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CITY OF NOTTINGHAM.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1943.

CYRIL BANKS,
M.D., B.S.(Lond.), D.P.H.(Sheff.),
Medical Officer of Health.

Nottingham:
DERRY AND SONS, LIMITED, PRINTERS.

HEALTH COMMITTEE MEMBERS

1943 (mid-year.)

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Vice-Chairman :—COUNCILLOR W. B. BLANDY, M.R.C.S., L.R.C.P., L.D.S.

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,,	R. SHAW, J.P.	,,	J. LITTLEFAIR.
COUNCILLOR	R. ARBON.	,,	T. G. MILLER.
,,	H. O. EMMONY.	,,	J. E. MITCHELL.
,,	(Miss) GLEN-BOTT, J.P., M.B., B.S., F.R.C.O.G.	,,	A. E. SAVAGE.

SUB-COMMITTEES

ISOLATION HOSPITAL AND CITY HOSPITAL.

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,,	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.
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CHAIRMAN.		COUNCILLOR	EMMONY.
VICE-CHAIRMAN.		,,	KERRY.

BLIND PERSONS.

CHAIRMAN.	COUNCILLOR KERRY.
VICE-CHAIRMAN.	

HEALTH DEPARTMENT STAFF, 1943.

(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. WHITTAKER, 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.

Director, Venereal Disease Department—
R. MARINKOVITCH, M.D., Ch.B.

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.

Director, Chest Radiography Unit—
A. E. BEYNON, M.R.C.S., L.R.C.P.

Medical Officers—

Maternity and Child Welfare.	7 (3 full-time, 4 part-time).
Venereal Diseases.	4 (1 full-time, 3 part-time).
U.V. Ray Clinic.	2 (part-time).
Relief Districts (13).	12 (part-time).
Public Vaccinators.	5 (part-time).
Diphtheria Immunization.	1 (part-time).
Scabies Treatment Centre.	1 (part-time).

NON-MEDICAL.

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

Sanitary Inspectors (all branches)			18
Clerks (excluding Hospitals)			25
,, Casualty Bureau and Group Officer			2
Women Housing Officers			5
Vaccination Officers (part-time)			2
Health Visitors, Supervisors of Midwives, Tuberculosis Nurses			30
Clinic Nurses, orderlies, etc. (1 part-time)			8
City Midwives			28
Almoner			1
Hostels for Unmarried Mothers			6
Ultra-violet Ray Clinic			2
Bacteriological Laboratory			4
Scabies Treatment Centre			6
Wartime Day Nurseries (as at 31/12/43)—			
Matrons			8
Nurses			51
Others			18
Mortuary Attendants			2
Office Porter			1
Cleaners			19
General Labourer			1
Venereal Diseases Hospital			5
Small-pox Hospital (Caretakers : man and wife)			2
City Isolation Hospital and Sanatorium—			
Nursing		48	
Others (F.)		33	
,, (M.)		17	
		——	98
Newstead Sanatorium—			
Nursing		45	
Others (F.)		47	
,, (M.)		14	
		——	106

CITY HOSPITAL.

Medical Superintendent—Dr. C. L. C. Crowe.

Deputy Medical Superintendent	1	Assistant H' Keeping Sister	1
Clinical Pathologist	1	Apprentice Pharmacist	1
Obstetrical Officer	1	Laboratory Assistant	3
Junior Obstetrical Officer	2	Laboratory Technicians	2
Surgical Officer	1	Teachers	2
Assistant Surgical Officers	2	Masseuses	4
Assistant Medical Officers	2	Cooks (female)	3
Consulting Surgeons	6	Assistant Cooks (female)	4
Consulting Obstetrician	1	Chef	1
Consulting Radiologist	1	Assistant Chefs	3
Consulting Physician	2	Assistant Cook (male)	1
Visiting Anæsthetist	1	Maids	21
Steward	1	Kitchen-boy	1
Matron	1	Seamstresses	6
Assistant-Matrons	2	Clerks	8
Ward Sisters	35	Medical Supt's Secretary	1
Night Superintendent	1	,, ,, Typists	3
Night Sisters	3	Hospital Porters	36
Tutor Sisters	2	Telephone Operators	3
Home Sisters	2	Lodge Porters	3
Housekeeping Sister	1	Male Receiving-Ward Attendt.	1
Theatre Sisters	2	Female ,, ,, ,,	1
X-Ray Sister	1	Linen Storekeepers	2
Staff Nurses	23	Labourers	8
Ambulance Nurses	2	Window-cleaner and sweep	1
Probationers	182	Scrubbers	127
Sub-probationers	2	Kitchen Porters	3
Ward Orderlies	58	Office-boy	1
Maternity Pupils (including 6 untrained)	29	Mortuary Attendant	1
Charge Male Nurses	3	Ambulance Drivers	3
Male Nurses (Probationers)	13	Canteen Manageress	1
Pharmacist	1	,, Workers	4
Dispensers	4	Matron's Secretary	1
Typist	1	Radiographer Assistant	1

CIVIL NURSING RESERVE.

Ward Sister	3	All on full-time duty.
Staff Nurses	5	
Nursing Auxiliaries	43	
Assistant Nurses	8	

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1943.

To the Chairman and Members of the Health Committee.

In presenting my Annual Report for 1943 I have again refrained from printing many of the statistical tables which are prepared for reference. The report, however, is not so abbreviated as some recent issues, for the reason that striking advances in the work of the local health services are too notable to be passed over without fairly full reference. Every section of the Health Department is working at high pressure, as the report reveals, and so all parts of the report will repay study, but on account of their newness special attention may be called to certain items, viz., Mass Radiography and the Almoners' Department; the increased attention paid to Venereal Disease is reflected in Dr. Marinkovitch's first report which is given at full length.

GENERAL STATISTICS FOR 1943.

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	£2,155,223
Sum represented by a penny rate (1943-4) ..	£8,765
Rates in the pound (1943-4)	14/4

Births.

Birth-rate per 1,000 population = 19·11

This is the highest rate since 1925. 8·5% of the births were illegitimate, that is to say, roughly, 1 child in 12 was born with this handicap. In peace time the proportion was about 1 in 17 or 18. The increase in illegitimacy is therefore noteworthy.

The still-birth rate (34·30 per thousand births live and still) was higher than last year when it was 32·22.

Deaths.

Death-rate per 1,000 population — 14·30

This is the civilian death-rate based on an estimate of the civilian population, from which many healthy young adults have gone to join the Forces. It is slightly higher than last year (13·07) but is not in any way noteworthy. It corresponds closely with the rate for the 126 County Boroughs and Great Towns (14·2).

An extensive outbreak of influenza in the winter of 1943-4 did not seriously affect the death-rate, as it was of a mild, non-fatal character. It caused serious loss of work, owing to the large number of people who were infected.

Maternal Death-rate.

Deaths of mothers in child-birth were remarkably few and Nottingham's good record in this respect was maintained. The rate was 1·38 per thousand births (live and still) compared with 2·46 the previous year. An analysis of the cases presents no feature worthy of comment, except that less than half of the women who died had attended ante-natal clinics.

	Rate per 1,000 (live and still) births.	
	Nottingham.	England and Wales.
Sepsis	0·99	0·34
Other Causes	0·39	1·95
Total	1·38	2·29

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–	25–	35–45
39	9	29	5	14	20	—

Infant Mortality.

The Infant Mortality rate was 65 per thousand live births. The lowest for Nottingham was 61 in 1940.

1940	..	61
1941	..	80
1942	..	62
1943	..	65

The striking fact is that 58% of the deaths in the first year of life occurred in the first month, and this proportion has been rising during the last few years. The rise coincides with the war, with an increase in illegitimacy and also with an increase in hospitalization of midwifery. An analysis of the figures does not reveal the real underlying cause. The welfare of infants from 2 to 12 months is improving ; it is only in the first month that the deaths have increased.

According to the death certificates the causes of death in the first month were as follows :—

Prematurity	accounting for	52·6%	of neo-natal deaths.
Congenital Malformations	do.	12·0%	do.
Pneumonia	do.	8·7%	do.
Atelectasis	do.	8·2%	do.
Diarrhœa and Enteritis	do.	6·5%	do.
Atrophy, Debility & Marasmus	do.	5·5%	do.
Other Causes	do.	5·0%	do.
Bronchitis	do.	·5%	do.
Syphilis	do.	·5%	do.
Suffocation (Overlying)	do.	·5%	do.

The certified causes of death in the age period 2—12 months inclusive were :—

Pneumonia (all forms)	accounting for	48·1%	of deaths.
Other causes	do.	13·0%	do.
Diarrhœa and Enteritis	do.	11·2%	do.
Bronchitis	do.	6·7%	do.
Congenital Malformations	do.	4·0%	do.
Measles	do.	3·0%	do.
Convulsions	do.	3·0%	do.
Meningitis (not Tuberculous)	do.	2·2%	do.
Atrophy, Debility & Marasmus	do.	2·2%	do.
Prematurity	do.	1·5%	do.
Influenza	do.	1·5%	do.
Syphilis	do.	1·5%	do.
Whooping Cough	do.	·7%	do.
Cerebro-Spinal Fever	do.	·7%	do.
Tuberculous Meningitis	do.	·7%	do.

SANITARY CIRCUMSTANCES OF THE CITY.

The Report of the Chief Sanitary Inspector (Mr. A. Wade) cannot be printed in full because of the many statistical tables, but the following paragraphs supply the information required by the Ministry of Health.

The year was notable for two reasons, first, the extraordinary number of notices which had to be served (for reasons given in the appropriate paragraph), and second, the opening of a really large-scale national campaign against rats.

Water.

Water supplies from private wells are sampled from time to time and, where analyses have proved unsatisfactory, appropriate action has been taken. There are now very few houses in the city without piped internal supplies, and they are in situations remote from water mains. Constant co-operation exists between the city Water Engineer and the Health Department with a view to safeguarding the purity of water supply, and this has been particularly necessary owing to the presence of temporary war-time establishments in various localities from which water is drawn. The Nottingham supply is constant, not intermittent.

Drainage, Sewerage and Closet Accommodation.

The arrangements for drainage and sewerage are adequate, and practically the whole of the closets in the city are on the water-carriage system, the few exceptions being in outlying situations where conversion is impracticable.

Sanitary Inspection of the Area.

During 1943, 8,253 nuisances or defects requiring 8,148 notices were dealt with by District Sanitary Inspectors, compared with 7,256 nuisances or defects in 1942 and 4,690 in 1939. This shows a remarkable war-time growth involving much clerical work and a busy time for the inspectors. The increase is explained

by the difficulty which owners find in getting work done by contractors who are short of labour and lacking in essential materials. In the main, the owners are willing enough to keep houses in repair. As a result it became necessary to serve 3,753 statutory notices against 3,052 in 1942, and 1,088 in 1939. The Health Department had to arrange for work to be done in default of the owners in 1,269 instances, compared with 896 in 1942, and only 83 in 1939.

The provision of new dust-bins has been the principal difficulty, these articles having been in short supply. In all, 31,555 inspections were made by District Sanitary Inspectors in regard to nuisances or defects or the follow-up of notices.

Notices outstanding on 1st January 1942	1,481
,, served	8,148
,, complied with	7,086
,, outstanding on 1st January 1943	2,543

No special comments are called for in relation to the administration of the Shops Acts 1912-38, the Factories Act 1937, or the Acts and Regulations regarding canal boats. The duties were carried out in the usual manner. The same observations apply to houses-let-in-lodgings, common lodging-houses, tents, vans, sheds and similar structures, and offensive trades.

The Destruction of Rats and Mice.

Rats & Mice (Destruction) Act 1919 ; Infestation Order 1943.

Sanitary Authorities have for long recognized the serious menace to the community presented by rodents, particularly rats, and the work which has been carried out during the last fifteen or twenty years has been by

no means negligible. The Port Sanitary Authority, for instance, have been active in the elimination of rats on board ships by fumigating, and by making docks and warehouses as rat-proof as possible, substituting concrete for wood ; the rat-guards on dock ropes are a familiar sight. This work has been carried out not only because rats are destructive animals, eating and spoiling large quantities of food and other commodities, but also in order to prevent the introduction of bubonic plague from eastern countries. This disease is spread by rats, or, to be precise, by the fleas carried by the rats. Inland authorities have also been active in tracing out rat infestations, trapping and poisoning, and dealing with defects in sewers and drains which so often permit access of rats from sewers into yards and buildings. A welcome impetus has now been given to this campaign by the Ministry of Food, stirred to activity by the immense losses of foodstuffs attributable to rats and mice.

In accordance with the directions issued by the Ministry of Food, a survey of the city was in progress at the end of the year to ascertain the extent of the infestation of land and premises by rats and mice, and a report was subsequently submitted to the Ministry which showed that 1,100 premises were infested by rats and 2,332 by mice.

The Health Committee decided that one sanitary inspector should devote his whole time to the administration of the Act and Order, and that one operator should be employed to undertake, on behalf of occupiers of affected premises, the work of destroying rats and mice. The law on the subject continues to place responsibility for the destruction of rats and mice on the occupiers of infested land and premises.

Arrangements are also nearing completion with a view to the baiting of all public sewers in the city. The City Engineer's department is undertaking this in accordance with the method recommended by the Ministry of Food. This is a large task, but it is believed it will be well worth while, as great numbers of rats will be exterminated in a short period, so as to eliminate natural increase by breeding.

The Ministry of Food has studied the matter scientifically and has devised ingenious systems for poisoning, gassing or trapping, based on a knowledge of the habits and behaviour of the animals. These methods are being taught to all concerned in the work, thus placing rodent control on a sounder basis than hitherto. Considerable success has already been achieved in some of the premises attended to.

One infestation by black rats has been discovered and it is believed that the methods adopted have cleared them out. The black rat is recognized by its darker colour, large translucent ears and very long tail. It is more likely than the brown rat to transmit plague because its habits bring it into closer proximity to human beings than is the case with the brown rat. In the infestation mentioned one rat carcase was submitted to examination at the City Bacteriological Laboratory, but it was quite free from plague infection.

Other Pests—Bugs, Lice, etc.

The eradication of bed-bugs continues to receive attention and the women Housing Officers devote a large part of their time to this work, also to following up families known to be infested by fleas and lice. Louse infestations of girl-workers in factories are sometimes reported and every help has been given.

There are now available chemical preparations for dealing with head lice which give almost complete assurance of success, and if girls and young women who suffer will follow out the advice given they can rid themselves of this unpleasant condition. If they do not succeed it is usually their own fault, though in many instances it may be due to re-infestation from other members of the family. Every facility is given for whole families to attend the clinic at the old Turkish Baths building, at which scabies and lousiness are treated.

The breeding of gnats in stagnant water is minimised by the supervision and activities of the Sanitary Inspectors. In the case of static water tanks, the attention paid by the National Fire Service appears to have been successful.

Advice to Tenants.

The five women housing inspectors employed by the Housing Committee for duties in the Health Department not only attend to verminous conditions as above described, but also help tenants of Corporation houses to settle in and to make the best use of their new houses. This is necessary because people from badly equipped old houses do not always understand how to manage and to keep clean the type of equipment provided in modern dwellings.

Four of the inspectors are also trained nurses, some of them also qualified as health visitors. One of them does a certain amount of district nursing, particularly in respect of aged persons residing on the estates. All of them fulfil useful functions, and the experiment has now continued long enough to show that as the housing estates extend after the war so, too, must this service be extended.

Inspection and Supervision of Food, Etc.

Meat.

Owing to war-time conditions most of the slaughtering of food animals takes place at the public abattoir ; some takes place at one private slaughter-house. As the slaughtering is done for an area much greater than that of the city alone, the work of the meat inspectors is heavy. In all 97,791 carcases were inspected. This is in addition to the routine inspection of butchers' shops. All diseased meat found on slaughtering was voluntarily surrendered. It was not necessary to "seize" any diseased meat during the year.

Only twenty-seven private slaughter-houses remain on the list, of which only one is in use at present. Many are much below a reasonable standard of fitness for their purpose, and it will be deplorable if, after the war, there is any return to the unsatisfactory state of affairs which existed some years ago, when the private slaughter-houses were in full operation.

Milk Supply.

At the end of 1943 there were twenty-two cowkeepers in the city ; their premises were regularly inspected. There were at the end of the year 251 purveyors of milk, 14 less than at the beginning of the year.

Ten out of twenty-seven samples of tuberculin-tested milk failed to comply with the standards of the milk (Special Designations) Orders. Much of the milk sold is pasteurised, though not always sold as such and, therefore, not under licence. Licensed pasteurising plants are regularly supervised to ensure efficiency. Heat treatment of milk is necessary if milk is to be regarded

as safe. Diseases which may be, and often are, spread by milk, are epidemic sore throat, scarlet fever, enteric fever, undulant fever and, especially, tuberculosis. The need for heat-treatment should be obvious from the following figures which show the percentage of raw milk specimens taken in Nottingham for examination for the organisms of tuberculosis which did in fact contain such microbes :—

1938	..	6·1%
1939	..	6·7%
1940	..	5·5%
1941	..	11·4%
1942	..	8·3%
1943	..	6·9%

These samples were not taken from suspected animals but from ordinary mixed milk supplies before heat-treatment.

As regards the general quality of milk sold in Nottingham, the average percentages of fat and of solids-not-fat found by the City Analyst in the samples analysed, (including those which were adulterated) were—

Fat ..	..	3·505 (standard under Regulations 3·0%)
Solids-not-fat	..	8·850 („ „ „ 8·5%)

Adulteration during the year was common and serious. Thirteen samples showed deficiency in fat ranging from 3% to 28%. 24 samples showed the presence of added water ranging in amount from 2% to even 80%.

It should be pointed out that if farmers suspect that milk is being adulterated by water or otherwise during transit from farms to distributing centres, they should have the churns sealed, which is quite a simple matter.

Other Foodstuffs.

Among the very wide range of food and drugs sampled for analysis there was little ground for complaint, and the only case taken to Court, apart from a fairly long list of milk prosecutions, was one regarding baking powder found to be deficient in its production of carbon dioxide by 6%.

Fertilizers.

Out of twentyfive samples analysed five were unsatisfactory.

MATERNITY AND CHILD WELFARE.

The following points are extracted from the report submitted by Dr. I. McD. Harkness, Senior Medical Officer for Maternity and Child Welfare :—

City Midwives.

After a gradual fall, over the last few years, in the number of confinements conducted at home in the City, a steep rise has occurred and considerable difficulty has been experienced in securing a supply of midwives to meet the needs of the service.

Booked cases delivered by City Midwives	2,256
Cases with City Midwives acting as Maternity Nurses ..	206
Cases conducted by City Midwives called in in emergency	46
	2,508
Stillbirths among the above	53

Visits by Midwives.

Ante-natal	12,631
Post-natal	44,540
Special visits	1,993
	59,164

Breast Feeding.

Midwives, Health Visitors and clinic doctors combine to teach the desirability of breast feeding, but the circumstances created by the war put great difficulties in the way of success in this important feature of the work.

Supervision of Midwives, etc.

The Assistant Supervisors of midwives and a Health Visitor with special duties paid 1,521 visits of inspection to midwives, special problem cases, eye cases, nursing homes, etc.

Nursing Homes.

The medical officers of the Infant Welfare Department on behalf of the Medical Officer of Health, pay regular visits of inspection to private nursing homes on the Register.

Medical Assistance to Midwives.

In accordance with the rules of the Central Midwives Board, midwives called in doctors in emergency as follows :—

	City Midwives.	Private Midwives.	Nursing Homes.
Assistance for mother ..	559	22	19
Assistance for child ..	93	6	3

Fees paid by the Corporation to doctors for this service amounted to £775 3s. 6d. A satisfactory proportion was recovered from the patients, remissions being made in cases of proved hardship, in accordance with a fixed scale.

Ophthalmia Neonatorum.

This disease, inflammation of the eyes of the new-born, so productive of blindness if not treated, rarely nowadays produces blindness, because of the measures taken by midwives to prevent it, and by Health Departments in following up any cases of the disease which are notified. But great anxiety exists about it at present, because under war-time conditions some of the mothers, especially those bearing illegitimate children seek no ante-natal care. Some such cases, emergency and with venereal disease, occurred. In spite of all the difficulties, however, no infant had its vision impaired, a result which speaks well for the vigilance exercised.

Notified cases :—

By Institutions	0
By doctors and midwives ..	49
Treated in hospital	9
Treated at home	40
Vision Unimpaired	49
Vision impaired	0
Deaths	0

A Health Visitor with special experience paid 982 visits to infants with eye trouble.

Consultant Ante-natal Clinic.

This clinic, at which Mr. H. J. Malkin acts as consultant for cases referred from the ordinary ante-natal clinics, held 50 sessions, and dealt with 321 first visits and 312 return visits, about 13 per session average.

Ante-natal Clinics.

An increasingly large number of women are taking advantage of the facilities for medical supervision during pregnancy, at the Corporation clinics. This is of great importance. The work at these clinics is very heavy, and is made more so by the fact that so many forms have to be filled up for the women on behalf of various Ministries or for women whose husbands are in the Services.

There were 707 sessions at 8 centres, dealing with 3,777 new patients, which together with re-visits brought up the total visits to 20,127, an average of 28·4 per session.

Ante-natal sessions are held as follows :—

1. Health Department, Huntingdon Street.
   Tuesday, 10 a.m.—12 noon.
   Friday, ,, ,,
2. City Mission, Carlton Road.
   Tuesday, 10 a.m.—12 noon.
   Thursday, ,, ,,
3. 25 Wilford Road,
   Wednesday, 10 a.m.—12 noon.
   Friday, ,, ,,
4. 75 Radford Boulevard.
   Monday, 10 a.m.—12 noon.
   Wednesday, ,, ,,
   Thursday, ,, ,,
5. Assembly Hall, Aspley Lane.
   Monday, 10 a.m.—12 noon.
   Friday, ,, ,,
6. 24 Main Street, Bulwell.
   Wednesday, 2—5 p.m.
7. Edwards Lane Clinic.
   Monday, 10 a.m.—12 noon.
8. Congregational Chapel, David Lane.
   Tuesday, 10 a.m.—12 noon.

Maternal Mortality.

The statistics appear on page 7.

Homes for Unmarried Mothers.

1 and 95 Queens Drive.

There were admitted during the year eleven mothers, thirteen babies and eight expectant mothers. Valuable social work in connection with these persons was carried out.

The Day Nursery, which is associated with the hostel had 40 children attending regularly.

Infant Welfare.

Health Visiting.

The Health Visitors, in their task of teaching mothers and supervising the welfare of infants, paid the following visits :—

	1942.	1943.
Primary Visits	4,498	4,615
Revisits under 1 year ..	15,935	19,064
Revisits 1—5 years ..	32,554	39,706
Other visits	981	177

The increase over 1942 will be noted.

Infant Life Protection.

Public Health Act, 1936.

This branch of work is increasing in difficulty ; it is almost impossible to get reliable foster-mothers, owing to war-time employment of women.

A problem is created by the many instances of the illegitimate child of the married woman whose husband is in the Forces. Most of these women wish to get the children adopted, and put in enquiries a few days after the birth of the child, and even try before the birth to arrange for the adoption.

There were 155 names on the Register at 31/12/43. 110 foster mothers were on the Register.

Infant Welfare Centres.

No. of Sessions held weekly		26
Total attendances of new cases :—		
Children up to 1 year	3,427	
Children from 1—5 years	259	
	——	3,686
Total attendances of all babies :—		
Children up to 2 years	54,903	
Children 2—5 years	4,377	
	——	59,280
Total number of sessions :—		
Infant clinics	1,051	
Toddlers' clinics	308	
	——	1,359

The above figures give some indication of the part played by Infant Welfare Centres in the life of the community. The total attendances of all children up to 5 years shows an increase of 5,675 over 1942. Owing to so many mothers being out at work the actual percentage of mothers bringing their babies in the first year of life is not so high as it might be, but this is largely counterbalanced by increased following up in the homes by Health Visitors.

Infant Welfare Centres are at :

Aspley Lane.
David Lane, Basford.
Huntingdon Street.
Hyson Green Dispensary.
Jarvis Avenue.
Lenton Abbey.
Lenton Boulevard.
Edwards Lane.
St. Luke's Mission, Sneinton.
Wilford Road.
Bulwell.

Ultra-Violet Ray Treatment.

All children attending centres are eligible, when prescribed, for free Ultra-violet ray treatment at the Heathcoat Street clinic. 233 of them were so treated.

Orthopædic Treatment.

Children up to 5 years of age requiring treatment by an orthopædic surgeon are sent to the Cripples' Guild at the cost of the Maternity and Child Welfare Committee. During 1943, 473 such cases made 3,729 attendances at the Cripples' Guild.

Outpatient treatment cost £360.

Splints and X-ray examinations, £17 17s. 0d.

Those requiring in-patient treatment are sent to Harlow Wood or Gringley at the cost of the Corporation. Two were there at the beginning of the year, three were sent in and four were discharged.

Health Visitors and Diphtheria Immunization.

The Health Visitors can and do play a valuable part in teaching mothers the value of immunization against the perils of Diphtheria. The response in children has been the greatest in the Edwards Lane, Bestwood and Sherwood districts, and our records show that among children under five years *known to the Department* in these areas 67·5% have been immunized. Sneinton district gave the poorest response with only 25%.

Verminous States.

During the last four months of 1943 an attempt was made to assess the proportion of children in the age group 0-5 years who were verminous. In all 19,361 children were available for examination and of these 17,582 were actually examined. Of these, only 294 were found to be infested either by live vermin or nits, that is less than 17 per thousand.

Appropriate action is constantly being taken to keep down verminous conditions and lethane oil preparations are marvellously effective with the minimum of trouble.

Wartime Day Nurseries.

During 1943 five more nurseries were opened, making eight (not counting the one attached to 95 Queen's Drive). The location of the Nurseries is as follows :—

Bells Lane Estate (Amesbury Circus).
Radford (Ashburnham Avenue).
Sycamore Road.
Brierley Street.
Pierrepont.
Bulwell.
King Edward Park.
Arnold Road.

All the children are kept under constant medical supervision, and their development carefully watched.

The Day Nursery service imposes considerable responsibility on the administrative staff of the Health Department. The difficulty of keeping the nurseries supplied with an efficient and reliable staff of nurses, nursery nurses, cooks and cleaners is great.

Work performed for the Social Welfare Committee.

The doctors of the Maternity and Child Welfare Department are responsible for the regular supervision of the children in the Central Homes, Hartley Road, and the approved Homes at Watcombe Circus, Derby Road, Gorsey Road and Foxhall Road. Reports are made to the Social Welfare Committee.

The Residential Nursery for young children is also under medical supervision of the same staff. Another Residential Nursery is being prepared in Mansfield Road, and this will also be supervised.

These new developments will have to be taken into consideration in the post-war arrangements for medical staffing; heavy burdens are at present being cheerfully borne.

BIRTH CONTROL.

The arrangement continues by which the Corporation gives official recognition to a privately managed organisation under the name of The Women's Welfare Centre, Methodist Church Schoolroom, Shakespeare Street. Information regarding this body may be obtained on application to the Secretary.

Women attending municipal clinics and hospitals and needing birth control instruction on the grounds that further pregnancies would be detrimental to health are referred to the organisation, and financial assistance arranged for.

During the year 51 women were referred from Maternity and Child Welfare Clinics and from the Tuberculosis and Venereal Disease Clinics, also from the City Hospital. 50 of them took advantage of the arrangement.

NURSING.

Salaries and Conditions of Service.

The Rushcliffe Committee, of which your Medical Officer of Health is a member, published recommendations relating to hospital nurses (male and female), and Health Visitors and other nurses in the Public Health services. The Midwives' Salaries Committee, also under Lord Rushcliffe, made similar recommendations in regard to institutional and domiciliary midwives.

The Nottingham Corporation has, on the recommendation of the Minister of Health, adopted the Rushcliffe scales of salaries for all its nurses and midwives. The conditions of service have also been applied as far as is possible in war-time. The Ministry of Health has promised a substantial grant towards the additional expenditure.

Civil Nursing Reserve.

This organization continues to keep a register of trained and assistant nurses available for war-time duties. The British Red Cross Society continues to assist by arranging training courses for auxiliary nurses. Lecture courses are arranged in the winter months to keep the personnel together and interested.

The Local Emergency Committee of the Nursing Profession meets regularly to control the activities, under the chairmanship of Miss I. Liddle. Acknowledgment is made of the particularly efficient services of Miss Kaye Barter (Mrs. Niven) who acted as secretary almost from the beginning until her recent retirement. The new secretary is Miss A. Kirrage, Russell Chambers, King Street. The expenses of the organization are refunded to the Corporation by the Ministry of Health.

District Nursing.

The Health Committee has continued its policy of encouraging the existing district nursing associations to extend their work so as to leave no part of the city without home nursing facilities. Substantial grants have been made to the Nottingham District Nursing Association in respect of its original areas, with special additional grants for extensions in recent years into Sherwood, Aspley and Sneinton Dale. Recently, further grants have been made so that the Association may pay Rushcliffe rates of salary to the staff. Grants are also paid to the Bulwell Association, the Bilborough Association and the Beeston Association, the latter in respect of Lenton Abbey Estate.

The Wollaton & Trowell Nursing Association, which formerly received a small grant to pay for a few midwifery cases near the city boundary at Wollaton, has now extended its services to include general home nursing at Wollaton, and further eastwards to meet the boundary of the Nottingham Association's area near Wollaton Park. A substantial grant has been given by the Corporation towards this extension.

There are now only very small portions of the city which are not covered by one or other of the various district nursing associations.

ALMONERS' DEPARTMENT.

An Almoners' Department was initiated by the Health Committee in October, 1943. Previously there had been an almoner employed at the City Hospital, somewhat by way of an experiment. The announcement in 1943 that the Ministry of Health was about to start a scheme of allowances for tuberculous persons undergoing treatment called for consideration as to how best the Corporation could carry out its duties in this respect. Developments in medico-social work in the country in recent years had already brought into prominence the usefulness of women holding the qualification of the Institute of Hospital Almoners. Perhaps the name is unfortunate, as it may create the impression that these women are engaged merely in the issue of alms or doles to the poor. Whatever may have been their original duties, their present occupation is of a very different character. The Health Committee decided to appoint a chief almoner (Miss Benham) whose first duty it would be to get the tuberculosis allowances scheme started. Afterwards her department would undertake all work appropriate to almoners in any section of the Health Department. At the time of writing one almoner is working exclusively in the Venereal diseases clinic, where the problems are not financial at all, but chiefly to solve social difficulties among women patients, especially such difficulties as would lead to defaulting from treatment ; contacts are also followed up. Other qualified almoners are working not only in the City Hospital and the Tuberculosis Clinic,

but also in association with the Maternity and Child Welfare Department (more particularly in regard to remission of doctors' and midwives' charges, and charges for orthopædic appliances, in needy cases).

Miss Benham contributes the following note on the work of almoners :—

Almoners were first appointed about fifty years ago, with two main duties ; firstly, to see that free hospital treatment was not abused by those who could afford to pay for it, and secondly to help poor patients to carry out what was recommended for them by putting them in touch with voluntary and statutory agencies able to help them.

The hospitals changed, and so did the almoners' work in them. When it became usual to ask for patients' contributions, many hospitals judged almoners the most suitable members of their staff to work out and administer such a policy, having understanding of the social implications of disease and of how it would effect the family economic position. Later it was realised that too great a preoccupation with assessment and collection of patient's payments may be to the detriment of the social plans for the patient's cure, not only in the time taken by assessment, but also in the relationship involved with the patient. And so now the tendency is more to concentrate on social cure and rehabilitation, and to be concerned with the patient's income simply in so far as to ensure its adequacy for the cure.

The variety of work undertaken by almoners, in accordance with their training in principles and methods by the Institute of Hospital Almoners, is not yet

sufficiently appreciated by the public, and needs explanation. Suffice it to say that the almoner is concerned with all social aspects of the patient's cure. The department appointed by the Nottingham Health Committee is to cover the City Hospital, the Tuberculosis provisions, the V.D. Clinic, and such of the provisions of Maternity and Child Welfare, Prevention of Blindness, insulin schemes, etc., as prove appropriate.

We shall have a central office, and three main departments: the City Hospital, the Tuberculosis Clinic, and the V.D. Clinic. At the Hospital we expect to rely largely on the doctors and nurses to refer social difficulties and to call in our aid where social plans are needed. At the V.D. Clinic the need is somewhat different. Here, in the words of a recent leading article in the Lancet "the clinic almoner's role, *inter alia*, is to help the patient through the difficulties inseparable from what is at best a trying and tedious time, to assist in rehabilitation, and to do all she can to prevent default from treatment". The Tuberculosis Clinic and sanatoria require from the almoner the administration of the Ministry of Health Allowance scheme (which needs tactful and intelligent handling), and the care schemes for the social work of prevention and cure.

In plans for the future, stress is laid on the need for a comprehensive medical service for all. So it must be with the almoner service; it is not sufficient that it should be fully developed, as in the past, only in the large hospitals. It must play its part in the whole field of prevention, cure and alleviation of disease, and the Nottingham Health Committee has realised this tendency in appointing one department for all branches of its work.

While each of the City almoners will be essentially a part of her hospital or clinic medical team, she will be in close co-operation with the other almoners in the department, and in this way we hope to give a balanced service, working in parallel with the medical services, so as to help to solve the many social difficulties which accompany illness, and which, if unsolved, react unfavourably on the chances of recovery and rehabilitation.

THE CITY HOSPITAL AND THE FIRS MATERNITY HOSPITAL.

The report of the Medical Superintendent, Dr. C. L. C. Crowe, is on the usual lines, and from it are reproduced some of the tables giving a general idea of the large amount of work carried out, not only in the great City Hospital itself, but also in The Firs, where a considerable portion of the midwifery is undertaken.

Building extensions cannot be carried out on a large scale at present and little was done in 1943 except in connection with the pathological laboratory ; here some extra accommodation was taken over and adapted for laboratory purposes in order that the staff could more satisfactorily carry out their duties. This laboratory is working as an Area Laboratory as part of the Emergency Medical Services of the Ministry of Health, providing laboratory facilities for hospitals over an extensive area, and it is not unlikely that this useful function may be continued and, perhaps, further developed after the war emergency has ended.

Dr. Johns, the pathologist, is developing a most important section of the hospital's work, for the accurate diagnosis of many ailments cannot be made without the services of skilled pathologists, and laboratory facilities are also necessary for the control and adjustment of many forms of medical treatment.

Of the work of the City Hospital in connection with the sick and injured from H.M. Forces in this country, and of the reception of convoys of wounded from the battle-front (sometimes in a surprisingly short time after leaving the actual area of fighting), few details can be published. It is permissible to say that this work is being carried on continuously, and the efforts of the physicians and surgeons (resident and non-resident) as well as of the administrative staff, are proving highly satisfactory to the Ministry of Health and to the military authorities, whose officials frequently express their confidence in the hospital.

Unfortunately the reservation of beds for military cases and for possible air-raid casualties, necessitates restrictions on the free and easy admission of cases of illness among the ordinary civilian population for whom the hospital is primarily intended; and the fact that the Government contributes to the cost of the hospital on a fairly generous scale in respect of Service patients, is not much consolation to those civilians who need to gain admission but cannot do so. The facts have to be faced, however, and if in times of great emergency, priority has to be given to the admission of sick and wounded soldiers and airmen, the general public will just have to put up with the resulting restrictions without grumbling, even though real hardship to them may be experienced.

The suitable allocation of beds for war-time purposes could not have been made without the ready co-operation of the Social Welfare Committee and its officers in connection with the adjacent institution, Vale Brook Lodge. This institution and the City Hospital are, of course, at all times closely linked, having many services

in common, and the medical supervision of Vale Brook Lodge inmates is at all times a duty of the medical staff of the hospital. That close and helpful co-operation exists between the two Committees is a fact to record with pleasure.

The demand for midwifery beds at the City Hospital and The Firs is overwhelming, and bookings have to be restricted drastically, for in midwifery wards overcrowding is dangerous and cannot be tolerated. The heavy call on midwifery beds is due to many causes of which the primary one is the modern tendency for women to prefer to be confined in hospitals, even though the home midwifery services of municipal midwives have arrived at a pitch of efficiency never previously achieved. This tendency is increased by reason of the very real war-time difficulty of getting help to carry on the work of the home during the lying-in period of the mother of the house. The housing shortage also causes many grievous difficulties, which can only be solved by hospital admission.

Then again the increase in illegitimate births, which is a feature of the war years, gives rise to cases which can only be dealt with by the provision of hospital accommodation. The officials of the Corporation, having great difficulty in meeting the ordinary demand for beds, find their difficulties increased when girls, who have lightheartedly entered into illicit unions, dump themselves upon Nottingham within a few weeks of term and seem to expect to find a row of empty beds for their accommodation, and a nice residential nursery to relieve them subsequently of any further responsibility for their infants.

The arrangements made for modern chest surgery, described in the last annual report as a happy example of co-operation between the medical services of city and county, have continued to function satisfactorily. The scheme includes the City Hospital in respect of patients suffering from non-tuberculous disease of the chest, from both city and county, who are operated upon by a visiting surgeon, Mr. Mason of Newcastle, at the City Hospital. (Tuberculous cases from city and county are similarly dealt with in a county hospital, but the promised operating-theatre at the Ransom Sanatorium is not yet available, and so for the present the patients go to the County Hospital at Kilton Hill).

Difficulties in obtaining nursing staff have not been so acute as those experienced in some hospitals, though staff nurses have been in short supply. Domestic workers for the hospital have provided a greater problem. There is an excellent canteen at which non-resident staff can obtain good meals at moderate prices. The City Council has accepted the recommendations of the Rushcliffe Committee regarding the pay of nurses and midwives, and Rushcliffe rates are being paid. Rushcliffe recommendations on conditions of service are also put into operation to the fullest extent possible in a difficult period. All other hospital workers are paid according to the scales recommended by the appropriate negotiating bodies.

Acting on the suggestion of the Nottingham Health Committee, the Association of Municipal Corporations invited the County Councils Association, the London County Council and other associations of employing authorities, as well as the British Hospitals Association,

representing the voluntary hospitals of the country, to form a committee to endeavour to meet the professional associations representing masseurs, radiographers, almoners, pharmacists and laboratory technicians, for the purpose of coming to an agreement on salaries scales for these various classes of hospital workers. Hitherto, some of these professional bodies have had their salary scales, but such scales were never negotiated upon and agreed by the employers. It was felt that a useful step forward would be towards such an agreement. The Joint Committee was formed and is holding meetings, but such affairs cannot be got through quickly in these days. Your Medical Officer of Health has the honour of serving upon the Joint Committee.

Here follows a summary of the most important of the tables prepared by Dr. Crowe :—

Beds (War-time Accommodation).

Specialised Wards (Tuberculosis, Venereal Disease, Isolation and Maternity and Gynæcology) ..	344
Male Medical	200
Male Surgical	150
Female Medical	214
Female Surgical	114
Children—Medical	66
Children—Surgical	56
	1,144

Averages for the Year.

Beds.	Average daily number occupied ..	750
Admissions.	Average daily number	25·17
Duration of stay of patients :—		
Under 4 weeks		6,607
4 weeks and under 13		1,967
13 weeks or more		581

Maximum number of beds occupied :—

Civilian, February 17th	683
War Emergency, May 20th	255

Minimum number of beds occupied :—

Civilian, August 22nd	489
War Emergency, April 16th	66

Statistical Table for Year ended 31/12/43.

Remaining in hospital, January 1st ..	701	
Admitted	8,119	
Born in hospital	1,070	
	——	9,890
Discharged	8,364	
Died	791	
	——	
Patients treated to a conclusion		9,155
Remaining in hospital 31/12/43		735

Comparative Table for Three Years.

	1941.	1942.	1943.
Admissions	7,754	7,907	8,119
Births	1,459	1,195	1,070
Deaths	956	851	791
Admissions, average daily number	25·24	24·94	25·17
Operations performed	2,394	2,660	2,598

Clinical Laboratory.

The work of this laboratory has continued to increase and the scope of the undertaking has been generally extended. Specimens examined numbered 10,361. As from 1st January 1943, the Ministry of Health, under the Emergency Pathological Service Scheme, accepted full financial responsibility in the terms of para. 4 of Circular 2658.

Massage Department.

Number of treatments given :—	
Civilians	17,474
Military	16,591
	34,065
Increase over previous year	2,178
„ „ 1941	4,993

X-Ray Department.

The total number of investigations made, of all types, was 5,265. This is an increase of 778 over the previous year, and of 64 over 1941.

Dental Department.

Extractions	2,535
Patients treated	595
Dentures supplied	9

Maternity Department.

	City Hospital.	The Firs.
Live Births	1,070	644
Still Births	62	22
Born in ambulance	6	—
	1,138	666
Cæsarean Sections	60	23
Maternal Deaths*—		
In labour (heart disease) ..	1	—
Post-partum (embolism) ..	1	—

*Not counting deaths of patients delivered outside and admitted as emergencies.

Pemphigus Neonatorum, cases ..	0	2
Puerperal Pyrexia	6	11
Ophthalmia Neonatorum ..	—	—
Infant Deaths within 10 days ..	48	8
Admissions for ante-natal care ..	865	128
Ante-natal Clinic—bookings ..	924	743
Repeat Visits	4,925	5,838
Post-natal Clinic, visits ..	930	799
Births in Venereal Unit	36	—

Theatre Department.

Operations performed—

Ear, Nose and Throat	539
Genito-urinary	226
Orthopædic	342
Gynæcological	647
Chest	30
General Surgery	1,174
	2,958

Ambulance Service (per Mr. G. W. Gould, Vale Brook Lodge). (Year ended 31/3/44).

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

Mileage	.. 29,357	(previous year 28,303)
Average miles per gallon	.. 10·073	(„ „ 9·164)
No. of patients removed	.. 3,131	(„ „ 3,538)
No. of journeys ..	.. 4,306	(„ „ 3,190)

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

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 :—

CITY ISOLATION HOSPITAL—1943.

Disease.	Remaining at end of 1942.			Admitted 1943.			Total Cases during 1943.	Total Cases finally dealt with in 1943.	Total deaths during 1943.	Case mortality % of Total Cases in 1943.	Days of average residence.		Remaining at the end of 1943.
	Sex. No. of Patients.	Recovered.	Died.	No. of Patients.	Recovered.	Died.					Non-Fatal.	Fatal.	
Scarlet Fever ..	M. 25	25	..	148	134	..	173	159	..	..	..	..	14
	F. 36	36	..	209	189	..	245	225	..	..	..	..	20
Totals ..	61	61	..	357	323	..	418	384	..	..	30·87	..	34
Enteric Fever ..	M. ..	..	..	..	..	..	..	..	..	..	..	..	..
	F. ..	..	..	1	1	..	1	1	..	..	..	..	..
Totals ..	..	..	..	1	1	..	1	1	..	..	83	..	..
Diphtheria ..	M. 9	8	1	71	64	2	80	75	3	..	..	..	5
	F. 10	10	..	81	72	3	91	85	3	..	..	..	6
Totals ..	19	18	1	152	136	5	171	160	6	3·92	37·87	11·6	11
Smallpox ..	M. ..	..	..	..	..	..	..	..	..	..	..	..	..
	F. ..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Cases ..	M. 7	7	..	143	109	18	150	134	18	..	..	..	16
	F. 12	11	1	151	128	12	163	152	13	..	..	..	11
Totals ..	19	18	1	294	237	30	313	286	31	10·84	20·39	8·2	27
Totals ..	99	97	2	804	697	35	903	831	37	4·49	29·17	8·8	72

Smallpox.—No cases occurred during the year.

Scarlet Fever.—378 patients notified as suffering from scarlet fever were admitted to the City Isolation Hospital. The diagnosis was confirmed in 357 of these cases.

The type was again mild in character. No deaths occurred. 1 patient, a boy aged 5 years, developed acute mastoiditis necessitating surgical intervention. The average days of residence for the above 357 patients was 30·87. Scarlatinal antitoxin was administered to 83% of all confirmed cases with, it is believed, beneficial results. This high percentage of patients receiving

specific antitoxin was made possible by the fact that these patients were admitted at an early stage of their illness, mostly within 48 hours of developing the characteristic rash. Chemotherapy was used in carefully selected cases along with, or instead of, antitoxin.

As regards complications, middle ear disease, cervical adenitis (late), septic sores of skin and secondary attacks proved the commonest. Only one patient out of the 357 cases developed nephritis which used to be a very common complication of scarlet fever.

Diphtheria.—244 patients were admitted to hospital in 1943 having been diagnosed as suffering from diphtheria or suspected diphtheria. The diagnosis was confirmed in 152 cases, the remaining 92 patients were proved to be suffering from some other complaint.

Although there were 6 deaths during the year from diphtheria, one of these fatal cases had been admitted in 1942, leaving 5 deaths from among the 152 proved cases admitted during 1943. One of the 5 deaths occurred in a man aged 45 years who contracted his illness in, and was admitted from, an Urban District outside the City. This leaves 4 deaths involving a boy of 4 years and three girls aged 3, 8 and 10 years respectively. NONE of these fatal cases had been immunized.

The following figures relating to the year 1943 would seem to prove the efficacy of diphtheria immunization.

Children aged 0 to 15 years.	Cases.	Deaths.
Not immunized ..	54	4
Immunized	15	0

Enteric Fever.—Although 5 suspected cases were admitted to this hospital, only one of these cases proved to be actually suffering from enteric fever (Paratyphoid B. variety). This confirmed case occurred in a woman aged 22 years of age who had contracted her infection outside the City.

Measles.—35 cases were admitted for treatment during 1943, 28 of these patients being under 5 years of age. One death occurred in a child aged 9 months.

Whooping Cough.—23 cases of this infection were admitted for treatment during the year. There were 4 deaths affecting children aged 1, 2, 3 and 5 years respectively.

NOTIFIABLE DISEASES OF THE CENTRAL NERVOUS SYSTEM.

Meningococcal Meningitis (Cerebrospinal Fever).—19 patients, admitted to hospital during 1943, proved to be suffering from this infection. 3 deaths occurred, affecting a boy of 4 years (who incidentally died 3 hours after admission), a boy of 10 months, and a man of 70 years. The total of 19 cases treated during the year compares with 26 in 1942, 41 in 1941, and 45 in 1940.

Encephalitis Lethargica.—One patient, a boy of 7 years, was admitted suffering from the acute form of this disease; his illness terminated fatally after 21 days in hospital.

Acute Anterior Poliomyelitis.—There were no cases of infantile paralysis admitted during 1943.

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)—

Gastro-enteritis	30	cases.
Meningismus	11	,,
Tubercular Meningitis	7	,,
Acute Bronchitis	5	,,
Acute Broncho-pneumonia	5	,,
Enteritis	5	,,
Pneumococcal Meningitis	5	,,
Acute Bacillary Dysentery	4	,,
Nil infectious found	4	,,
Chickenpox	2	,,
Erysipelas	2	,,
Influenzal Meningitis	2	,,
Rubella	2	,,
Acute Cercival Adenitis	1	case.
Acute Lobar Pneumonia	1	,,
Acute Lymphocytic Choriomeningitis	1	,,
Acute Otitis Media	1	,,
Cerebral Hæmorrhage	1	,,
Chronic Appendicitis	1	,,
Cyclical Vomiting	1	,,
Drug Rash	1	,,
Epidemic Parotitis	1	,,
Epilepsy	1	,,
Influenza	1	,,
Pemphigus Neonatorum	1	,,
Subarachnoid Hæmorrhage	1	,,

Service Cases.—45 service patients were admitted during the year. The corrected diagnosis is as follows :—

Scarlet Fever	10	cases.
Diphtheria	9	,,
Streptococcal Tonsillitis	9	,,
Vincent's Infection of Throat	4	,,
Acute Bacillary Dysentery	2	,,
Measles	2	,,
Nil Infectious found	2	,,
Acute Lymphocytic Choriomeningitis	1	case.
Cerebrospinal Meningitis	1	,,
Drug Rash	1	,,
Epidemic Parotitis	1	,,
Glandular Fever	1	,,
Meningismus (Post-Influenzal)	1	,,
Rubella	1	,,
Total	45	cases.

Gastro-enteritis and Cubicle Wards.—The outstanding event of the year was the opening of the Cubicle Block (Ward 5) on 30/10/43, and the Gastro-enteritis Block (Ward 7) on 4/12/43. These wards were erected on the site of the Male Sanatorium Ward (the 'old' Ward 7) after the male Tubercular patients were transferred to Newstead Sanatorium.

The Cubicle Block contains 12 single rooms each capable of holding one full-sized bed and one cot, whilst the Gastro-enteritis Ward contains two main sections (for Acute and Convalescent patients), each capable of accommodating 12 cots. These wards are already proving their usefulness and considering war-time difficulties are extremely well equipped. The Gastro-enteritis ward at the time of writing this report has dealt with over 50 patients since the ward was opened. The Aseptic technique of fever nursing is used on the ward; this demands a very high ratio of nurses to patients. Broadly speaking there are two types of nurses working on such a ward, viz. "Changers" and "Feeders". Feeds for the 24 hours are prepared daily for each patient and stored in a refrigerator.

Owing to the fact that the disease or rather syndrome, known as Gastro-enteritis is still of uncertain aetiology, it is inevitable that the cases admitted to the hospital will not all have exactly the same "infection" or even symptoms. Bacteriological tests performed on cases which have already been treated have in the majority of cases revealed no known pathogenic organisms; this lends weight to the argument put up by those who claim that the syndrome is due to a combined alimentary-infectious aetiological complex of a non-specific character.

DIPHTHERIA IMMUNIZATION.

Diphtheria immunization has proceeded on the lines set out in the last Annual Report.

Dr. Booth is employed by the Health Committee half-time, and, together with a nurse and clerk, he carries out the process in the Infant Welfare Centres and in the schools.

Parents are still wisely coming forward with their children for immunization, and at the end of 1943 the numbers immunized in the Infant Welfare Centres and in municipal and private schools stood at 43,159 since the scheme commenced.

This is a very satisfactory total, and, as Dr. Don's report on infectious disease shows, the immunization scheme is having a very noticeable effect on the incidence of Diphtheria in the city.

There has not been a death from Diphtheria among the children immunized.

SCABIES AND LOUSINESS.

The clinic for scabies and verminous conditions, opened at the Turkish Baths premises in March 1942, has proved a great boon to the public, and appears to be holding the spread of scabies in check. Without it, the ailment would have got out of control entirely, and there is no doubt the afflicted persons would have been many times more numerous than they are now. The Sanitary Inspectors, Women Housing Inspectors and Health Visitors all co-operate with the clinic staff by following up families suffering from scabies or lousiness, and pressing them, where necessary, to attend the clinic

all together, so as to clear out the condition from all the members at the same time, thus avoiding re-infection. Any home conditions requiring attention, and disinfection of clothing where necessary, are attended to. From time to time the Sanitary Inspectors come across persons of a well-known type—aged persons living alone, with intellects beginning to dim, well content to live in conditions of untidiness and filth which would have been abhorrent to them while their mental powers were normal. These people have to be persuaded to enter Vale Brook Lodge for cleansing, and if persuasion fails a Magistrate's Order has to be applied for. Such people, once in an Institution, are usually content to remain there. Some become certifiable under the Lunacy Acts.

Dr. A. D. Frazer, who is in charge of the Turkish Baths Clinic submits the following report :—

The total number of new patients was 6,070, and the total number of attendances 33,645.

This compares with the 1942 figures of 4,389 new patients and 22,822 total attendances, but there is no reason to believe that the incidence of scabies is increasing, indeed the peak seems to have been passed and a gradual fall has recently set in.

Of the 6,070 new cases 828 were doubly infected with scabies and impetigo and 211 had scabies and secondary septic sores. These required daily dressings, hence the large figure for total attendances.

The remaining 1,417 patients consisted of cases of lousiness, various septic conditions of the skin where scabies was suspected as the underlying cause, pruritis, etc.

In the great majority of cases the whole family willingly comes for treatment and pressure under the powers given by the Scabies Order has had to be used in very few instances.

TUBERCULOSIS.

Outstanding features of the campaign against tuberculosis during 1943 were :—

1. Continuation of intense activity at the Tuberculosis Clinic.
2. Increased and unsatisfied demand for institutional accommodation. This exists throughout the country, not merely in Nottingham.
3. Establishment by the Government of a system of financial allowances to persons suffering from tuberculosis, in order that lack of means may not prevent them from accepting medical treatment. This new provision has led to the formation of an Almoners' Department locally, to deal with other matters as well as tuberculosis allowances.
4. Progress of the Mass Radiography scheme.

Tuberculosis Clinic.

Dr. J. V. Whitaker, the Tuberculosis Officer, reports increased public interest in tuberculosis, resulting in greater use being made of the clinic services for the diagnosis of the disease. This is exactly what we have been wanting, for progress in the prevention of tuberculosis demands the discovery of existing cases in the community.

In the last annual report the following reasons for this increased activity were suggested :—

(*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.

To these may now be added two further factors :—

(*f*) the proved attractiveness of Newstead Sanatorium and satisfaction with the services provided there.

(*g*) national and local publicity regarding Mass Radiography.

Evidence of the increased activity is provided by the fact that during 1943, 472 new cases of tuberculosis were detected, against 433 the previous year. 3,797 full chest radiographs were obtained, compared with 3,131 in 1942. Total number of X-ray examinations 5,615 against 4,799 in 1942.

Dr. Whitaker reports that he is continuing to follow with great interest the researches which are taking place in various parts of the world on the use of B.C.G. vaccine for large scale immunization of the population against tuberculosis infection. He reports that many Tuberculosis physicians are inclining to the view that researches along these lines may ultimately provide a means of protection of great value. The Tuberculosis Association has urged the Ministry of Health to make supplies of the

vaccine available. The outcome will be watched with interest, and with the caution necessary where new developments are concerned.

Dr. Whitaker supplies the following figures :—

Number of Cases on Clinic Register.

1937	.. ..	904
1938	.. ..	1,014
1939	.. ..	1,191
1940	.. ..	1,212
1941	.. ..	1,336
1942	.. ..	1,534
1943	.. ..	1,623

Tuberculosis Death-Rate (Nottingham).

Ten years' average 1933-42—			
Respiratory only	..	..	0·80
All forms of Tuberculosis	..	..	0·95
For 1943—			
Respiratory only	..	..	0·80
All forms of Tuberculosis	..	..	0·97

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

Pulmonary :	Males	194	Females	158
Non-pulmonary :	,,	22	,,	13

Deaths.

Pulmonary :	Males	112	Females	92
Non-pulmonary	,,	23	,,	21

Patients admitted to Institutions.

Newstead Sanatorium :

Males ..	.. 114	Pulmonary.
Females..	.. 138	
Children	.. 23	
	275	

City Isolation Hospital :

Males ..	..	—	Pulmonary.
Females..	..	60	
Children	..	6	
		66	

City Hospital :

Males ..	..	31	Pulmonary.
Females..	..	33	
Children	..	3	
		67	

Males ..	..	11	Non-pulmonary.
Females..	..	6	
Children	..	5	
		22	

Cases admitted to outside sanatoria :

Males ..	..	1	Pulmonary.
Females..	..	2	
Children	..	5	
		8	

Males ..	..	3	Non-pulmonary.
Females..	..	1	
Children	..	4	
		8	

Treatment Allowances.

In order to help men and women who need treatment for pulmonary tuberculosis, but for whom treatment will mean an interruption of earnings or other income, the Government make special allowances. The object of the allowances is to enable necessary treatment to be undertaken without financial anxiety about the support of the family or the upkeep of the home.

These allowances are paid through the Tuberculosis Clinic at " Forest Dene ", Gregory Boulevard, whilst the patient is undergoing treatment advised by the Tuberculosis Officer as an in-patient or, in certain circumstances for definite periods before or after treatment in a sanatorium or hospital. These allowances will not be paid if the patient does not accept or continue such treatment as may be advised in his interests by the Tuberculosis Officer.

The allowances are :—

MAINTENANCE ALLOWANCES.

STANDARD WEEKLY RATES.

(i) Where the applicant (*i.e.*, the person receiving treatment) is a householder, which for this purpose includes a person living in lodgings, rooms, or a hostel :—

(*a*) For male applicant and wife, or female applicant with dependent husband (jointly)—39s.

(*b*) For male or female applicant where rate (*a*) does not apply—27s.

See also (iii) *below.*

(*c*) For each dependant (other than wife or husband) :

Aged 16 or over	12s.
Aged 14 and under 16	8s.
Aged 10 and under 14	6s. 6d.
Aged under 10	5s.

(ii) Where the applicant is a person living as a non-dependent member of a parent's or other relative's household and is receiving treatment at home, the allowance will be 25s. with additional payments if the person has dependants as in (*c*) above.

(iii) Where a person without dependants is undergoing treatment in an institution a payment under paragraph 5 (iii) may be made.

ADDITIONS TO STANDARD RATES.

(i) Amount of net rent (or mortgage interest) not exceeding 15s. a week.

(ii) A winter allowance of 3s. 6d. a week for householders or persons responsible for providing their own fuel.

In determining the amount of allowance for rent, where the household includes persons not dependent on the applicant, account will be taken of such proportion of the total rent as represents the applicant's own share of liability.

DEDUCTIONS FROM STANDARD RATES.

(i) Any benefit payable under the National Health Insurance Act.

(ii) The amount of any disability pension or treatment allowance received from the Ministry of Pensions or other public funds wholly in respect of pulmonary tuberculosis or the excess over £1 a week of any similar payments in respect of any other disability.

(iii) The amount of any payment received (*a*) from employer, (*b*) from self-employment or occupation in respect of the period of treatment.

(iv) 10s. a week where the applicant is being treated in a hospital or sanatorium.

DISCRETIONARY ALLOWANCES.

Application may be made for grants to supplement " maintenance allowances " at the standard rate towards meeting liabilities defined below. These payments will be at the discretion of the Tuberculosis Authority when they are satisfied that the liabilities cannot be met without help.

(i) Rent and rates in excess of 15s. a week covered by "maintenance allowance".

(ii) Hire purchase instalments.

(iii) Premiums on life assurance policies.

(iv) Expenses on education of children.

The amount (in total) of "discretionary allowances" will ordinarily be limited to 10s. a week. Any grant exceeding this will be subject to decision by the Ministry of Health after consideration of the circumstances of the particular case.

Account cannot be taken of additional obligations incurred by the applicant *after* beginning treatment, except in the case of educational charges approved by the Tuberculosis Authority as being reasonably necessary for the continued education of children.

SPECIAL PAYMENTS.

Additional grants may be made at the discretion of the Tuberculosis Authority (when they are satisfied that the liabilities cannot be met without help) for the following purposes :—

(i) Reasonable travelling expenses of not more than two near relatives at any one time visiting the patient in an institution to which the cheapest return fare exceeds 2s. 6d., where the Medical Superintendent certifies that a special visit should be paid, or otherwise at such intervals as the Tuberculosis Officer considers reasonable, which will not be more frequent than once in three months.

(ii) Where the person undergoing treatment is a housewife and increased expenditure is involved in obtaining outside domestic help in her absence. A special payment for this purpose will not exceed 10s. a week.

(iii) Where a person with no dependants is undergoing treatment in an institution, an allowance may be made in respect of pocket money (not exceeding 5s. weekly) and any reasonably continuing commitments for rent, rates, insurance or hire purchase charges so far as these payments cannot be met out of national health insurance benefit and any other available sources of income.

Submission of Applications.

Persons under treatment, or about to undertake treatment for pulmonary tuberculosis will be given any necessary help in claiming appropriate allowances by the Tuberculosis Officer or the staff at the Tuberculosis Clinic, "Forest Dene", Gregory Boulevard. The necessary forms of application will be provided on which all the particulars asked for should be given as fully and carefully as possible.

Administration of Treatment Allowances.

As soon as the Government issued its instructions regarding Treatment Allowances it became obvious that the amount of work involved would necessitate additional staff at the Tuberculosis Clinic. Further, it appeared that such work would not be within the province of either doctors or nurses; indeed it would be a waste of medical and nursing staff to occupy them with duties of this character, which are more within the scope of trained social workers, such as qualified hospital almoners. The opportunity was therefore seized upon to establish an Almoners' Department as a branch of the Health Department, and this is described on page 27. As soon as the Chief Almoner was appointed she made it her first duty to establish the system of Tuberculosis Treatment Allowances, and up to the present this system of administration has proved highly satisfactory.

Newstead Sanatorium.

Opened in August 1942, Newstead Sanatorium is still in its infancy, but is a thriving child. It has had a few "growing pains" but is getting over them. In view of the war-time difficulties experienced by most sanatoria in getting supplies and staff, the first year troubles at Newstead have been less than were anticipated, and the building itself has proved admirably fitted for its purpose. For reasons already given, the call on the beds is so great that a place twice the size could be kept fully occupied. Suggestions for extensions of the permanent building to take 34 beds have been made to the Ministry of Health but during the war emergency cannot be entertained. At the time of writing it seems likely that temporary buildings for about 56 beds will be erected, while consideration is being given to the erection of sufficient permanent accommodation on adjacent land as a post-war measure.

Dr. G. O. A. Briggs, the Medical Superintendent, supplies the following report :—

Work done during 1943.

Remaining on December 31st, 1942 ..		154
Admitted		275
Discharged—		
Classified cases	189	
Observation cases found to be non-tuberculous ..	10	
	——	199
Died		56
Remaining on 31st December, 1943 ..		174

Artificial Pneumothorax.

New cases induced	72
Refills	2,076

Other Treatment.

Aspiration	77
Oleothorax	7
Bronchogram	8
Mantoux Test	24
Gold Injection	408
Blood Examination	1,611
Paracentesis	24
Monaldi Drainage	2
Miscellaneous	81

Dental Clinic.

Examination	131
Extraction	121
Fillings	250
Scaling	42
Dentures	6
Prosthetics	14

Ear, Nose & Throat Clinic.

Examination	198
Cauterisation	4
Tonsillectomy	1

Thoracic Surgery. (*At Kilton Hill*).

Thoracoscopy	31
Phrenic Avulsion	5
Phrenic Crush	5
Thoracoplasty, stage 1	16
Thoracoplasty, stage 2	12
Korrekturplasty	3

X-Ray Department.

Screenings	2,380
Chest Films (including 32 contacts)	1,375
Bone and Joint Films	45
Abdominal Films	8
Staff Films	102
Others	7

Nurses.

The Sanatorium is now recognised as a Nurses' Training School and is affiliated with the Nottingham City Hospital, Leicester City General Hospital and Mansfield General Hospital. The Rushcliffe scheme has been put into operation and the nursing staffing position has materially improved.

Thoracic Surgery.

This is still being done by Mr. George Mason at Kilton Hill County Hospital, Worksop, pending the opening of the Theatre at Ransom Sanatorium. The work has grown considerably during the year, so that a full operating day is now necessary every three weeks.

Occupational Therapy.

This valuable form of occupying spare time has been started during the year. The manufacture of rugs, soft toys, scarves, bags, etc. has been in operation for some months. More recently carpentry has also been commenced.

Entertainment.

Due to the Finance and General Purposes Committee kindly loaning a 16 mm. talking film projector, it has been possible to give a weekly cinema show to both staff and patients.

Housing.

Houses have been purchased near the Sanatorium for the Engineer and Steward, and land adjacent to the Entrance gates, suitable for further building after the was, has also been bought.

MASS MINIATURE CHEST RADIOGRAPHY.

At the time of writing this report the Chest Radiography Centre, established at Postern Street, is in full operation under its Medical Director, Dr. A. E. Beynon, with a trained staff of Radiographers and clerks. The work done in 1943 was preparatory to the establishment of this new development. The special X-ray set in use is one of a series made for the Ministry of Health to a special design, and Nottingham is fortunate in being one of the first few localities to have been privileged by the Ministry to purchase one. A special word of thanks is owing to Group Captain R. R. Trail, M.C., M.A., M.D., F.R.C.P. of the R.A.F., who, in his capacity of adviser to the Ministry of Health on Mass Radiography, has visited Nottingham several times to give most valuable guidance on matters of principle and of detail. Dr. Beynon supplies the following notes regarding this very interesting venture which has been embarked upon by the Health Committee :—

Mass Miniature Radiography is not a novelty ! It has proved its value as a useful diagnostic measure, especially in the detection of early disease of the lungs as in tuberculosis.

Great progress has been made since the original experimental work by a Brazilian doctor in 1936, who used a miniature camera, which was worked by hand, to take photographs of the X-ray image of the chest. Needless to say, this method was slow and cumbersome. To-day, Mass Miniature Radiography has been established in this country, on a thoroughly sound basis due to the energetic direction and pioneer work of the Advisory Committee of the Ministry of Health.

The underlying principle of Mass Miniature Radiography is the photographic recording of the X-ray image of the chest on lengths of cinema film. The invisible X-rays originating from an X-ray tube or valve are directed towards the chest and these rays are capable of passing straight through from one side until they arrive at the other side of the chest (i.e. from back to front) where they fall upon a fluorescent screen setting up a fluorescent image of the chest and its contents. The electrically operated camera, containing long lengths of 35 m.m. cinema film, takes a photographic record of the image, after which operation, it automatically resets itself for the next person's X-ray photograph.

Each miniature X-ray photograph is one inch square. The long strips of film are processed (developed) by the staff at the Centre, and afterwards they are projected on to a screen. The screen picture is five inches square, and these enlargements are viewed by the Medical Director for the purpose of deciding whether each one is normal or not.

The X-ray Unit itself is made by Messrs. Watson & Sons, Ltd., of Reading, according to the specification of the Ministry of Health. It is the most up-to-date X-ray Unit of its kind. It is capable of dealing with 100 persons per hour, but not more than 500 miniature X-ray photographs are taken in any one day, and a total of 1,000 to 1,500 people are dealt with in the course of a week. The weekly total is restricted by limitations of staff in War-time and by the amount of " follow-up " work resulting from 1,000 to 1,500 miniature X-ray examinations.

The apparatus is so constructed that it can be taken to pieces, transported by van to a factory and reassembled there by the Radiographers. In this way, it is possible to survey the employees in the factory without interfering with the production.

If any abnormality is detected in the miniature X-ray film, the person concerned is sent a confidential letter giving him an appointment for a large X-ray film examination, and this is taken on the same X-ray Unit at the Centre. If this large film confirms the presence of the suspected lesion, the person concerned is given an appointment to see the Medical Director, who, after a clinical examination, assisted, when necessary, by various laboratory tests, makes a diagnosis and advises the person concerned where to obtain any treatment that may be necessary. A certain number of cases will require out-patient observation and these cases attend at the Centre at regular intervals for a repeated clinical and X-ray film examination. When their case is completed a full report is sent to their medical practitioner providing the person agrees to this step.

The work at the Centre is directed towards the examination of large numbers of apparently *healthy* people for the detection of cases of *early* Pulmonary Tuberculosis and other diseases of the heart or lungs, at a stage when the disease which is present is causing *no* symptoms of ill-health.

The Ministry of Health will, in the near future, provide as part of a National Scheme for Mass Miniature Radiography, 25 further Centres throughout the British Isles. Eventually it is to be hoped that in this way the scheme will cover the whole population.

When one considers that in the British Isles 1,500 persons between the ages of 15 and 50 die each month from Pulmonary Tuberculosis, and that most of these deaths affect the adolescent man and woman, these figures show the importance of Pulmonary Tuberculosis as a Socio-Economic disease, and the desirability of employing Mass Miniature Radiography for the detection of early cases, especially in young people. Early detection of the ailment will lead to early treatment and to a cure.

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 31/12/43 are classified as follows :—

Blind Trainees (maintained by Education Committee)	4
Blind Workshop Employees, including blind persons on the staff of the Institution	66
Home Workers	6
Unemployable Blind receiving assistance	297
Blind Persons not in receipt of any form of financial help from the City Council	149
Blind Home Teachers	1
	523

The total is 13 less than a year ago.

The cost of these services for the year ended 31/3/44 stands at £28,114, subject to certain adjustments.

Prevention of Blindness.

During 1943 the Health Committee initiated a scheme for the prevention of blindness under the powers of the Public Health Act, 1936. The scheme follows closely the pattern of one previously begun by the Notts. County Council, thus ensuring a uniform scheme for City and County working through the Eye Infirmary and its medical staff. The object is to ensure that approved cases requiring operation or other form of treatment in the hope of preventing threatened blindness may receive such treatment.

VENEREAL DISEASES.

Dr. R. Marinkovitch took up his duties on 1st April as the first whole-time Director of the Venereal Diseases Clinic. The new clinic in Glasshouse Street (Perth House for men, Amberley House for women) was opened on October 4th, 1943.

Dr. Marinkovitch submits the following report, which, owing to the importance of the subject, is published in full :—

Two important changes have taken place during the year. First, a whole time Medical Director of the V.D. Scheme was appointed in February and commenced his duties in April, and, secondly, a newly built Clinic for Venereal Diseases was opened in Glasshouse Street on Monday, 4th October. Thus, for the first nine months, the work was carried out in the old premises in Postern

Street, and the new Director worked six months in the old clinic and three months in the new. It has been a busy year as the examination and treatment of patients had to go on while equipment and organisation of the new clinic was being supervised.

The new clinic in Glasshouse Street is divided into two sections, male and female. The Female Department is known as Amberley House, entrance from Glasshouse Street, and the Male Department is called Perth House, entrance situated in Perth Street off Glasshouse Street. Both Female and Male Departments are open from 9 a.m. to 8 p.m. daily Monday to Friday, Saturday 9 a.m. to 1 p.m. Ten medical sessions per week are held by the Medical Director and his Medical Assistants at both departments, and each session lasts two and half hours. Thus the duration and number of sessions at the new clinic for both sexes have been increased.

Staff of the New Clinic.

Medical Director.
Three part-time Assistant Medical Officers.
Nurses' Superintendent.
Three full time Nurses.
One part-time Nurse.
Four Orderly-technicians.
Two Clerks.
V.D. Almoner, Miss P. Marsden appointed in November commenced her duties in 1944.

New Cases.

There were 2,231 new cases dealt with during the year. Out of this number 1,114 were found to be suffering from venereal diseases, and the remaining 1,117 were found to be suffering from conditions other than venereal,

Legally venereal diseases comprise syphilis, gonorrhoea, and chancroid. The patients with previous history of gonorrhoea and syphilis, or those suffering from simple urethritis, leucorrhoea, balanitis, phimosis, paraphimosis, scabies of the genital organs, and warts usually apply for advice and treatment at the V.D. Clinic, and these patients swell the number of cases labelled non-venereal. All these patients have run the risk of infection and in every case the possibility of V.D. has first to be excluded. A certain number of patients apply for preventive treatment. These are also classified as non-venereal.

During the year 1943 there has been an increase of Venereal and non-venereal patients. In fact the number of cases classified as non-venereal is greater than the number of classes classified as venereal. This is a satisfactory state of affairs as it indicates awareness of Venereal Diseases on the part of the public. In " Table I " new cases are classified according to the condition found, and attendances given for the past two years. There has been an increase in both Venereal and non-venereal cases. Attendances have also increased. The V.D. Centre in Nottingham has been very active during the year 1943.

TABLE I.

		New Cases.		Classification of New V.D. Cases.			Attendances.		
Year.	New Cases	V.D.	Non V.D.	Syph.	Gon.	Chan-croid.	M.Os'	Inter.	Total
1942	1,392	887	505	319	567	1	18,800	12,694	31,494
1943	2,231	1,114	1,117	391	722	1	24,903	12,755	37,658
Increase	839	227	612	72	155	0	6,103	61	6,164

Venereal Patients only.

Sex Incidence.

During the year 1943, there were 683 male and 431 female patients suffering from Venereal Diseases. In normal times it was usual to find that to every woman with V.D. there were four men suffering from the same condition. Among the population in Nottingham during these abnormal times it appears, according to the above figures, that the ratio between the sexes has dropped from 4 to 1 to 1·5 to 1. In " Table II " V.D. patients are classified according to sex and disease.

TABLE II.

Sex Incidence among V.D. patients 1943.

Diseases.	Male.	Female.	Total.
Syphilis ..	230	161	391
Gonorrhoea ..	452	270	722
Chancroid ..	1	0	1
Total ..	683	431	1,114

The figures in " Table II " include items 2, 3 and 4 of the Annual Return V.D. (R) to the Ministry of Health. It will be seen that the ratio between Gonorrhoea and Syphilis is under 2. In other words, to one victim of Syphilis there are almost two victims of Gonorrhoea. This is abnormal as in other areas in peace time there used to be six victims of Gonorrhoea to one with Syphilis. The figures indicate that there is a fair amount of acute and chronic syphilis in the area served by the V.D. Clinic.

SYPHILIS.

Syphilis is strictly a disease of human beings, and is one of the most important diseases that afflict the human race. It has the tragic interest of being hereditary as no other important disease is. It is one of the most difficult diseases, as it is involved in one of the unsolved problems of modern life, the problem of the relation of the sexes. The incidence of this disease has been on the increase during the past three years, and a great deal of work has been carried out to reduce its incidence. Syphilis within a year of infection is termed acute infectious syphilis and later stages are called chronic syphilis. From the Public Health point of view, acute syphilis within a year of infection is the most important. If all the victims could be persuaded to attend V.D. Centres at this stage to be treated adequately, chronic syphilis should cease to exist. Moreover acute stages of syphilis are easy to cure and it takes a shorter period to effect the cure.

According to " Table III," there are eight degrees of Syphilis, the first four degrees of the acute stage and the last four of the chronic stage. The aim of future syphilology is to reach the happy state when, at any V.D. Treatment Centre, there would be found only the first or second degree of the acute stage of syphilis among patients attending, and all other degrees would be non-existent. The aim of the V.D. Scheme should be the achievement of that happy state. Many ardent Syphilologists dream and work for the achievement of that ideal. It is chronic syphilis that causes so much morbidity, misery, ill-health and death. The acute stage is so easily controlled in these days and biologic cure can be achieved in these cases.

What is the state in Nottingham revealed by the work during the year? There were 53 male and 53 female patients with early syphilis, making 106 fresh cases in the early infectious stage. During the year 1942, there were 34 male and 24 female patients, making 58 in all. There has been a substantial increase in the incidence of new infections of acute syphilis during 1943. The increase is over 100% in the female sex.

Chronic Syphilis.

Out of 252 patients with syphilitic infection 146 cases were in the chronic stage. This is not satisfactory. The V.D. scheme for Nottingham has been in operation since 1917. These 146 chronics must have been in the acute stage during the past 20 years, and the scheme did not succeed in getting them at the acute stage. It is the Medical Director's aim and hope that the state of affairs will be different in 1954 or 1964.

It will be seen from " Table III " that Endo Syphilis and Tertiary Syphilis head the list in the chronic stage. Compared with 1942 there has been an increase in chronic Syphilis as well as in acute Syphilis.

Congenital Syphilis.

During the year 1943 there were 16 male and 8 female Congenital Syphilitics, making 24 in all. During the year 1942 there were 5 males and 4 females with the same condition, an increase of 100%. In " Table III " new cases of Syphilis are analysed according to the stage and duration of the disease.

TABLE III.

Analysis of New Cases of Syphilis 1943.

Stage.	Degree.	Male.	Female.	Total.
ACUTE.	1. Sero-negative primary ..	21	2	23
	2. Sero-positive primary ..	21	8	29
	3. Early secondary	4	24	28
	4a. Late secondary	3	15	18
	4b. Latent in 1st year of infection ..	4	4	8
	TOTAL ACUTE STAGE ..	53	53	106
CHRONIC.	5. Endosyphilis	20	31	51
	6. Tertiary and Visceral ..	23	16	39
	7. Neurosyphilis	18	14	32
	8. Congenital Syphilis	16	8	24
	TOTAL CHRONIC STAGE ..	77	69	146
	GRAND TOTAL ..	130	122	252

The Diagnosis of Syphilis.

The new clinic is equipped with a dark ground microscope for the examination of the scrapings from any suspicious genital abrasion or sore. Early Syphilis is diagnosed quickly and treatment instituted without waiting for the result of blood tests. This saves a great deal of time for the staff and patients. Blood Wassermann tests are carried out at the City Laboratory. It is hoped that the City Laboratory will soon be able to perform Kahn, Lange and G.C.F. tests.

The treatment of Syphilis.

The treatment of Syphilis in the acute stage does not present great difficulty. The patients are usually in the

optimum state of health and tolerate arsenobenzol and bismuth well. The majority of cases complete four courses of treatment. Each course lasts ten weeks during which time six grams of neoarsphenamine and two grammes of bismuth are administered. Between each course of treatment four weeks rest is allowed. Usually the signs and symptoms have disappeared, and the blood-serum is negative after the completion of the first course of therapy.

In chronic cases of Syphilis, treatment has to be very much individualized. The age of the patient, the state of his cardio-vascular, excretory and nervous system has to be taken into account. Debilitated and allergic patients do not tolerate specific treatment.

Intolerance to Neoarsphenamine Treatment.

Dermatitis.

Seborrhoeic, allergic and xerodermatous patients do not tolerate neoarsphenamine well. Dosage has to be reduced and in some patients arsenobenzol treatment withheld. During the year there were 12 patients with erythematous eruptions due to arsenobenzol treatment. 6 were males and 6 females. 3 female patients out of the 6 developed exfoliative dermatitis and had to be admitted to hospital for treatment of this severe complication. All these improved and are now well, but intolerant to arsphenamines.

Jaundice.

During the year there were 7 patients with jaundice. In all of them the jaundice was of the catarrhal type: all recovered. The 7 patients were male.

GONORRHOEA.

During the year there were 722 cases of Gonorrhoea dealt with at the Nottingham V.D. Centre. Out of this number 620 came to the clinic for the first time, the remaining 102 were diagnosed at other recognised centres and were transferred to Nottingham for completion of treatment and tests of cure. For the purpose of this report these 102 cases are not analysed. Of the 620 patients that came for the first time 610 were fresh infections and 10 with old infections, i.e. chronic Gonorrhoea. Of the 610 fresh infections, 355 were in the male sex and 255 in the female sex. The increase in the female sex is over 100%. The ratio of increase in both sexes is over 90%.

Gonorrhoea in the Male Sex.

There were 355 male patients suffering from acute Gonorrhoea, 15 of this number were members of the Forces. Every male patient suffering from urethral discharge on the first visit is examined clinically and bacteriologically at the V.D. Centre before the diagnosis is established. This is important as every urethral discharge is not gonococcal, although the majority are so. It is found that nearly 6% of urethral discharges are not caused by gonococci. If there is any doubt as to the cause of the discharge, urethral smears are re-examined after provocative measures have been taken, and Gonorrhoea Compliment Fixation test carried out, as incorrect diagnosis may have serious and far reaching implications. Routine examination for Syphilis is carried out and blood taken for a Wassermann Test in every case of Gonorrhoea. It is not uncommon for a patient to be suffering from both diseases. Once the diagnosis is made, the treatment is carried out with ease and every

patient observed for at least 3 months, during which time stringent tests for cure are carried out. Complications due to Gonorrhoea are rare. Epididymitis and Arthritis are seen in those patients only who delay their first visit to the clinic.

The majority of the Gonorrhoea victims are Nottingham residents and fall in the 18 to 35 age group. They acquire Gonorrhoea under the influence of alcohol and rarely know the name and address of the contact.

Gonorrhoea in the Female Sex.

There were 255 new female patients who attended for the first time during the year. 8 children with vulvo vaginitis were examined and in 2 it was found that vulvo vaginitis was caused by Gonorrhoea. One case of ophthalmia neonatorum was treated at the clinic.

Stringent criteria are adopted in the diagnosis in the female sex. At times the microscopic examination of the urethral and cervical smears has to be repeated, blood tests carried out and provocative measures instituted. One negative report in a suspected female is without any value whatsoever. The diagnosis of Gonorrhoea in the male sex is only a matter of minutes whereas in the female sex it may take days and weeks. Usually the best time to establish the diagnosis of Gonorrhoea in a female is immediately after the cessation of the menstrual period. This is the time when gonococci are frequently found. The treatment of Gonorrhoea in women takes a longer time to effect a cure compared with the treatment of Gonorrhoea in the male sex. Observation after treatment and tests of cure are of special importance for the patient and for the community. Provocative tests of cure are carried out after each menstrual period for three or even six months after treatment before a patient is declared cured.

SOFT SORE—CHANCROID.

Soft sore is the third venereal disease and its importance lies in its differentiation from Syphilis. The incubation period is much shorter than that of Syphilis, and the actual lesions are confined to the genital organs and lymphatic glands of the groin. It is a localized disease, not constitutional, and is becoming less prevalent in this country. There was only one man affected with this condition during the year.

TABLE IV.

Defaulters.

Year.	Number of V.D. cases attending.			Number of persons ceased to attend.				Total Defaulters.	
	Males	Females	Total	Males.		Females		Number	Per-centage
				Number	%	Number	%		
1942	1,214	454	1,668	83	6·8	59	12·9	142	8·5
1943	1,295	760	2,055	83	6·4	44	5·7	127	6·1

Out of 2,055 V.D. patients attending during the year 6·1% defaulted. This compares favourably with the rate of defaulting in 1942 which was 8·5%. It is particularly gratifying to observe that the defaulter rate among women was 5·7% during the year against 12·9% in the previous year, a remarkable improvement.

REGULATION 33B.

The Venereal Diseases scheme for England and Wales still relies on the free, voluntary, and confidential diagnoses and treatment of Venereal Diseases and on the education of the public. Regulation 33B was introduced as an experimental method towards total

notification and compulsion, but only applies to a special promiscuous class of society. The following is a short report of work done under this regulation from 1st January to 31st December 1943, inclusive :—

		Male.	Female.
(1)	Total number in respect of whom Form 1. (33B) was received	1	73
(2)	Number of cases in (1) in which attempts were made outside the scope of R.33B. to persuade contacts to be examined before the latter has been named on second Form 1.(33B.)	0	10
	Contacts found	0	8
	Contacts examined	0	7
(3)	Number of those in (1) in respect of whom two or more Forms 1. were received ..	0	6
(4)	Number of those in (3) who were :—		
	(*a*) Found		4
	(*b*) Examined by persuasion		0
	(*c*) Served with Form 2		4
	(*d*) Examined after service of Form 2(33B.)		4
	(*e*) Prosecuted		0

PROPAGANDA.

Venereal Disease is not only a medical problem but also a problem of human nature as it is closely associated with the sex instinct and the conduct of human beings. Medical aspects of this problem are fortunately solved by Medical Science. Yet the increase in the incidence of these diseases is over 100%. Why and why ? Because the whole war layout is a menace to the stability of home and marriage. War by its very nature is a conspiracy against marriage and morals generally, exacting moral and spiritual as well as physical casualties. To grapple with the sex and marriage problems in war time requires patience, strength and forbearance. Husbands and wives

are wrenched apart, husband to the service camp or war front, the wives to industry or war service. Both make chance contacts which would not have occurred in normal times. Such contacts often prove exciting, unsettling and finally dangerous. Where the wife remains at home, she has to fight loneliness, monotony and the empty house feeling, and is frequently driven to seek company whose standards are more lax than her own. The result is promiscuity, pregnancy and even venereal disease. Single young men and women in industry or in the forces are also subject to abnormal temptations. Rooted up from their normal environment they are tempted to foregather, drink, dance and walk the lonely streets at night because home is a long way off. The result in many cases is venereal disease.

Behind these abnormal war factors there are the social factors of the past four decades. The new sex morality based on Freud and many others has permeated literature, the cinema, the theatre and fashions. The glamour and freedom of sex has been overstressed during the past 40 years. The fruit of this teaching has been reaped during the past two years in an abundant crop of venereal disease. The remedy is education on sound lines. Education as to facts and their application to life.

During the past year the new V.D. film " Subject for Discussion " has been shown in all the cinemas of the City by the Ministry of Information. Articles and advertisements have appeared in the local and national press almost daily or weekly. Youth Courses on sex guidance have been held by the Education Committee, and the Central Council for Health Education. In addition the Medical Director of the clinic has given the following lectures in Nottingham :—

(1) *On April 6th*, 1943.

A lecture on the Social Implications of Venereal Diseases given to the Diocesan Moral Association, Park Row, Nottingham. This lecture was attended by Medical Men and Women, Clergymen and Social Workers. Medico-Legal aspects were dealt with during the discussion.

(2) *October 14th*, 1943.

A lecture on Epidemiology of Syphilis held at the Guildhall, Nottingham to the Society of Medical Officers of Health. This lecture was attended by Medical Officers of Health of the area. It was well received judging by the number of questions asked after the lecture.

(3) *December 17th*, 1943.

A lecture on Venereal Diseases to Midwives and Health Visitors at the Health Department, Huntingdon Street.

(4) *January 8th*, 1944.

A film and lecture on Venereal Diseases to Nottingham Civil Nursing Reserve at Pearson House, General Hospital. This lecture was a great success, the Lecture Hall was packed and discussion took place after the lecture.

(5) *January 23rd*, 1944.

A lecture and film to the Nottingham Home Guard at the Ritz Cinema. Over 850 persons were present. As a result of the lecture many men came to be examined at the clinic. This was the most successful performance. This work will be intensified during 1944.

The Medical Director wishes to express his thanks to the Health Committee, and to the Medical Officer of Health for the way his recommendations have been carried out. He also wishes to record his appreciation of the work by the nursing and clerical staff during a difficult year of reorganization and removal to the new premises.

CITY BACTERIOLOGICAL LABORATORY, CUMBERLAND PLACE.

During the year 26,129 specimens were examined compared with 25,112 in 1942.

This work was performed for the City and for various municipal and county health departments and for medical practitioners. The scope of the work includes not only the bacteriology of infectious disease, including venereal disease, but also the bacteriological survey of foods, milk and water.

In regard to venereal disease the necessity arose to include methods of investigation not previously used, and for this purpose a further room had to be acquired, situated in adjacent property belonging to the General Hospital. One addition to the technical staff was made ; some new equipment was needed, but owing to its special nature there was much delay in getting it ; the new work is now proceeding.

The following table shows the number of specimens examined in 1943, classified broadly :—

Venereal Disease	13,482
Infectious Disease, Foods, Milk, Water	11,991
Clinical Pathology	656
	26,129

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 7,542 treatments were administered to 467 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 1943 the number of cremations was the largest ever recorded, being 596. Only 235 of these were in respect of deceased city residents, the remainder being from a wide area around.

CLERICAL STAFF.

Following the retirement of Mr. Herbert Read and the death of Mr. F. R. Hughes recorded in the last report, the clerical staff has been recast, and although heavily worked the staff have proved competent. Some of the temporary staff have proved efficient and helpful to a degree which has exceeded expectations.

ACKNOWLEDGMENT.

The Health Department, with its ever growing tasks, is now a much bigger organization than it has ever been.

I wish to express my acknowledgments to the departmental heads and their staffs for the good work done under war-time difficulties. A fine spirit of service exists. To the Chairman and members of the Health Committee I offer my thanks for the encouragement and support given to the staff, which is appreciated.

CYRIL BANKS,
Medical Officer of Health.

HEALTH DEPARTMENT,
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August, 1944.

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