	..	2 "
Epilepsy	..	..	..	2 "
Gastroenteritis	..	..	..	2 "
Mumps	..	..	..	2 "
Subarachnoid Hæmorrhage	..	..	..	2 "
Acute Bronchopneumonia	..	..	..	1 "
Marasmus	..	..	..	1 "
Post Vaccinial Encephalitis	..	..	..	1 "
Toxic Rash	..	..	..	1 "

Service Cases.—44 cases of service personnel were admitted for treatment. The corrected diagnosis is as follows :—

Scarlet Fever	..	..	..	15 cases.
Diphtheria	..	..	..	14 "
Tonsillitis	..	..	..	5 "
Cerebrospinal Meningitis	..	..	..	2 "
Lymphocytic Choriomeningitis	..	..	..	2 "
Acute Anterior Poliomyelitis	..	..	..	1 "
Measles	..	..	..	1 "
Meningismus	..	..	..	1 "
Mumps	..	..	..	1 "
Post Vaccinial Encephalitis	..	..	..	1 "
Acute Rheumatic Fever	..	..	..	1 "
Total				44 cases.

Appointment of New Matron.—We welcome Miss F. A. Berkley who took up duty on 1st September 1942 in place of Miss L. Clark who left our service on 4th July 1942 to take up a similar appointment at Hendon.

Gastroenteritis and Cubicle Ward. When the Male Sanatorium Ward was vacated on 24th September, 1942, the inmates having been transferred to the newly opened Newstead Sanatorium, a start was made at once to recondition this Ward so as to provide a Gastroenteritis section of 24 cots and a Cubicle section of 12 rooms. The additional accommodation which will be available when the work is completed should prove very useful.

DIPHTHERIA IMMUNIZATION.

Elsewhere in this Report Dr. Don discusses diphtheria immunization from the Fever Hospital standpoint and proves its value. Some account must be given of the scheme by which immunization is carried out. It began towards the end of 1940 and was conducted by staff doctors with part-time assistance from outside, but early in 1941 two full-time doctors, two nurses and clerks were engaged by the Health Committee to tackle the job on an intensive scale. Their duties were to carry out immunizations in schools for Dr. Newth, the Senior Medical Officer of the Education Committee, and in the Infant Welfare Clinics for Dr. Harkness. It was in 1941 that the greatest volume of work was done, for the parents responded to the national publicity given by the Ministry of Health and to local publicity carried out in various ways, with the valued help of the local Press.

At the end of 1941 nearly 24,000 children over 5 years of age, and over 4,000 under 5 years of age had been immunized. It was much easier to get the school-children done than was the case with children under five, for attendance at infant welfare centres falls off after 1 year of age, and so the parents of children of 2-5 years inclusive are not easily reached.

In the schools, with the help of the teachers, the work proceeded on "mass" lines. Private schools were also tackled successfully.

It was not necessary to keep the full staff for longer than a few months, and during 1942 Dr. Booth, with nursing and clerical help, alone did the work, and continued to range the schools and infant welfare centres, carrying out the immunizations, and also visited some homes when attendance of mothers at centres was difficult. The Ministry of Information showed films, and Dr. Booth and others gave short talks to gatherings of women. In 1942 the task was to get hold of any school-children who had missed previous opportunities of being immunized, but more especially to concentrate on the under-fives. Birthday letters from the Medical Officer of Health to parents of children reaching one year of age have brought in many responses, and that is the best time to give the children protection. It is not necessary to immunize before the child is one year old. The scheme may be considered a great success from the standpoint of numbers immunized, and time will show, indeed, already is showing, the value of the work in preventing deaths from the appalling disease diphtheria (see page 31).

The normal child population is estimated at—

Under 5 years	..	..	20,382
5—15 years	..	..	36,500

At the end of 1942 the numbers immunized stood at—

Under 5 years of age	..	8,737
5—15 years	..	28,981

Since the end of 1942 children have been immunized in greater number than the annual number of births, there being still a number of older children who were not done during the mass attack of 1941. For the most part, however, the scheme has now settled down to concentration upon the under-fives and newcomers into the schools, and it is intended that this shall be a permanent campaign, so as to exterminate childhood diphtheria altogether.

SCABIES.

Scabies, or itch, is apt to spread in war-time. For some time after the last war it remained common, but later for many years not much of it came to notice in school clinics or hospital out-patient departments. There must have been a reservoir of infection amongst the members of the community who do not look after themselves, for with the mixing of the elements of population in the early stages of the present war, the tiny skin parasites soon spread their activities; in service and industrial camps many cases occurred, and these communicated the infection to the ordinary members of the population. By now the Forces have done much to check the spread, and with a view to checking it among the civilians of Nottingham the Health Committee opened the Turkish Baths as a special clinic in 1942. Dr. Frazer consented to organize and conduct the clinic, where, in addition to scabies, a certain number of cases of ordinary lousiness are dealt with. The sanitary inspectors, health visitors and housing visitors give their co-operation in following up, and inducing whole families to submit to treatment, for it is of little use to treat only one case in a family. Powers of compulsion are now available, but have not been used, as most of the objectors have responded when given a stiff warning letter from

the Medical Officer of Health. That the Scabies Clinic has met a real need is shown by the following report by Dr. A. D. Frazer, which deals with the period 23rd March to 31st December, 1942 :—

The Centre at the Turkish Baths was opened on the 23rd March, 1942. It was planned to have a ring of subsidiary centres in the outlying parts of the City, at various First Aid Posts, but rearrangements in the Civil Defence made this impracticable and the whole of the work has been performed at this centre.

The staff consists of the Medical Officer, Sister (S.R.N.) and four attendants, of which three are women. An extra helper has been employed during specially busy periods, on both the male and female sides.

New patients are seen by the Medical Officer, who attends on at least nine occasions a week so as to suit all hours of employment, or, in his absence, by the Sister. Treatment, if required, is then given immediately, and as there are three baths on the female side and two on the male, a large number can be dealt with expeditiously.

Patients are followed up after treatment by the Medical Officer and Sister. The uncomplicated case reports on the eighth and fifteenth day after the first visit and may then be discharged. To begin with a follow up period of three weeks was tried, but it was found that defaulting occurred on a large scale during the third week and also that relapses showed during the first fortnight.

Treatment with Sulphur, Derris Root and Benzyl Benzoate has been tried, the last now being the routine. One, two and three day Benzyl Benzoate courses and

variations of these have been under trial, and the course in use at present consists of two consecutive baths and paintings. On the second day the patient brings a change of underclothes, the used garments being soaked in mild disinfectant while the treatment is being given.

Stoving has not been used except in cases of large, heavily infected, dirty families. It has not been found difficult on the whole to get all the members of a family treated at the same time or to persuade those who have no signs of the infection to take one prophylactic painting, neither has there been any reluctance to attend for the fortnight. The numbers of patients applying for treatment show no sign of falling, but the individual treatment is successful as shown by the rarity of relapses.

Instances of secondary infection are very frequent, usually taking the form of Impetigo. Many cases now report with the suspicion of being infected with Scabies but on examination Impetigo only is found. While keeping these people under observation the Impetigo is treated and the results justify the observation that the continuance of Scabies Centres as clinics for daily treatment of common skin diseases would be of great value to the community. The patient with Impetigo receives adequate instructions from his Medical Practitioner but fails in carrying them out efficiently, with the result that a condition that should be cured in days often takes as many weeks. In many cases the individual is off work during that time. With the experience obtained at the Scabies Centre these cases are treated daily and respond in a very gratifying manner. Various preparations are used according to each case, but it may be mentioned that the quickest results have been obtained

with a lotion first prepared at the Centre itself. We call it Sulphonamide Lotion and it consists of 4% Sulphonamide in Calamine Lotion. After cleansing the affected area with Boracic Solution the lotion is dabbed on. Many cases of impetigo have been cured in a few days with this method when other medicaments had failed.

The statistics relating to the Centre are as follows :—

STATISTICS—MARCH 23 TO DECEMBER 31, 1942.

New Patients	..	..	..	4,279
Total Attendances	..	..	..	22,822
Lousiness only	..	..	..	110

TUBERCULOSIS.

The following account is largely extracted from the report of Dr. J. V. Whitaker, Tuberculosis Officer. Increased work at the Tuberculosis Clinic is due to a variety of causes—

- (a) reference to the clinic by medical boards and by the Ministry of Labour and National Service.
- (b) discharges from the Services on account of tuberculosis.
- (c) increased publicity following the opening of Newstead Sanatorium.
- (d) greater confidence shown by medical practitioners in the clinic work.
- (e) some actual increase in tuberculosis.

Number of Cases on Clinic Register.

1937	..	..	904
1938	..	..	1,014
1939	..	..	1,191
1940	..	..	1,212
1941	..	..	1,336
1942	..	..	1,534

The amount of clerical work associated with statistics and following-up of registered cases is considerable, and changes in the clerical staff, and individual methods adopted by clerks employed, tend to invalidate some of the figures from time to time. Great attention has been paid in recent years to this point, and the records, with much labour, have been checked over and over again, so that the figures can now be regarded as accurate to a degree not previously attained; methods for ensuring reliability have been worked out.

The X-ray plant is being worked to an increasing extent and no fewer than 3,131 X-rays photographs were taken, and 1,668 screen examinations made. These were for diagnostic purposes as well as for the control of artificial pneumothorax treatment. The diagnosis of tuberculosis by X-ray has been brought to a standard of accuracy never previously obtainable, while treatment by pneumothorax, for which X-ray facilities are necessary, is proving of very great value. 1,254 attendances were made at the clinic by 94 patients for artificial pneumothorax treatment. 16 patients were treated by gold compounds, making 171 attendances.

The apparatus required for mass chest radiography which is being acquired for Nottingham has not yet been delivered, and no premises have yet been found in which to house it when it arrives. The Ministry has not consented to new premises being built for the purpose.

The purpose of the apparatus is to photograph large sections of the population to discover tuberculosis and other diseased lung conditions which exist without having ever given rise to symptoms. Persons who are apparently quite healthy may be found to show definite evidence of

tuberculosis or chest tumours when X-rayed, and, therefore, by examining large numbers of the apparently normal population, a number of cases will be discovered at an early, and probably more curable, stage than otherwise would be possible. By using a system of miniature photography of an X-ray picture thrown on to a fluorescent screen, large numbers of persons can be dealt with in a short time at a fraction of the cost and effort required to take ordinary full-sized X-ray films. The administration of such a scheme involves considerable organization by a specially engaged staff of medical and photographic specialists, and will require the co-operation of the public, especially the Trade Union organizers, factory owners, school authorities and others, in order to secure a satisfactory flow of subjects through the process. The discovery of more cases by this method will necessitate further treatment beds; there is already a waiting list for beds at the Newstead Sanatorium due to the increased activity in the tuberculosis world already commented upon. There is, however, not much hope of being able to extend the sanatorium at present.

Dr. Whitaker mentions the following provisions which should characterize a complete tuberculosis campaign :—

1. Adequate institutional accommodation for adults and children including non-pulmonary cases.
2. Maintenance of high-pressure work in both clinical and sociological fields by the clinic staff, including examination of home contacts.
3. Adequate financial provision for the patient and dependents during the period of institutional treatment and for some time after discharge from hospital.

4. Industrial re-habilitation, arrangements being made for the gradual return to industry on a basis of part-time or modified work. A supplement to wages should be provided during this period.
5. Miniature mass radiography, "pre-employment", "employment" and "periodic", the last being possibly combined with periodic tubercular testing of selected persons.
6. Pasteurisation of milk should be universal ; where this is not yet practicable, all milk consumed by children should be boiled, or of the dried-milk type. Infants and school-children should not be given raw and potentially-infected milk as a "priority" food.
7. In due course an enquiry into the feasibility and possible advantages of large scale immunization against tuberculosis by the B.C.G. or other vaccine, may be called for.

Dr. Whitaker does not mention, but takes it as a matter of common knowledge, that spitting on the ground or on the floors or walls of buildings or vehicles is one method of the spread of tuberculosis, and is to be condemned. This is a matter for public education and the development of a standard of public behaviour. Methods of compulsion are not practicable, and where adopted have not been successful to any great degree.

At the time of writing this report the Government has already issued its scheme for the financial help mentioned in (3) above. Arrangements are on foot to establish an almoners department to undertake all social work appropriate for trained almoners in connection with every

branch of the Health Department. This will include work in the tuberculosis clinic in the application of the scheme of treatment allowances, indeed, it is this scheme, and also the need for an almoner at the venereal-disease clinic, which has precipitated the formation of an almoners department, the idea of which has been evolving previously.

Summary of Tuberculosis Statistics.

TUBERCULOSIS DEATH-RATE (NOTTINGHAM).

Ten years' average 1932-41—

Respiratory only	..	..	0·81
All forms of Tuberculosis	..	..	0·96

For 1942—

Respiratory only	..	..	0·74
All forms of Tuberculosis	..	..	0·89

NEW CASES (including primary notifications, cases not notified during life but first intimated by death returns, and transfers from other areas) :—

Pulmonary :	Males	206	Females	169
Non-pulmonary :	„	31	„	23

DEATHS.

Pulmonary :	Males	117	Females	74
Non-pulmonary :	„	21	„	18

No. of persons on clinic register on 31st December 1942 = 1,534

No. of X-ray examinations in connection with clinic work = 4,799

Patients admitted to Institutions.

Newstead Sanatorium :

Males	..	..	107	} Pulmonary.
Females	..	..	72	
Children	..	..	12	
			<hr/> 191 <hr/>	

City Isolation Hospital :

Males ..	..	44	} Pulmonary.
Females..	..	68	
Children	..	9	
<hr/>			
121			
<hr/>			

City Hospital :

Males ..	..	111	} Pulmonary.
Females..	..	78	
Children	..	7	
		<hr/>	
		196	
		<hr/>	

Males ..	..	12	} Non-pulmonary.
Females..	..	15	
Children	..	16	
		<hr/>	
		43	
		<hr/>	

Cases admitted to outside sanatoria :

Males ..	..	1	} Pulmonary.
Females..	..	4	
Children	..	—	
		—	
		5	
		—	

Males ..	..	1	} Non-pulmonary.
Females..	..	1	
Children	..	2	
<hr/>			
			4
<hr/>			

NEWSTEAD SANATORIUM.

On August 31st 1942, the Right Honourable Ernest Brown, M.C., M.P., Minister of Health, accompanied by Sir Wilson Jameson, Chief Medical Officer of the Ministry, opened the new Sanatorium at Newstead. The actual date of admission of the first small batch of cases was August 17th 1942.

The primary moves which led to this achievement were made in 1935. The intervening period was occupied by much discussion, planning, building, equipping and staffing, and it is fortunate that in spite of the war the project was completed.

The plans were made by the City Engineer (Mr. R. M. Finch, O.B.E.) and his architect-colleague, Mr. K. Harris, F.R.I.B.A., who are to be congratulated on their success in designing a building at once beautiful, convenient and perfectly suited to its purpose.

The site is 70 acres in extent on a sandy hillside falling to the south from a height of more than 500 ft. The main building is planned in the flatter portion of the ground, some 50 ft. below the crest of the hill which, with pine plantations, forms a protection from north winds. The shape of the building is convex with the treatment and administration sections in the centre on the north side. The wards are planned in six units, on three levels, with a central lift and staircase. They are divided into cubicles by double sound-resisting partitions for one, two or four beds, which are placed parallel to folding doors which extend almost the full length of one wall and open out on to balconies. Patients are provided with a built-in cupboard, while luminous call signals and

a selection of two wireless programmes are arranged at each bed-head. Sleeping accommodation is provided for visitors called to seriously-ill patients, thus avoiding the old, unsatisfactory custom of having the distressed visitors waiting about in ward kitchens and corridors.

Rooms for sick nurses are provided as a separate unit on the second floor of the main building. Large recreation rooms for patients are planned at the ends of the male and female wings on the ground-floor. Rooms are also provided for handicraft work. The treatment and administration sections and quarters for resident medical officers are planned round a court in the centre of the building, and are approached by a main entrance at the north which, on account of the fall of the ground southwards, is on the first floor. Treatment, anæsthetic, dental, laboratory and sterilising rooms, consulting-rooms and an X-ray room and developing laboratory are included. There are also rooms provided for hair-washing and for the use of the hairdresser. Sterilising equipment for surgical instruments, crockery and sputum cups is provided, each in its appropriate position in the hospital, and of the most modern type. Laundry provision is limited to a foul-wash, the remaining laundry being carried out away from Newstead altogether.

The main and subsidiary kitchens are remarkable for their lightness, airiness and beauty, and the equipment includes a modern heat-storage cooker, special type steam oven, vegetable, soup and milk-boiling pans, a gas grille, mechanical mixer and a tea and coffee infusor. A service corridor gives access to the fish kitchen, refrigeration-chamber, housekeeper's-room, stores, etc. An important provision is an ample steam-heated closet

at the service space, where the food trolleys are electrically heated for ward service. The boiler-house, like the engineering plant generally, is of modern design, with mechanical stoking plant; preliminary troubles have been overcome and the outfit is working satisfactorily.

The nurses' home is planned as a separate block, beautifully furnished and provided with every amenity, including sitting-rooms for entertaining friends. Provision is made for the pupil nurses by way of a lecture-room equipped with models, diagrams and everything needed for teaching and demonstration. The sanatorium is an approved training-school for nurses and is being affiliated with other hospitals so that the training is part of a course for complete general training.

There is a separate residence for the Medical Superintendent, Dr. G. O. A. Briggs.

The buildings are finished externally with light brown and stock bricks, with a darker type of brick as a plinth. Window-heads and copings are in artificial stone. Internally the walls are finished in a hard plaster, with all angles rounded. Floors of all wards, and other principal rooms, are finished in a special type of block, with coved skirtings. The main kitchen, halls and staircase have floors of buff tiles, but corridor floors are finished in a chocolate-coloured asphalte which reduces noise and gives a good surface for traffic.

With all its modern devices and cheerful decorative effects, the hospital should prove a particularly pleasant place for the patients and staff alike.

The general contractors were Messrs. Simms, Sons & Cooke Ltd., of Nottingham, and the names of numerous local firms appear in the list of sub-contractors for engineering equipment, furnishings and supplies. The consulting engineers were Messrs. E. G. Phillips, Son & Norfolk, of Nottingham.

The beds for patients number 180. In view of subsequent developments in regard to tuberculosis, more beds could be used. The war has resulted in cases of tuberculosis coming to light which otherwise would not have been found. There has also been an actual increase in tuberculosis since the war began, and this may possibly continue. Then again, the fact that we have a new sanatorium has stimulated local interest, and more people are being referred to the Tuberculosis Clinic for diagnosis ; among these many new cases are found. The increased facilities provided in recent years at the Tuberculosis Clinic by an increased staff working with a good X-ray plant, have given confidence to the medical practitioners of the city, and by their co-operation, cases are being diagnosed which would otherwise have been unknown. It is all to the good that existing cases are coming to light and coming forward for treatment, though the immediate result is embarrassing, as there is a waiting-list for the sanatorium beds. It has been impossible to close the female wards for tuberculosis at the Isolation Hospital as was intended. The male pavilion at the Isolation Hospital, however, has been closed, and most tuberculous cases from the City Hospital have been transferred to Newstead.

Owing to difficulties of staffing, which, fortunately, were not as severe as those experienced by some sanatoria.

the sanatorium could not be fully utilised at first, but it gradually came into full use, and at the time of writing this report all beds are occupied. Staffing difficulties were to a great extent overcome by an arrangement made with the City Hospital, by which probationer nurses from that hospital were transferred to Newstead for periods of tuberculosis nursing. The new affiliation scheme should also help to attract student nurses.

Dr. Briggs supplies the following account of work done between the admission of the first cases on August 17th and December 31st 1942 :—

Admitted	..	..	..	191
Discharged—				
Classified cases	..	..	24	
Observation cases found to be				
non-tuberculous	..		8	
			—	32
Died	..	..	..	5
Remaining on 31st December 1942	..			154

Artificial Pneumothorax.

New cases induced	..	..	18
Refills	..	..	337

Other Procedures.

Aspirations	..	..	21
Oleothorax	..	..	2
Mantoux Test	..	..	39
Gold Injections	..	..	24
Blood Examinations	..	..	307

Dental Clinic.

Examinations	..	..	162
Extractions	..	..	51
Fillings	..	..	5

Ear, Nose and Throat Surgeon.

Examinations of larynx	6
------------------------	----	----	---

Major Thoracic Surgery.

At Kilton Hill (see page 25) ..	..	..
Thoracoscopy ..	..	..	6

X-Ray Department.

Chest Films ..	..	..	364
Bronchograms ..	..	..	4
Bone and Joint Films ..	..	..	17
Abdominal Films ..	..	..	2
Staff Films ..	..	..	62
Screening ..	..	..	447

Original appointments to the staff include :—

Resident Medical Officer (Miss GRACE M. WILD, M.B., B.Ch., B.A.O.).

Matron (Miss G. L. SHORE).

Steward (MR. C. ABBOTT).

Radiographer (MR. F. W. STOCKHAM).

Dental Surgeon (part-time), MR. A. SYDER, L.D.S.

Chief Engineer (MR. F. HOLROYD).

The appointment of officers to supervise occupational therapy will be a matter for mention in the report in the year 1943.

CARE OF THE BLIND.

The Royal Midland Institution for the Blind continues to carry out blind welfare duties on behalf of the Corporation and other local authorities. There is a complete working arrangement, shared by the Secretary of the Institution, the City Treasurer and the Medical Officer of Health, from the official angle, while the Blind Persons Sub-Committee of the Health Committee (which is also represented on the Committee of the Institution by its Chairman, Councillor Purser and Vice-Chairman, Dr. Blandy) meets at intervals to review the standard rates of pay and allowances to be made to blind persons of different categories.

The blind persons on the city register at 31/12/42 are classified as follows :—

Blind Trainees (maintained by Education Committee)	1
Blind Workshop Employees, including blind persons on the staff of the Institution	66
Home Workers	9
Unemployable Blind receiving assistance ..	292
Blind Persons not in receipt of any form of financial help from the City Council	167
Blind Home Teachers	1
	<hr/>
	536
	<hr/>

The total is 17 more than a year ago.

The cost of these services for the year ended 31/3/43 stands at £23,730, subject to certain adjustments.

DIABETES.

Some thought was given as to the need in Nottingham of a clinic for diabetics, of whom there are many, as in all large communities. There are some advantages to be gained by centralising this class of work, and a useful service can be provided by establishing a centre to which diabetics can turn in the many difficulties which confront them.

Action was postponed as it was understood that some steps were being taken by the General Hospital and overlapping was considered undesirable. Developments will be watched with interest and, if necessary, the Health Committee will be advised to consider the subject further.

In the meantime the Health Committee has expressed its willingness to help in the provision of insulin, syringes, etc., to persons experiencing financial hardship because

of diabetes, and who are not entitled to insulin from National Health Insurance or other sources. Experimentally, an income scale has been adopted by which to assess the needs in relation to the cost in each individual case. Insufficient applications have been made to enable a judgment to be formed as to the suitability of the scale adopted. Cases of hardship should be brought to the notice of the Medical Officer of Health.

VENEREAL DISEASE.

It is usual in periods of war to find venereal diseases on the increase. The absence of many men from their homes and from their usual surroundings, the disturbance of family life, the new mixing together of elements of the population who normally tend to remain within groups according to type—these things produce circumstances in which venereal disease risks are encountered, with disastrous results. With this in mind the Health Committee decided to press forward with the construction of the new venereal disease clinic intended to replace the unsatisfactory temporary premises in use in recent years. During 1942 Government permission to do so was at last received, and at the time of writing this Report, the new premises are nearing completion.

The Ministry of Health advised that in view of the importance of the anti-venereal campaign at the present time, the opening of the new clinic should be accompanied by a re-organization of staff, and the appointment, for the first time in the history of the work in Nottingham, of a medical officer who would devote his whole time to the duties of Director of the Venereal Disease Clinic, these duties to include not only medical diagnosis and treatment, but also an active campaign towards the

prevention of venereal disease. The campaign will include the dissemination of knowledge about the venereal diseases by means of lectures to selected groups of people ; publicity is to be planned with a view to getting more infected persons to make use of the facilities for cure, for an infected person cured means one less source of infection to others.

The advice of the Ministry was followed with the result that early in 1943 Dr. R. Marinkovitch, an outstanding figure among venereal disease specialists, was appointed to the position of Director of the Clinic, and he has since taken up his duties in preparation for the opening of the new premises. It is felt that a great forward step has been made by the appointment of an officer to give all his time to the work, so that the social implications of venereal disease in the city may receive more attention than has been possible in the past. Dr. Marinkovitch will be assisted by part-time medical officers in the work of the clinic, in accordance with existing custom. An almoner is to be appointed for " follow-up " work and to help the patients over social difficulties. Additions are to be made to the staff of trained orderlies in the male department, and the facilities of the City Laboratory are to be increased to afford greater assistance to the venereal disease clinic as regards tests. In the meantime work has continued at the old premises, where cases from any part of the country are treated ; most of the patients are from Nottingham and Notts.

		1938	1939	1940	1941	1942
Patients—	Males ..	1,482	1,212	1,202	1,405	1,578
	Females	475	456	451	491	558
Attendances—	Males ..	35,033	24,562	20,746	21,522	20,542
	Females	17,313	13,611	9,597	9,692	10,952

In recent years the number of attendances made by the individual cases has fallen considerably as a result of the use of new drugs provided by the research chemists. The effect of these drugs is to bring about cure with shorter courses of treatment. They require, however, to be administered by competent persons, and the patients should continue under treatment until pronounced perfectly cured. Sometimes the treatment may be so rapidly beneficial as to make the patient think he is quite cured before he really is; if he discontinues treatment at this stage he may remain a danger to himself and others. A warning is therefore necessary in order that this state of affairs may be avoided. Self-treatment, or treatment by any but a specialist, is to be deprecated. Treatment at the clinic, by the specialists there, is free and is conducted under conditions of secrecy.

The Greendale House Hospital for women and children, and for confinements of women suffering from venereal disease, continues its useful work. During 1942, 467 out-patients made 2,419 attendances, and 89 in-patients were in residence for 3,247 "in-patient" days.

The Director of the Clinic is also physician for venereal diseases at the City Hospital, where in-patient treatment is provided for both men and women, and where confinements of women suffering from venereal disease are conducted in a special department.

**CITY BACTERIOLOGICAL LABORATORY,
CUMBERLAND PLACE.**

The laboratory provides for bacteriological examinations in connection with what is commonly referred to as "Public Health Bacteriology", that is to say, it

investigates specimens for the diagnosis of infectious diseases, such as diphtheria, enteric fever, tuberculosis and venereal diseases, and also provides the bacteriological assistance needed by the Health Department in connection with the supervision of foods, milk and water, and in the control of outbreaks of infectious diseases. A small amount of general clinical pathology is also undertaken. The service is performed on behalf of municipal and county health departments and for medical practitioners.

The premises are not ideal and in due course will need replacement by larger and more convenient ones. No doubt also the scope of the service will need adjustment to bring into line with developments of the medical services of the region, which are the subject of much planning at the present time. It is too early to forecast the lines on which such developments will take place. There is no doubt in the minds of those concerned that provision of pathological services will have to be made on a larger scale throughout the country if every doctor is to be enabled to give to every patient the full scientific investigation required for accurate diagnosis of many ailments and for the control of some forms of treatment.

The following table shows the number of specimens examined in 1942, classified broadly :—

Venereal Disease	..	..	..	..	12,590
Infectious Disease, Foods, Milk, Water	..		..	..	11,276
Clinical Pathology	..	..	..	..	1,246
					<hr/>
					25,112
					<hr/>

ULTRA-VIOLET RAY CLINIC.

The clinic in Heathcoat Street, originally provided by Sir Julien Cahn, but taken over by the Health Committee as long ago as 1927, continues to perform a useful, though unostentatious, service. Ultra-violet and infra-red ray treatment is given under medical supervision to suitable cases, free, or at a without-profit charge. Special value attaches to ultra-violet ray treatment for infants threatened with rickets, and other disorders of the very young. During the year 6,238 treatments were administered to 343 persons with considerable success.

CREMATION.

The duties of the Medical Officer of Health and his deputy, Dr. J. V. Whitaker, as medical referees to the Wilford Hill Crematorium, continue to increase. During 1942 the number of cremations was the largest ever recorded, being 465. Only 161 of these were in respect of deceased city residents, the remainder being from a wide area around.

CLERICAL STAFF.

The clerical staff at headquarters consists now chiefly of women and girls temporarily engaged. They are doing well.

Reference should be made to the Chief Clerk, Mr. Herbert Read. The year 1942 was his last complete year of office prior to his retirement. In forty-seven years' Corporation service he took part in great extensions of public health work; he helped to organize the wide range of personal services which have developed in a department which originally was engaged chiefly in

dealing with environmental conditions. I wish to record the debt I owe to Mr. Read for his loyal support, hard work and efficiency during the period of over fourteen years in which we worked together. The Health Committee has already recorded on the minutes its appreciation of his services.

Mr. F. R. Hughes, who was brought into headquarters from the Venereal Disease Clinic on account of Mr. Read's retirement, died unexpectedly in June 1943. He had served the Corporation loyally and with quiet efficiency for 23 years and his loss is greatly deplored.

ACKNOWLEDGMENT.

It is not merely as a formality that I make yearly two acknowledgments; they are sincere expressions. The first is to the staff of all sections of the Health Department for the hard work and enthusiasm for public service which are characteristic of the great majority of them. The second is to the Health Committee for its friendly and helpful attitude in all staff matters, and for the encouragement which it gives to progress and extension.

CYRIL BANKS,
Medical Officer of Health.

HEALTH DEPARTMENT,
HUNTINGDON STREET,
NOTTINGHAM.

August 1943.

INDEX

	Page		Page
Ante-natal Care	17	Mass Radiography	41
Bacteriological Laboratory	55	Maternity and Child Welfare	14
Births	6	Maternal Death-rate	7
Birth Control	19	Measles	32
Blind, Care of	51	Midwifery Service	16
Blood Transfusion Service.....	29	Milk	12
Cerebro-spinal Fever	33	Newstead Sanatorium	46
City and The Firs Hospitals	22	Nursing.....	19
City Isolation Hospital	30	Ophthalmia Neonatorum	17
Civil Nursing Reserve	20	Pests	11
Common Lodging-houses	11	Poliomyelitis	33
Cremation	57	Rateable Value	6
Daily Minders' Scheme	16	Rats and Mice Destruction	11
Day Nurseries	14	Sanitary Inspection	8
District Nursing	21	Scabies	37
Deaths	6	Scarlet Fever	30
Diabetes	52	Shops Acts	9
Diphtheria	31	Small-pox	30
Diphtheria Immunization	35	Smoke Abatement	9
Enteric Fever	32	Staff	3
Encephalitis Lethargica	33	Statistics	6
Food Inspection	12	Thoracic Surgery	24
Food and Drugs	12	Tuberculosis.....	40
Health Committee	2	Typhoid Fever	32
Health Visiting	18	Ultra-Violet Ray Clinic	57
Hostels for Mothers	17	Venereal Diseases	53
Housing	10	Water Supplies	8
Houses-let-in-lodgings	10	Whooping-cough	32
Infant Life Protection	19		
Infant Mortality	7		
Infectious Diseases	30		
Introductory Remarks	5		

INDEX