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CITY OF NOTTINGHAM.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1944

CYRIL BANKS,

M.D., B.S.(Lond.), D.P.H.(Sheff.),
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HEALTH COMMITTEE MEMBERS

1944 (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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CHAIRMAN.	COUNCILLOR KERRY.
VICE-CHAIRMAN.	,, J. E. MITCHELL.

HEALTH DEPARTMENT STAFF, 1944.

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

MEDICAL.

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

Tuberculosis Officer and Deputy Medical Officer of Health—
JOHN V. WHITAKER, M.B., Ch.B., D.T.M., D.P.H.

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

Assistant M.O.H. and Medical Supt., City Isolation Hospital and Sanatorium—
THOMAS A. DON, M.B., Ch.B., D.P.H.

Resident Medical Officer, City Isolation Hospital and Sanatorium—
ESTHER HAMMERMAN, M.D. (Vienna).

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

Medical Officers—

Maternity and Child Welfare.	5 (3 full-time, 2 part-time).
Venereal Diseases.	3 (part-time).
U.V. Ray Clinic.	2 (part-time).
Relief Districts (10).	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)		15
Clerks (excluding Hospitals)		32
,, Casualty Bureau and Group Officer		2
Women Housing Officers		4
Vaccination Officers (part-time)		2
Health Visitors, Supervisors of Midwives, Tuberculosis Nurses		30
Clinic Nurses, orderlies, etc. (1 part-time)		8
City Midwives		30
Almoners		6
Hostels for Unmarried Mothers		6
Ultra-violet Ray Clinic		2
Bacteriological Laboratory		4
Scabies Treatment Centre		6
Wartime Day Nurseries (as at 31/12/44)—		
Matrons		8
Nurses		49
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	52	
Others (F.)	33	
,, (M.)	17	
		102
Newstead Sanatorium—		
Nursing	50	
Others (F.)	36	
,, (M.)	17	
		103

CITY HOSPITAL.

Medical Superintendent—C. L. CRAWFORD CROWE, M.D., Ch.B.

Deputy Medical Superintendent	1	Chief Pharmacist	1
Clinical Pathologist	1	Pharmacist Asst.	2
Clinical Pathologist Asst.	1	Dispensers	4
Senior Obstetrical Officer	1	Dispenser Apprentice	1
Junior Obstetrical Officers	3	Laboratory Assistants	3
Senior Surgical Officers	2	Laboratory Technicians	2
Assistant Surgical Officers	2	Teachers	2
Assistant Medical Officers	2	Masseuses	4
Consulting Surgeons	7	Cooks (female)	3
Consulting Obstetrician	1	Assistant Cooks (female)	4
Consulting Radiologist	1	Chef	1
Consulting Physicians	2	Assistant Chefs	4
Visiting Anæsthetists	2	Maids	23
Steward	1	Kitchen-boy	1
Matron	1	Seamstresses	7
Deputy Matron	1	Clerks	9
Assistant Matron	1	Medical Supt's Secretary	1
Ward Sisters	35	,, ,, Typists	3
Night Superintendent	1	Hospital Porters	36
Tutor Sisters	1	Telephone Operators	3
Male Tutor	1	Lodge Porters	3
Home Sisters	2	Male Receiving Ward Attendt.	1
Housekeepers	2	Female ,, ,, ,,	1
Theatre Sisters	2	Linen Storekeepers	2
X-Ray Sister	1	Labourers	6
Staff Nurses	34	Window-cleaner and sweep	2
Ambulance Nurses	2	Scrubbers	112
Student Nurses	160	Kitchen Porters	3
X-Ray Pupils	2	Junior Clerks	2
Sub-probationers	2	Mortuary Attendant	1
Ward Orderlies	56	Ambulance Drivers	3
Assistant Nurses	4	Canteen Manageress	1
Maternity Pupils (including 4 untrained)	36	,, Workers	4
Charge Male Nurses	3	Matron's Secretary	1
Male Nurses (Student)	12	Radiographer Assistant	1

CIVIL NURSING RESERVE.

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

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1944.

To the Chairman and Members of the Health Committee.

In presenting my Annual Report for the year 1944, I draw attention to the favourable vital statistics, as shown by the highest birthrate since 1921, the lowest infantile deathrate ever recorded in the city and the lowest maternal mortality rate in our already excellent record.

The reports made by the heads of the various sections of the Health Department—Sanitation, Maternity and Child Welfare, the City Hospital, the Isolation Hospital, the Venereal Diseases Clinic, the Almoners' Department, the Scabies Clinic—all record work of high standard carried out with enthusiasm.

The satisfaction felt over the success of Newstead Sanatorium is associated with anxiety about the very long waiting-list for admission, but this feeling is mitigated by the knowledge that the cause is not an increase in the amount of tuberculosis, but the discovery of cases which would have remained undiscovered but for the intensive work of the Tuberculosis Clinic, and of the Mass Radiography Unit; both of these services are functioning admirably.

Successes already achieved in the development of the Health Services merely point the way to further efforts towards the prevention of all preventable disease and the cure or alleviation of diseases which as yet cannot be prevented. We have far to go before tuberculosis is conquered, or before we can regard the diagnosis and

treatment of cancer as fully available. We do not yet provide every infant and child with the fullest chance of healthy survival to old age, and in this respect we must look to great advances in the provision of healthy dwellinghouses.

There is much to be learned and taught about food and nutrition. The provision of hospital services must be greatly extended to afford complete facilities for the application of modern medical, surgical and gynæcological knowledge. Provision must be made for greater comfort of the aged, particularly the infirm aged.

These and other tasks will need all our energies for many years ahead.

GENERAL STATISTICS FOR 1944.

POPULATION.

The Registrar-General's Estimate of the civilian population of the City at the middle of 1944 is ..	262,310
AREA (acres)	16,166
Rateable Value	£2,177,206
Sum represented by a penny rate (1944-45) ..	£8,802
Rates in the £ (1944-45)	14/4

BIRTHS.

Legitimate	Males 2,668	Females 2,443 ..	Total 5,111
Illegitimate	,, 311	,, 279 ..	,, 590
Total Births			5,701
Birth-rate per 1,000 of population ..			21·7
Average 10 years 1891—1900			29·20
,, ,, 1901—1910			26·90
,, ,, 1911—1920			21·03
,, ,, 1921—1930			18·97
,, ,, 1931—1940			15·96
1941			16·04
1942			18·15
1943			19·11
1944			21·7

The birth rate is the highest since 1921 when it was 23.

STILLBIRTHS.

Legitimate	Males 73	Females 72 ..	Total 145
Illegitimate	,, 4	,, 7 ..	11
Total stillbirths			156
Rate per 1,000 births (live and still) ..			26·6

DEATHS.

Males, 1,737	Females, 1,755 ..	Total 3,492
Death-rate per 1,000 of population ..		13·31
Average 10 years 1891—1900		18·38
,, ,, 1901—1910		16·50
,, ,, 1911—1920		15·55
,, ,, 1921—1930		13·24
,, ,, 1931—1940		13·32
1941		14·03
1942		13·07
1943		14·30
1944		13·31

DEATHS FROM PUERPERAL CAUSES.

	No.	Rate per 1,000 (live and still) births. Nottingham.	England & Wales.
Sepsis	2	·34	·31
Other Causes ..	3	·51	·62
Total ..	5	·85	·93

The maternal death-rate per 1,000 births (live and still) during the last ten years is given in the following table :—

	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
Fever.. ..	4	5	4	2	2	3	2	3	5	2
Other causes ..	16	15	9	6	4	9	10	9	2	3
Per 1,000 births	4·4	4·5	2·8	1·8	1·3	2·7	2·8	2·5	1·38	·85

DEATHS FROM MEASLES (all ages)	3
,, ,, WHOOPING COUGH (all ages) ..	10
,, ,, DIARRHŒA (under 2 years of age)	81

INFANT MORTALITY.

Deaths of Infants under 1 year	321
Rate per 1,000 live births	56
(Legitimate 55 ; Illegitimate 64).	
Average 10 years 1891—1900	182
,, ,, 1901—1910	161
,, ,, 1911—1920	125
,, ,, 1921—1930	89
,, ,, 1931—1940	76
1941	80
1942	62
1943	65
1944	56

See also page 26.

Birth-rates, Death-rates, Analysis of Mortality, and Case-rates for certain Infectious Diseases in the year 1944.

(England and Wales, London, 126 Great Towns and 148 Smaller Towns).
(Provisional Figures based on Weekly and Quarterly Returns).

	England and Wales.	126 County Boro's. and Great Towns including London.	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census).	London Administrative County.	Nottingham.
	Rates per 1,000 Population.				
BIRTHS :—					
Live	17·6	20·3	20·9	15·0	**21·7**
Still	0·50	0·64	0·61	0·42	**0·59**
DEATHS :—					
All Causes	11·6	13·7	12·4	15·7	**13·3**
Typhoid and Paratyphoid fevers	0·00	0·00	0·00	0·00	**0·00**
Smallpox	—	—	—	—	—
Measles	0·01	0·01	0·01	0·00	**0·01**
Scarlet fever	0·00	0·00	0·00	0·00	**0·01**
Whooping Cough	0·03	0·03	0·02	0·04	**0·04**
Diphtheria	0·02	0·03	0·03	0·01	**0·01**
Influenza	0·12	0·10	0·11	0·08	**0·09**
NOTIFICATIONS :—					
Smallpox	—	—	—	—	—
Scarlet fever	2·40	2·41	2·67	1·57	**3·60**
Diphtheria	0·58	0·67	0·69	0·31	**0·52**
Enteric fever	0·02	0·01	0·02	0·02	**0·02**
Erysipelas	0·29	0·32	0·28	0·37	**0·29**
Pneumonia	0·97	1·13	0·82	0·93	**0·72**
Measles	4·16	4·51	3·94	2·98	**6·76**
Whooping Cough	2·49	2·49	2·29	2·90	**2·42**
	Rates per 1,000 Live Births.				
Deaths under 1 year of age	46	52	44	61	**56**
Deaths from Diarrhœa and Enteritis under 2 years of age	4·8	7·3	4·4	10·1	**14·2**

Birth-rate, General Death-rate, and Death-rates from the Principal Epidemic and from Tuberculous Diseases, per 1,000 of Population, and Infantile Death-rate per 1,000 Births.

NOTTINGHAM.

In Five Yearly Periods, 1856-1930, and in Single Subsequent Years.

	Birth-rate per 1,000 living.	Death-rate per 1,000 living.	Infantile Death-rate.	Death-rate per 1,000 living from								
				7 principal Epidemic Diseases.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	"Fever" principally Enteric.	Diarrhœa.	Phthisis other Tuberculous Diseases
1856-1860	36·8	27·2	209	5·98	0·21	0·80	1·08	0·13	0·76	1·02	2·00	3·22
1861-1865	34·8	24·9	192	3·83	0·09	0·43	0·98	0·12	0·51	0·78	1·09	3·19
1866-1870	31·3	23·8	200	4·34	0·07	0·44	0·73	0·09	0·51	0·92	1·57	2·78
1871-1875	34·1	24·9	192	4·30	0·79	0·31	0·53	0·02	0·26	0·84	1·53	2·42
1876-1880	34·6	21·7	175	3·00	0·00	0·35	0·62	0·03	0·43	0·34	1·06	1·85
1881-1885	36·6	20·9	174	3·22	0·06	0·41	0·77	0·12	0·46	0·31	1·09	1·99
1886-1890	30·4	17·9	168	2·39	0·01	0·42	0·11	0·06	0·45	0·31	1·04	1·52
1891-1895	29·5	18·3	174	2·50	0·01	0·35	0·23	0·08	0·41	0·26	1·12	1·76
1896-1900	28·9	18·5	191	2·66	..	0·46	0·10	0·16	0·36	0·32	1·22	1·86
1901-1905	27·7	17·2	170	2·22	0·01	0·38	0·09	0·19	0·31	0·20	1·01	1·74
1906-1910	26·1	15·8	152	1·64	0·00	0·33	0·05	0·13	0·27	0·11	0·75	1·70
1911-1915	22·9	15·1	137	1·61	..	0·36	0·06	0·11	0·21	0·05	0·83	1·57
1916-1920	19·1	16·0	113	1·02	..	0·25	0·02	0·19	0·17	0·01	0·37	1·62
1921-1925	20·4	12·9	90	0·65	..	0·16	0·02	0·06	0·13	0·01	0·26	1·17
1926-1930	17·5	13·6	88	0·68	..	0·05	0·02	0·20	0·11	0·00	0·30	1·14
1931	17·2	13·6	82	0·45	..	0·15	..	0·02	0·04	0·01	0·23	1·12
1932	16·4	12·5	80	0·35	..	0·02	..	0·03	0·12	..	0·18	0·97
1933	15·8	13·4	85	0·51	..	0·18	0·01	0·02	0·04	0·01	0·25	1·04
1934	15·6	12·3	69	0·33	..	0·06	0·02	0·02	0·07	0·00	0·15	0·89
1935	15·7	12·5	81	0·38	..	0·07	0·02	0·05	0·02	0·00	0·22	0·98
1936	15·2	13·2	89	0·46	..	0·08	0·02	0·09	0·09	0·00	0·18	0·93
1937	16·0	13·4	80	0·39	..	0·08	0·00	0·03	0·03	0·01	0·24	0·99
1938	15·6	12·7	71	0·22	..	0·03	0·01	0·01	0·04	..	0·13	0·83
1939	15·8	13·3	66	0·23	..	..	0·01	0·01	0·01	0·01	0·19	0·87
1940	16·5	15·5	61	0·17	..	0·02	0·00	0·04	0·02	..	0·09	1·03
1941	16·0	14·0	80	0·49	..	0·02	..	0·05	0·07	0·00	0·35	1·09
1942	18·2	13·1	62	0·32	..	0·05	0·00	0·04	0·05	0·00	0·18	0·89
1943	19·1	14·3	65	0·21	..	0·02	..	0·02	0·04	..	0·13	0·97
1944	21·7	13·3	56	0·38	..	0·01	0·01	0·01	0·04	..	0·31	0·84

Summary of Deaths at all ages from various causes, 1944.
(R.G.'s International Short List).

	1944
Total Deaths	3,492
Deaths under 1 year	321
,, 1— 5 years..	57
,, 5—45 ,, ...	402
,, 45—65 ,, ...	902
,, 65 and over	1,810
Causes of Deaths :—	
Typhoid and Paratyphoid Fevers	—
Measles	3
Scarlet Fever	2
Whooping-Cough	10
Diphtheria	2
Influenza	26
Encephalitis Lethargica	2
Cerebro-Spinal Fever	6
Tuberculosis of Respiratory System	187
Other tuberculous diseases	34
Syphilis	26
Ac-Polio-Myelitis and Polioencephalitis	2
Cancer, malignant disease	505
Diabetes	22
Cerebral Hæmorrhage, etc.	352
Heart Disease	893
Other circulatory diseases	96
Bronchitis	254
Pneumonia (all forms)	200
Other respiratory diseases	51
Peptic Ulcer	48
Diarrhœa, etc.	81
Appendicitis	9
Other digestive diseases	68
Acute and chronic Nephritis	63
Puerperal Sepsis	2
Premature Birth	46
Other puerperal causes	3
Congenital debility, malformations, etc.	67
Suicide	22
Other violence	119
Other defined diseases	291

INFANT MORTALITY during the year 1944.
Deaths from stated causes at various ages under One Year.

CAUSE OF DEATH.	Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total Deaths under One Year.
Certified	69	18	6	3	96	63	95	55	12	321
Uncertified ..		—	—	—		—	—	—	—	
Small-pox	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	2	—	2
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping-Cough ..	—	—	—	—	—	2	1	2	2	7
Diphtheria and Croup ..	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	1	—	1
Erysipelas	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ..	—	—	—	—	—	—	1	—	1	2
Tuberculous Meningitis ..	—	—	—	—	—	—	2	1	—	3
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	1	1	2
Meningitis (*not Tuberculous*) ..	—	—	—	—	—	—	1	—	—	1
Convulsions	—	—	1	—	1	2	3	3	—	9
Laryngitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	4	5	1	—	10
Pneumonia (all forms) ..	—	2	1	—	3	27	39	15	6	90
Diarrhœa & Enteritis ..	—	2	1	—	3	18	35	22	1	79
Gastritis	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	1	1	—	—	—	—	1
Rickets	—	—	—	—	—	—	—	—	—	—
Suffocation (overlying) ..	—	—	—	—	—	1	—	—	—	1
Difficulty or Injury at Birth	3	1	—	—	4	—	—	—	—	4
Atelectasis	6	—	2	1	9	—	—	—	—	9
Premature Birth ..	38	7	1	—	46	—	—	—	—	46
Congenital Malformations	13	6	—	—	19	3	2	2	—	26
Atrophy, Debility and Marasmus	4	—	—	1	5	4	2	1	—	12
Other Causes	5	—	—	—	5	2	4	4	1	16
TOTALS.. ..	69	18	6	3	96	63	95	55	12	321

In 1944 there were 505 deaths from cancer in its various forms.

CANCER.

NOTTINGHAM DEATHS, 1944
(International Classification).

SHOWING AGE-PERIOD AT DEATH.

		0—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total
Buccal cavity and Pharynx	m.	—	—	—	—	—	—	—	—	8	10	5	23
	f.	—	—	—	—	—	—	—	1	1	4	1	7
Digestive Organs and Peritoneum	m.	1	—	—	—	1	1	8	17	35	40	19	122
	f.	—	—	—	—	—	1	2	17	33	50	27	130
Respiratory Organs	m.	—	—	—	—	—	2	2	8	17	10	1	40
	f.	—	—	—	1	1	—	2	1	3	6	—	14
Uterus	f.	1	—	—	—	—	1	4	8	15	8	2	39
Other Female Genital Organs	f.	—	—	—	—	—	2	1	3	8	1	1	16
Breast	f.	—	—	—	—	—	—	6	12	17	15	7	57
Male Genito-urinary Organs	m.	—	—	—	—	—	—	—	3	5	7	7	22
Skin	m.	—	—	—	—	—	—	—	1	3	1	1	5
	f.	—	—	—	—	—	—	—	—	—	1	2	3
Other or Unspecified Organs	m.	—	—	—	—	—	—	—	4	1	2	3	10
	f.	—	1	1	—	—	1	1	3	4	2	4	17

SANITARY CIRCUMSTANCES OF THE CITY.

The Report of the Chief Sanitary Inspector (Mr. A. Wade) is on routine lines; it has had to be condensed, even though this course lessens the appreciation of the extent to which the health, comfort and convenience of the citizens depend upon the work of the sanitary inspectors, including those who supervise the wholesomeness of the food supplies.

Water.

Water supplies from private wells have been 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 water supplies, and they are in remote situations where water mains are not available. Constant co-operation exists between the City Water Engineer and the Medical Officer of Health, with a view to safeguarding the purity of the municipal water supply.

Drainage and Sewerage.

The drainage of houses situated in the areas which were added to the city in 1933 is now completed in all areas where sewers are available.

Closet Accommodation.

Practically the whole of the closet accommodation of the city is on the water-carriage system, the few exceptions being in outlying situations where conversion is impracticable.

Sanitary Inspection of the Area.

During 1944 notices respecting 11,247 nuisances or defects were served by the district sanitary inspectors. For the purpose of general sanitary and housing inspection, the city is divided into eight areas, each of which is supervised by a qualified sanitary inspector. 35,492 inspections and revisits were necessary to deal with these matters. Reference was made in my last Annual Report to the increase in this work, owing to the difficulty which owners find in getting work done by contractors who are short of labour and essential materials. These difficulties were experienced to a still

greater degree in 1944, much to the dissatisfaction of tenants, but the delay is a war-time hardship and must be borne. The sanitary inspectors are doing all they can to get repairs done in reasonable time. In 1,427 cases the Health Department had to arrange for work to be done in default of the owners, as compared with 1,269 in the previous year, which was the highest number previously recorded.

No special comments are required in regard to the administration of the Shops Acts 1912-38, the Factories Act 1937, or the Acts and Regulations regarding Canal Boats. 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.

This work has proceeded on the lines recorded in the last Annual Report, with vigour. It will need to be so maintained if we are even to keep pace with the rat nuisance ; still greater efforts will be needed to abolish it. The public would help if they would not leave waste food lying about where rats and mice can get at it ; for instance, food put out to feed the birds is sometimes excessive in amount and attracts rats and mice. Dust-bins should be kept covered and the surrounding area swept clean of anything which would attract rodents. These little things would help, though, admittedly, they seem only minor matters, when the rat problem is surveyed in its full magnitude. Occupiers of property of any kind are invited to communicate with the Health Department as soon as a rat or mouse nuisance is noticed. There is a special staff available to advise and help.

Bed Bugs.

The problem of verminous premises is receiving the close attention of the Health Department. Owners and their agents are usually willing to co-operate with the Department in order to get rid of bugs and other pests. The Health Committee recently decided to give a free service for the destruction of vermin and insect pests in dwellinghouses.

Women Housing Officers.

The Housing Committee now has four women officers working under the Chief Sanitary Inspector on the Corporation's housing estates, not only attending to verminous conditions, but also helping the tenants in many other ways to make the best use of the houses provided for them.

Inspection and Supervision of Food.

Meat.

Owing to war-time conditions slaughtering is taking place only at the public abattoir and at one private slaughterhouse. Twenty-seven private slaughterhouses remain on the list, but many of them are of such a low standard of fitness that it is hoped they will never be put into use again.

The amount of meat found during the year to be diseased, unsound, unwholesome or unfit for food was 58,684 stones. This was all voluntarily surrendered by the butchers ; none of it had to be " seized," that is to say, there had been no attempt to put it on to the market for food.

Other Foods.

23,486 stones of foods, other than fresh meat, were confiscated on account of unsoundness, all being surrendered voluntarily to the inspectors. The list includes almost all the usual kinds of perishable foodstuffs.

Sampling of Food and Drugs.

Large scale sampling was carried out during the year in order to detect adulteration. The samples may be classified as follows :—

Formal samples	408	Analysed by the Public Analyst.
Informal samples	530	
Informal milk samples	256	Tested by Inspectors.
Total	1,194	

Of the samples submitted to the Public Analyst, 46 samples of milk and 9 samples of other commodities were found to be not genuine. The most serious adulterations arose through the addition of water to milk, ranging in extent from 4·2% to 41·4%.

For many years it has been the practice of the sampling officers to procure samples of milk at the place of delivery from vehicles transporting milk from the farms to the city dairies. The form of contract between a milk producer and the Milk Marketing Board provides for the collection of the milk at a place in or near the farm by a carrier who then takes the milk to a destination indicated by the Board. The producer is responsible for the condition of the milk until it reaches that destination.

A case of considerable importance to local authorities throughout the country arose from a decision of the Nottingham magistrates in dismissing three summonses,

charging a milk producer with unlawfully selling to the Milk Marketing Board milk to which an addition of water had been made in contravention of The Food and Drugs Act 1938, Section 24. The samples had been procured from a vehicle on its arrival at a dairy in the city and the magistrates, in dismissing the summonses, considered that at the time of sampling, the property in the milk had passed from the farmer to the Board. On an appeal by the Nottingham Corporation it was held that the decision of the magistrates was wrong in law.

This case shows the necessity for all concerned in dairying to take every precaution reasonably open to them to protect milk during all stages of transportation. In present circumstances milk in churns is deposited on roadside stands, and even in ditches, and is allowed to stand for long periods without supervision, and in unlocked or unsealed churns. It is a simple matter to seal churns with thin wire and lead seals, but, unfortunately, such a precaution is seldom observed. If a sealed churn is tampered with, the breakage of the seal is at once apparent and, moreover, a producer whose milk was contained in a closed and sealed churn or vessel when it left his control receives some measure of protection from the Food and Drugs Act in the event of the milk container being opened before a sampling officer has access to it.

Examination of Graded Milk.

Tuberculin Tested Milk.

32 samples were obtained and 29 complied with the standard prescribed by the Milk (Special Designations) Orders. Appropriate action was taken with regard to the unsatisfactory samples.

Accredited Milk.

49 samples were obtained and of these, eight failed to comply with the standard.

Pasteurised Milk.

80 samples were procured and all complied with the bacteriological standard for this grade of milk. To test the efficiency of pasteurisation, 322 samples were subjected to the phosphatase test and 309 were proved to have been correctly heat-treated.

Examination of Milk for Tubercle Bacilli.

68 samples were submitted and three, or 4·4% gave positive results. Reports were made on the unsatisfactory samples to the Ministry of Agriculture (Animal Health Division). Positive results in previous years were :—

1940	..	..	..	5·5%
1941	..	..	..	11·4%
1942	..	..	..	8·3%
1943	..	..	..	6·9%

MATERNITY AND CHILD WELFARE.

Dr. I. McD. Harkness reports as follows :—

Municipal Midwifery Service :

Medical Staff : Four full-time and two part-time women doctors.

Non-medical Staff : Two assistant supervisors of midwives.
One Health Visitor with special ophthalmic duties.
Thirty-one midwives.

Municipal Midwives—Private Midwives—Their Supervision.

Despite an increased number of home confinements during 1944, a depleted number of midwives (due to a

deficiency in the number available for domiciliary midwifery, and the longer off-duty time and holidays necessary, owing to the acceptance of the Rushcliffe Committee's proposals), the city midwives have done marvellous work in the year 1944. They cannot be praised enough for the spirit in which their work has been carried out.

The following account gives in bald figures the work done :—

1.	The number of cases delivered as midwives ..	2,699
2.	,, ,, ,, ,, maternity nurses	220
3.	,, ,, ,, ,, emergencies ..	42
4.	,, ,, medical aid forms sent to doctors—	
	(*a*) for mothers	677
	(*b*) for babies	118
5.	,, ,, stillbirths occurring in cases under (1)	40
6.	,, ,, notification of death of baby in cases–	
	(*a*) under 1	23
	(*b*) under 2	2
7.	,, ,, notification of artificial feeding ..	96
8.	,, ,, ,, to be a source of infection	32
*9.	,, ,, post-natal visits to mothers ..	50,664
*10.	,, ,, ante-natal visits to mothers ..	14,006
*11.	,, ,, special visits to mothers	2,181

* The total of items 9, 10 and 11 is 7,687 greater than in 1943.

One gratifying fact to be noted is that despite the increase of 443 in the number of domiciliary confinements delivered by city midwives alone, the percentage of emergency cases was somewhat less. For 1943 the rate was 2 per cent. and for 1944 it is 1·5 per cent. Such a reduction may be due to several factors, among which are (1) increased use of ante-natal clinics ; (2) the fact that women have required to decide earlier the place of confinement due to lack of adequate hospital accommodation

and inadequate housing ; and (3) the regulations governing extra rations, supplementary vitamins and pre-natal allowances—(1) and (3) being closely related.

The percentage of maternity nursings done by city midwives has fallen from 8·3 per cent in 1943 of total midwifery and maternity nursing cases to 7·5 per cent in 1944. This is in all likelihood due to the fact (1) that medical practitioners have availed themselves of private practising midwives ; and (2) that these have increased in numbers in the city in the past two years. Private practising midwives are inspected periodically under the above-mentioned acts by the non-medical supervisors of midwives. City midwives are supervised in their homes and on the district by the same members of the staff. The private midwives have delivered 178 cases in 1944 compared with 154 in 1943.

Other work done by the assistant supervisors of midwives and the health visitor with special duties, includes the investigation of the following cases :—

Puerperal cases.
Stillbirths and maternal deaths.
Pemphigus Neonatorum.
Ophthalmia Neonatorum.

Inspection of Maternity and Nursing Homes.

These inspections are carried out by a deputy medical officer for the Medical Officer of Health, and the inspection of midwives employed in maternity homes is carried out by an assistant supervisor of midwives.

On the 31st December 1944 there were thirteen nursing-homes on the register providing forty-eight maternity beds and forty other beds. Throughout 1944, 71 inspections of these homes were made.

Midwives.

(*a*)	Total number of midwives who notified intention to practise throughout the year 1944	123
(*b*)	Total number practising in the area at end of 1944	103
(*c*)	Number employed by L.S.A. in domiciliary practice	31
	,, ,, ,, ,, ,, hospital practice ..	41
(*d*)	,, ,, ,, nursing-homes and nursing co-operations	14
(*e*)	,, ,, ,, voluntary associations in—	
	(1) domiciliary practice ..	1
	(2) hospital practice ..	10
(*f*)	,, ,, ,, in private practice ..	6
(*g*)	Number of inspections of and visits to midwives ..	156

Medical Assistance for Midwives.

The rules of the Central Midwives Board require midwives to call in medical assistance in all cases of abnormality in mother or child during the ante-natal period, labour or lying-in period. The number of cases in which such assistance was sought was as follows :—

	City Midwives.	*Private Midwives.*	*Nursing-homes.*
Assistance for mother ..	677	31	14
Assistance for child ..	118	5	6
Fees paid to medical practitioners for assistance to midwives during 1944 ..	£1,001. 2s. 0d.		

Maternity Beds in the City.

At the end of 1944 there were 124 beds in the City Hospital and 40 in The Firs Maternity Hospital, available for women of the city for normal and abnormal midwifery cases and cases requiring hospitalisation during the ante-natal period. The Women's Hospital and the General Hospital also admit abnormal city cases for confinement upon occasion, while nursing homes provide 53 maternity

beds. The majority of the cases dealt with, however, in the last-named institutions and homes are from the county.

X-Ray Facilities for Expectant Women.

34 cases were referred for x-ray examination from the consultant ante-natal clinic.

Ophthalmia Neonatorum.

The incidence of ophthalmia neonatorum increased during 1944, as was to be expected following upon a high birth rate and an increase in the incidence of venereal disease. Not only did the disease increase in incidence but also in severity. The visitor whose duty it is to attend to these cases found it difficult to overcome the amount of work to be done. The number of mothers and infants admitted together for treatment of the infant has materially increased. The following table gives the actual figures of cases notified :—

Cases. Notified.		Treated.		Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
By Institution	By Doctors & Midwives	In Hospital	At Home				
4	71	20	55	74	1	—	1

The special visitor paid in all 1,458 visits to eye cases compared with 982 cases in 1943.

Puerperal Pyrexia.

This condition is notifiable under the Public Health Act, 1936, and treatment is preferable in hospital where cure is expedited by the use of sulphonamides. Eighteen visits were paid to homes by the supervising staff in such cases.

The notified cases are classified in the following table :—

Disease	Cases notified	Admitted to Hospital	Cases arising in Hospital	Deaths	Notification Age Group			
					15–20	20–25	25–35	35–45
Puerperal Pyrexia ..	48	16	22	1	3	18	22	5

Ante-natal care of Expectant Mothers.

Clinics were held at the following centres :—

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.

There were 704 sessions at 8 Centres, dealing with 4,119 new patients, which with re-visits brought up the total attendances to 22,588, an average of 32 per session.

A special consultant clinic, in which Mr. H. J. Malkin is the consultant, held 51 sessions, with an average of 16 per session.

The Firs Maternity Hospital carries out the ante-natal care of its own booked cases. The cases booked by the City Hospital are largely cared for by the City Hospital obstetric staff but a proportion of the cases are given ante-natal care by the medical officers of the maternity and child welfare department with an occasional visit to the City Hospital. More women continue to take advantage of the post-natal clinics—a matter for gratification. The numbers increase slowly but surely each year, and gradually avoidable maternal morbidity will be cut down.

Maternal Mortality.

Only five maternal deaths occured, two due to puerperal and post-abortion sepsis, and three to other causes. Only two of the five women had attended municipal ante-natal clinics. Two were attended by their own doctor, and one received no ante-natal care.

The table showing the remarkable fall in maternal mortality is given on page 7.

Homes for Unmarried Mothers, 1 & 95 Queen's Drive.

It was a busy year, 31 cases were admitted, 16 being expectant mothers, and 15 mothers with babies. Valuable social work was carried out in connection with these mothers.

The Day Nursery associated with these hostels had 9,523 attendances.

Infant Welfare.

Health Visiting.

Visits paid by Health Visitors to the homes of children under five years of age were as follows :—

	1943.	1944.
Primary visits	4,615	5,445
Revisits under 1 year	19,064	19,480
Revisits 1 to 5 years	39,706	33,248
Special Visits	177	1,334

The raised birth-rate increased the number of primary visits and revisits under one year. Evacuation from flying-bomb areas, and an outbreak of gastro-enteritis increased the number of special visits. The result of these factors, together with the prolonged illness of some of the staff, was to reduce the visits to children 1 to 5 years of age, which was unfortunate but unavoidable.

Infant Welfare Centres.

The following table gives the total attendances at Infant Welfare Centres during the year.

No. of sessions held weekly		26
Total attendances of new cases :—		
(*a*) Children up to 1 year	4,026	
(*b*) Children from 1-5 years	282	
	———	4,308
Total attendances of all children up to 5 years of age :—		
(*a*) Children up to 2 years of age ..	59,453	
(*b*) Children from 2-5 years	4,280	
	———	63,733
Total number of sessions held during 1944 :—		
(*a*) Infant clinics	1,057	
(*b*) Toddlers' clinics	278	
	———	1,335

As was to be expected from the raised birth rate, the attendances at clinics have increased materially and the

number of babies attending clinics in Nottingham is 71% of the babies born in 1944. This is in spite of the fact that so many mothers and their female relatives were working and so unable to bring their babies. The total attendances (63·733) were 4,453 more than in the previous year.

Child Life Protection.
Public Health Act 1936.

There were 154 names on the register at 31st December 1944. 112 Foster-mothers were on the register, in addition to one institution with 36 children. The Health Visitors paid 996 visits to homes and 7 to institution, while many office interviews were necessary. This work is of increasing difficulty owing to the scarcity of foster-mothers of suitable and trustworthy type.

The Adoption of Children Act has required much work, owing to the large numbers of children, legitimate and illegitimate, who are now being adopted.

Infant Mortality.

The infant mortality rate in Nottingham is the lowest ever recorded—56 per 1,000 live births—despite the fact that from July until late September there was an epidemic of gastro-enteritis in which adults were affected first and infants secondly. Fortunately the outbreak was confined mainly to three districts of the city with sporadic cases only elsewhere. Housing in the affected districts is not of the best and there is much overcrowding further aggravated by war time conditions. A detailed examination was made of all case histories and investigation of the homes where deaths occurred was carried out. The

results were inconclusive as to ætiology. Roughly 50% of the cases occurred in children 3-6 months old and 25% in each of the age groups 1-3 months and 6-9 months. The explanation as to the high incidence in the age group 3-6 months may lie in the fact that breast feeding is often discontinued in this age group with great danger to the child. In only one of the fatal cases investigated was breast feeding being carried out and that was done in part only. Flies in numbers much in excess of the normal played their part in spreading infection as did lack of care of milk in the home and scarcity of fly bands, rubber teats and feeding bottles. It is difficult however for mothers to care for milk adequately in hot weather when pantry accommodation is either absent or quite inadequate and flies a plague. In about one third of the cases the mothers had made little attempt to care adequately, although instructed, for milk teats or bottles, and in about the same proportion of cases there was delay in sending for a doctor.

The neo-natal death rate has fallen in common with that of the country as a whole, while the still birth rate has fallen to 27·36 per 1,000 total births. Many factors play a part in these very welcome reductions. Increased hospitalisation of abnormal midwifery cases, increased facilities in hospital and in the home for care of the premature baby, increased knowledge of nutritional problems with the Ministry of Food's arrangements for extra food for pregnant women all play an important part in the reduction of the death rates under discussion. Much remains to be done particularly with regard to the still birth rate.

For statistics see pages 7 and 11.

Orthopædic Treatment.

Children up to 5 years of age requiring treatment by an orthopædic surgeon attend the Cripples' Guild at the cost of the Maternity and Child Welfare Committee. During 1944, 531 cases made 3,729 attendances.

Out-patient treatment cost £336.

Splints and X-ray examinations cost £56.

In-patient treatment is provided at Harlow Wood and Gringley, and six cases were sent. The cost was £200. This is additional to the orthopædic work of the City Hospital.

War-time Day Nurseries.

The demand for these nurseries still exceeds the accommodation and the waiting-lists are long. In all, there are places for 340 children from 0-5 years. The usual inspections have been carried out, and certain of the nurseries trained student nursery-nurses throughout the year. The Ministry of Health and Ministry of Education inspectors paid their routine visits of inspection.

Six students were trained and sat the Examination of the National Association of Day Nurseries—five securing the Certificate—one with distinction and one failed in her written paper. She has since been successful and received her Certificate.

The total attendances were as follows :—

Children 0-2 years	22,041	
Children 2-5 years	51,759	
	———	73,800

Daily Guardian Scheme.

Under the Government's War-time Daily Guardian Scheme, the register at 31st December 1944, stood as follows :—

Guardians	436
Mothers	435
Children	441

It will be seen that the scheme has been of substantial service in enabling the mothers to undertake war-work, the number 435 being about the daily average. Previously the number of guardians on the register was about 700, but the decrease is simply due to Ministry of Labour decision that foster-mothers should be removed from the list on which they were previously carried, the scheme in future being confined to daily-minded children only.

NURSING.

Civil Nursing Reserve.

This war-time organization has continued its work on the lines set out in previous annual reports. The Local Emergency Committee of the Nursing Profession, under the chairmanship of Miss Liddle, and with Miss Kirrage as its secretary, has continued to meet regularly to control the service. On the instructions of the Ministry of Health the register of members underwent drastic revision, with a view to the removal of names of immobile members who could not be employed, either because there was no suitable work available, or because members were no longer considered suitable for retention in the Reserve. In this way 489 names were withdrawn from the list, the majority of whom were women trained as auxiliary nurses but not working as such, and mostly in other occupations. The withdrawal of their names from the

register made it possible for the Appointments Officer of the Ministry of Labour to switch over many of these women to work for which they were more urgently needed.

The address of the secretary, Miss Kirrage, is now New Square, Low Pavement.

District Nursing.

As described in previous reports, the Health Committee has adopted a policy of granting subsidies to the existing nursing associations to ensure that district nurses are available in all parts of the city. The extensions which this financial help has made possible, have now almost achieved this aim. There are only very small areas within the city boundary in which district nurses are not very easily available, and none in which district nurses cannot somehow be obtained.

RECEPTION OF EVACUEES.

The arrival of evacuees from Southern England in July and August may be worth putting on record.

Information was received that Nottingham must expect train-loads of evacuees sent to escape the " flying bombs " of July and August. It was decided that medical inspection must be conducted thoroughly so that the householders of Nottingham, upon whom the evacuees were to be billeted, would not have to suffer the infliction of sick, dirty, verminous or incontinent children.

Fortunately a complete scheme for inspection of train-loads of evacuees had been drawn up by the Medical Officer of Health and the School Medical Officer (Dr. Newth) jointly at an earlier stage of the war, and the necessary working papers and tie-on labels were already

printed and stored away. This scheme was revised and adapted to the new circumstances. The arrangements for medical inspection in the Albert Hall had been devised to dovetail into those of the other Corporation departments who were responsible for transport, feeding and billeting. The inspections were undertaken by teams made up of doctors, nurses and clerks from the Maternity and Child Welfare and School Medical Departments, and from the Health Department generally.

The task was to sort out the sick, verminous and defective, and also to register the pregnant women in the minimum time consistent with efficiency. Actually it was found that most of the evacuees had been well inspected prior to entraining, and there were no seriously verminous cases. Some heads were treated with lethane oil before leaving the Hall. Some children were sent by motor-car to the Scabies Treatment Centre before billeting, as an added precaution against scabies. A few cases of suspected infectious disease were sent direct to the Isolation Hospital. In two cases of asthma, for which it was desirable to avoid hair or feather beds or pillows, special fibre mattresses and pillows were ordered and delivered to billets within a few hours. Some " problem " children were sent to hostels in the county. Some children were sent to the Hartley Road Home for observation. Provision of cots, blankets and perambulators was arranged for several very young babies whose mothers had come direct from maternity hospitals (several sets of twins among them). Milk feeds were freshly prepared in the Albert Hall for bottle-fed babies, and new bottles and teats were supplied to replace any lost or broken on the journey. Rolls of jaconet were supplied from Ministry of Health stores; these were

cut into squares and supplied to every case in which there seemed to be a risk of bed-wetting ; in this way hundreds of Nottingham mattresses must have been saved from damage.

In the following days and weeks the health visitors and school nurses followed up in billets all cases noted as requiring attention. These included not only 149 expectant mothers officially evacuated, but also 135 who had arrived in Nottingham through other than official channels. Up to the end of the year 73 of these expectant mothers had been transferred to the Ministry of Health Maternity Home at Retford, and 46 had been delivered either in their own homes by city midwives or in the City Hospital.

On each of the nine occasions when trains were expected, the Town Clerk called together all the leading officials involved in the arrangements, to make last-minute adjustment of plans, and the efforts made by all Corporation departments proved to have been well worth while, in contributing to the convenience of both the visitors and the citizens. One point worth noting is that sufficient staff were put on duty to do not only the pre-arranged tasks, but also to take in hand all kinds of minor emergencies which are bound to occur when dealing with crowds of evacuees and their luggage. This contributed greatly towards efficiency.

The present report deals only with the medical arrangements, and these proved to have worked so successfully that there were afterwards no stories of the spread of vermin or scabies or infectious disease in local homes. This is in contrast with what happened in the early stages of war when children from the big cities (including

Nottingham) were sent out to reception areas, and gave rise to so many stories of vermin and filthiness. Things are done differently now, and praise must be given to the London County Council, and other authorities, who despatched the mothers and children in so clean a state.

As the officer responsible for the medical arrangements at this end, I record with thanks the excellent work done by Dr. Newth and his doctors, Mr. V. C. Carrington, nurses and clerks, and to Dr. Harkness and the other doctors, health visitors, nurses, inspectors and clerks of the Health Department. It was a pleasure to undertake team work with the other Corporation Departments who were carrying out their duties of transport, feeding and billeting ; the whole scheme was worked with efficiency.

ALMONER'S DEPARTMENT.

Miss Benham, Chief Almoner, reports as follows :—

The end of the year sees the almoner's department established with full staff, and some knowledge of the ground to be covered and of the way that that can best be done. The full staff consists of six almoners (with clerical help) : one almoner at the V.D. Clinic, two at the City Hospital, one at the Tuberculosis Clinic, one dividing her time as assistant at these two clinics, and the chief almoner working mainly from the central office, and devoting a part of her time to the Tuberculosis Clinic, and particularly to the Care work.

The focus of the almoner's work in the V.D. Clinic is the prevention of defaulting from treatment and the removal of all social difficulties, material and mental, which lead to defaulting. The disease is such that it is

found that material and mental difficulties are seldom absent, and their adjustment is no question of "spoon-feeding," but of giving the needed impetus and encouragement to put a woman on her own feet, and better to cope with the circumstances of her life than she has been in the past.

The work of "contact-tracing," and of persuasion by visiting under Regulation 33B increased greatly during the year. The almoner has found that this work fits in more closely with the clinic almoner's role than had been anticipated by many experienced workers. The course of persuasion prior to the serving of a legal notice can well be undertaken by the clinic almoner provided that the numbers are not so great as to interfere with her work in the clinic itself. Most of these girls, once they are clinic patients, claim much attention in the way of social care and the prevention of defaulting. This seems to show that the small amount of time taken in persuading a first attendance is worth while in order to get under care a section of the community of such uncertain stability, whose members need help themselves and are a potential danger to the nation's health. More visiting has been possible during the last few months of the year on account of increased staff, and there is valuable co-operation with the Notts. county almoners on patients resident in the county area.

At the City Hospital, instead of specialising in the social cure of one particular disease, the almoner must understand the social significance of all the diseases in her wards, and in that connection keep abreast with the main developments in methods of treatment; only by so doing can she realise what will be the obstacles to the

alleviation or cure. The range of work is too wide to describe fully ; among other things, home worries have been straightened out, and conditions improved before patients returned home to them ; interesting handwork has been obtained through the School of Art for two long-term cases ; and a period at a convalescent home has been arranged for thirty-one patients. Despite the closing of the Skegness homes, a variety of homes have been used, not only for different types of illness but also to meet temperamental needs. For example, a married woman who wanted somewhere quiet was sent to a small home in the country, an Irish Roman Catholic patient was sent to a Roman Catholic home, and a boy of 16 went to Southport, where there would be plenty for him to do.

It is widely realised at the present time how great is the need for a careful review of the work to which a patient will return after serious illness, and a considerable part of all the almoners' time is spent on this. As Ministry of Labour plans for the disabled improve, result should be better, but will require a still closer liaison if the hospital and clinics are to benefit to the full from the schemes being evolved.

Patients attending the medical follow-up clinics are referred to the almoner by the doctor for help with diet, finding new employment etc., and she is available in the same way for the new diabetic clinic.

Since Sept. 1st, 1944, the almoner's department has been responsible for the Tuberculosis Care work, previously undertaken by the Nottingham and Notts. Association for the Prevention of Consumption, so putting the whole of the social aspect of the patient's

cure into the hands of the clinic staff. The Tuberculosis Officer, Senior Health Visitor, Chief Almoner, and Clinic Almoner confer once weekly on cases for which there appears need of expenditure of Corporation funds, and also on applications for Discretionary Allowances and Special Payments under Memo. 266/T.

The Ministry of Health treatment allowance scheme, as authorised in the second part of Memo 266/T, is administered from the clinic, and has grown steadily. During 1944, there were 273 applications for allowances, and by the end of the year, about £260 was being paid out weekly. The scales of assistance, uniform throughout the country, are low, but have been improved a little during the last few months. The shortage of sanatorium beds works adversely even on this allowance scheme, as it was presumably not anticipated that a patient would have so many months of living on an income which leaves no margin for household or personal replacements.

The scheme keeps the clinic closely in touch with the patient's return to work, and points to the need for seeking the right type of occupation rather than hurrying to take any job available. A patient may remain for several months in the category " fit for light work," and yet continue to draw the allowance while he seeks it, and there is also provision for the supplemention of part-time earnings.

Since November, 1944, the chief Almoner has represented the Medical Officer of Health on the Welfare Committee of the Royal Midland Institution for the Blind. The Prevention of Blindness Scheme has also been administered by the almoners' department.

Women unable to pay the fees for attendance at a home confinement have been seen at the almoner's central office, and a new scale of reduction was put into operation in August, 1944. Reduction was made in 131 cases during the year.

CITY HOSPITAL.

Dr. C. L. Crawford Crowe, the Medical Superintendent, reports as follows :—

Medical Staff.

Resident :	1	Medical Superintendent.
	1	Deputy Medical Superintendent.
	1	Pathologist.
	1	Assistant Pathologist.
	1	Senior Obstetrical Officer.
	3	Junior Obstetrical Officers.
	2	Senior House Surgeons.
	2	Junior House Surgeons.
	2	Junior House Physicians.
Visiting :	1	Uro-genital Surgeon.
	2	General Surgeons.
	2	Orthopædic Surgeons.
	1	Ear, Nose and Throat Surgeon.
	1	Dental Surgeon.
	2	Physicians.
	1	Physician for Venereal Disease.
	1	Physician for Tuberculosis.
	1	Obstetrician.
	1	Thoracic Surgeon
	1	Radiologist.
	1	Anæsthetist.

Beds (War time accommodation).

Beds allotted to men, women and children are as follows :—

Specialised Wards .. .. (Tuberculosis, Venereal Disease, Isolation Maternity and Gynæcology)	320
Male Medical	103
Female Medical	77
Male Surgical	411
Female Surgical	79
Children—Medical	66
Children—Surgical	60
	1,116

Averages for the year.

Beds—Average daily number occupied ..		723
Admissions—Average daily number ..		28·24
Duration of stay of patients :—		
Under 4 weeks	7,926	
4 weeks and under 13 ..	1,982	
13 weeks or more	503	
	10,411	
Maximum number of beds occupied :		
Civilian Feb. 3 ..		648
War Emergency Oct 4 ..		399
Minimum number of beds occupied :		
Civilian Aug 13 ..		349
War Emergency June 9		69

Statistical Table for the Year ended December 31st, 1944.

Remaining in Hospital, January 1st ..	735	
Admitted	9,188	
Born in Hospital	1,148	
		11,071
Discharged	9,838	
Deaths	573	
		10,411
Patients treated to a conclusion		
Remaining in Hospital, December 31st, 1944		660

Comparative Table for Three Years.

	1942	1943	1944
Admissions	7,907	8,119	9,188
Births	1,195	1,070	1,148
Deaths	851	791	573
Admissions—average daily number	24·94	25·17	28·24
Operations performed ..	2,660	2,598	3,713

MASSAGE DEPARTMENT.

	Civilians.	Military.
Number of treatments given :— ..	15,796	21,562
Total	37,358	

X-RAY DEPARTMENT.

Civilian In-patients	2,787
Tuberculosis Clinic and Sanatoria	296
Outside Institutions	164
Gynæcological Out-patients	91
Military In-patients	3,088
,, Out-patients	1,116
	7,542

Analysis of Investigation of In-patients.

Chests	1,385
Gastro-intestinal	230
Urinary tract	106
Gynæcological	216
Biliary tract	44
Bones and joints	849
	2,830

DENTAL DEPARTMENT.

Patients treated :—

Local Anæsthesia	1,647
General	1,030
Fillings	10
Cleaned	54
Total number of extractions	2,677
Dentures supplied	10
Dentures repaired	17
Fractured jaw wired	6

THEATRE DEPARTMENT.

Civilian patients—Number of operations ..	1,769
Military „ „ „ „	1,944
	3,713

PHARMACEUTICAL DEPARTMENT.

The large quantities of Penicillin that have been used for both E.M.S. and Civilian cases at the City Hospital during the latter half of 1944 have considerably increased the work of the Pharmaceutical Laboratory, and the manufacture of sterile solutions of Normal Saline and of Dextrose in Normal Saline as a vehicle for the Penicillin has been the principal output of this Department. Small amounts of Penicillin have recently become available for Civilian cases and it is anticipated that this allocation will be considerably increased when the manufacture of this invaluable substance is developed further in this Country.

During the six months ending December 31st, 1944, 77·34 million Oxford units of Penicillin were used at the City Hospital in the treatment of 302 cases. An average treatment per patient requires about 300,000 Oxford units.

These cases were :—	Civilian	14
	E.M.S.	237
	German P.O.W... ..	51

Of the total amount of Penicillin used in the six months period, 3% only has been available for the needs of Civilian cases. These 14 cases were :—

Pneumonectomy	4	
Pneumonia	3	(1 fatal)
General Septicæmia	1	
Cellulitis with Staphylococcal Meningitis	1	(fatal)
Compound fracture	2	
Osteomyelitis	2	
T.B. Pyopneumothorax	1	

The quantity of Sterile preparations manufactured in the Pharmaceutical Laboratory during 1944 is as follows :

Half strength Saline solution ..	540 ccs.	1,840
Normal Saline	540 ccs.	4,800
2·5 Dextrose in Saline solution ..	540 ccs.	2,280
5·0% ,, ,, ,, ,, ..	540 ccs.	840
10% ,, ,, ,, ,, ..	540 ccs.	120
Distilled water	540 ccs.	680
Sodium Sulphate Solution 4% ..	540 ccs.	80
2% Procaine Solution	60 ccs.	720
2% Procaine Solution	30 ccs.	800
Procaine and Adrenalin 1% ..	30 ccs.	90
Procaine and Ephedrine Solution ..	10 ccs.	420
Adrenalin Solution 1-1000	50 ccs.	310
Distilled water	15 ccs.	2,020

E.M.S. AREA LABORATORY—CITY HOSPITAL.

The Laboratory at the City Hospital continues to function as an E.M.S. department under the auspices of the Ministry of Health. During the war years the Service has been greatly expanded and improved to provide Laboratory facilities over a wide area within the

County of Nottinghamshire, for which the department is also a Penicillin Control Centre.

During 1944, 14,748 specimens were examined of which :—

70% came from this Hospital and of this 36·7% was contributed by our Maternity and Ante-Natal department.

8% from Basford E.M.S. Hospital.

7% from St. Ann's Hospital.

It is noteworthy that certain local voluntary hospitals, namely : the Nottingham Hospital for Women and the Nottingham General Hospital as well as Health Department sections, namely : the Mass Radiography Centre, the City Isolation Hospital and Newstead Sanatorium have lately sent specimens for tests not conducted elsewhere in Nottingham.

Other contributing hospitals are :—

Newark County Hospital.
Worksop County Hospital.
Ransom Sanatorium, etc., etc.

Four Army Depots and Four R.A.F. Stations are also serviced.

In addition a supervised Side-room Laboratory has been instituted at Harlow Wood Orthopædic Hospital, with a technician in charge.

Thus much has been done to fill an obvious want in this area and with increased efficiency and introduction of newer methods and tests, a firm foundation is laid for a Post-war service in Clinical Pathology when doubtless the County Hospitals will still depend on us for such amenities.

It is evident that with a slightly increased floor area (which is available and already reserved for this purpose) and additional qualified assistance, the Service should be adequate to meet all expected demands.

THORACIC SURGERY UNIT.

This unit was initiated in 1938 and from then until the outbreak of war the late Mr. Laurence O'Shaughnessy, F.R.C.S., performed the operations at the City Hospital.

In these early days most of the operations undertaken were with an idea of attempting to cure those stricken with pulmonary tuberculosis, or failing a cure, to alleviate at least their symptoms and so prolong life.

The untimely death at Dunkirk in 1940 of so young and brilliant a surgeon as Mr. O'Shaughnessy was a bitter blow to the more enlightened of us who realised the potentialities of this field of surgery and the endeavour and hope of establishing a first rate unit in the Midlands with Nottingham as its centre would appear to have received a serious set back. However, we were most fortunate indeed in securing the services of Mr. George A. Mason, F.R.C.S., of Newcastle, who with his anæsthetist, Dr. Millar, visits the City Hospital every 3 weeks for operative work and consultations.

Mr. F. C. Hunt, F.R.C.S. holds the appointment of assistant Thoracic Surgeon.

The character of the unit's work has changed somewhat in recent years resultant upon the co-operative scheme between the City and County. It was agreed that patients both from the City and County requiring operative treatment for pulmonary tuberculosis could

have this effected in the County. City and County patients suffering from non-tuberculous conditions of the chest requiring surgical treatment have this done at the City Hospital.

The scheme has been most effective and has been mutually beneficial to both local authorities.

It is pleasing to report that the surgeon has now come to the assistance of the chest physician and that in recent years thoracic surgery has made tremendous strides making it now possible to remove a portion or even the whole of a lung which is the seat of a suppurative condition or even of cancer and have the patients relieved or completely freed from their symptoms and in no way deformed or incapacitated from performing their normal occupations.

The thoracic diseases amenable to surgical intervention and which have been under treatment since January 1943 include Empyemata, Lung Abscesses, Bronchiectasis, Congenital Cystic disease with Bronchiectasis, Solitary Cysts, Hæmangiomatous Cysts, Innocent Tumours and Carcinoma of Bronchus.

The following operations were performed during the year :—

Pneumonectomy	14	6 for Cancer 5 for Bronchiectasis 2 for Innocent Tumours 1 for Hæmangiomatous Cyst.
Lobectomy	7	for Bronchiectasis
Exploratory Laparotomy ..	7	for Cancer cases found to be inoperable.
Drainage of Lung Abscess ..	5	

Deroofing of Chronic empyemata	3	
Intercostal drainage	6	
Thoracoplasty for chr : Empyema	2	
Thoracoscopy	1	
Bronchoscopy	67	—34 of these revealed cancer.
Bronchogram	45	

It will be noted that there are a large number of cases of bronchial cancer. It was, however, unfortunate after bronchoscopy and exploratory laparotomy to find that a large percentage of these were inoperable. Many of these were referred for deep X-ray therapy where in some cases the symptoms were ameliorated with prolongation of life, but on the whole it is agreed that such treatment is only a poor second best and in many instances is of no value to the patient at all.

It will be obvious from what has been said that the investigations of a chest case is an elaborate and exacting process before a final and accurate diagnosis is established. A whole series of investigations, bacteriological, radiological and in many cases minor operative procedures have to be undertaken before a final decision is made and before major surgical interference is entertained.

Such a surgical unit must be well equipped if any measure of success is to be realised. Nurses specially trained in this branch of surgery are essential. X-ray equipment including Tomography and Kimography should be available. The resident and consulting personnel must have a specialised knowledge of chest medicine and chest surgery. A good physiotherapy department is a valuable asset. In all the foregoing the City Hospital is particularly well equipped.

There are, however, certain things lacking in the completion of the unit's armamentarium ; these are as follows :—

(*a*) Special wards for thoracic surgery patients both male and female. These would have small recovery rooms for immediate post-operative cases. These wards to have a balcony to enable the convalescent cases to get the air and sunshine so vital for their complete recovery.

(*b*) Special thoracic surgery theatre with the requisite and appropriate equipment.

(*c*) Accommodation for a follow-up Clinic.

This would enable the unit to assess the final result of any particular operation and also advise on further operative or conservative treatment if necessary.

It is advisable to have the wards, theatre and follow-up Clinic as near the X-ray department as possible to avoid unnecessary movement of the patient after operation.

The Hospital Committee always alert to their responsibilities in relation to the health of the citizens of Nottingham have envisaged the necessity of encouraging so progressive and successful a unit and already plans have been passed in order that it may be satisfactorily and logically completed.

With the advent of Mass Radiography diseases of the lung will be detected in the earlier stages and so, it is hoped, referred to this unit at once for investigation and adequate treatment.

One would wish to pay particular tribute to the efficiency and work of Dr. Beynon, Medical Director of the Mass Radiography Unit, for here it is most likely that early and symptomless cancers are to be detected. Many such cases have already been referred to us.

A truly great unit has been built up at the City Hospital and I would ask medical men and the public alike to avail themselves of its excellent facilities.

CITY HOSPITAL MATERNITY DEPARTMENT.

During the past year, this Department has been obliged to continue work at full pressure.

As far as was possible, patients booked for confinement were :—

(1) Those in whom some obstetric abnormality existed and whose labour was likely to be complicated.

(2) Primigravidæ.

(3) A small number of cases whose domiciliary circumstances rendered them social emergencies.

Many more applications were received at the Ante-natal Clinics of the Department, held at Edwards Lane, than was possible to cope with in the beds at our disposal but these cases were sorted out as far as possible and the normal complement deviated to the domiciliary midwifery service of the Health Department.

The accompanying figures appended below will give an idea of the scope of the work undertaken for 1944. Several aspects of the work done by this Department

have not apparently been sufficiently publicised, so that certain facilities available to all cases of pregnancy and labour within the City are not fully appreciated.

An emergency blood transfusion scheme has been promoted by this Department so that emergency blood transfusions or similar therapy for resuscitation in shock, etc., is available on request by any Doctor or midwife for any case under their care whose condition requires it. This service has been available for the past five years and the results have been so gratifying that its maintenance is now regarded by the Department as one of vital importance. Obstetric aid for cases of grave emergency in the patients' own home is also available and again results have been so encouraging that every effort has been taken to maintain this service during the difficult years of the war.

Much further investigation into the Rhesus factor and its complications in the mother and infant has also been done in the past year and much investigation, both routine and original, has been undertaken in conjunction with Dr. E. F. Aubert of the Regional Transfusion Service and his staff.

Much attention has also been paid to the care of the premature infant and an attempt has been made to admit cases in premature labour so that the birth of the infant may be conducted in hospital and the infant be under skilled care from the moment of birth onwards. The rate of survival in premature infants who have to be transported to hospital after birth, has been so low that serious misgivings regarding the advisability of moving these small babies immediately after delivery have been entertained. The results obtained since this alteration in

policy have been vastly superior to those from the previous unregulated system, and a strong plea is made for the admission of women in premature labour so that the premature infant can have continued nursing care from the outset. The success of this scheme was illustrated during the past year by the survival of an infant which weighed 1 lb. 14 ozs. at birth, this being the smallest infant on record to have survived in this Department.

As usual, a large number of cases were admitted for ante-natal care and, as all pregnant women irrespective of their disease, are admitted to the ante-natal section of the Department a very comprehensive selection of medical and surgical conditions are seen and treated, with the help of the members of the staff of the general side of the hospital. Out-patient ante-natal investigation and treatment is available for cases of leucorrhœa, dental caries, etc., and every attempt is made to clear up incidental sepsis, so that puerperal morbidity can be reduced to the lowest possible figure. A puerperal block is run in conjunction with this Department and caters for all cases within the city boundary. Every attempt is made to admit the mother with her infant in cases of puerperal pyrexia and this has been found to give rise to a much more contented frame of mind in the patient and relieves her of much anxiety as to the welfare of the tiny infant from whom she would otherwise be separated.

The incidence of venereal disease in pregnant women has regrettably risen tremendously in the past year, and much of the disease has been of the early acute variety. Treatment both in the ante-natal and lying-in periods is conducted in a special section of the Department, and the treatment of these cases is conducted in conjunction with Dr. Marinkovitch, Director of V.D. Services.

A full and comprehensive survey of the year's work has been drawn up and is available for perusal on request.

Live births in hospital	1,148
Still births in hospital	70
Babies born before Admission	7
" " " " (still-births) ..	2
Total	1,227
Total Admissions to Ante-natal Ward for treatment	863
Puerperal morbidity rate ·978%	
Maternal Deaths	3

(Rate ·24%).—None of these cases were booked and all were emergency admissions with major complications.

THE FIRS MATERNITY HOSPITAL.

The work in this Annexe of the main hospital has continued on the same lines as in previous years. The policy followed is to book every available bed so that the maximum number of admissions can be obtained in the year. In view of certain limitations in the scope of this hospital, the admission of certain types of cases has had to be restricted. These conditions are few but include venereal disease and other conditions in which intensive laboratory investigation is necessary, e.g., diabetes mellitus.

The hospital conducts the training for the second part of the C.M.B. certificate and the staff in training undergo one-half of their instruction at the hospital and the other half with the approved district midwifery teachers.

A comprehensive record of the work done has been made for this hospital and is again available for perusal on request.

Total births	650
Total Admissions for Ante-natal care	279
Puerperal morbidity rate ·46%	
Maternal deaths	1
(Rate ·15%)	

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

The following report is made by Dr. T. A. Don :—

Small pox.—No cases occurred during the year.

Scarlet Fever.—734 new cases of scarlet fever were admitted during the year. A further 22 patients were admitted, having been notified as suffering from this infection, but the diagnosis was not confirmed.

By far the greater number of cases were admitted during the second half of the year, and it was found necessary to encourage home isolation of mild cases where possible. The influx of evacuees, however, round about July, August, September, did not help matters, and at times the scarlet fever wards in the hospital were rather overcrowded.

There were 2 deaths, a boy of 2 years and a girl of 5 years. The latter child was, however, already a chronic invalid due to rheumatic endocarditis, prior to the onset of the scarlet fever. The average duration of stay for non-fatal cases was 30·6 days, and for fatal cases 25 days.

In spite of the large number of cases of scarlet fever, viz. 734, compared with 357 such cases the previous year, only one patient required surgical treatment, and this was for a rather unusual complication of scarlet fever.

The complication was streptococcal empyema. A rib resection operation was performed by the consultant surgeon with excellent results. Not one case of mastoid disease occurred, though quite a number of patients developed otitis media. The value of early administration of scarlet fever anti-toxin, with or without the exhibition of the sulphonamide drugs, cannot be too strongly emphasized.

Diphtheria.—A new low record of admissions of diphtheria cases was achieved during the year 1944. The actual number of confirmed cases was 63. Only 1 death occurred ; this was in a boy of 7 years, who died 7 days after admission. An only child, he had *not* been immunized.

(The Registrar's list contains another death in which diphtheria was mentioned on the death certificate, but the case was unknown to the Health Department ; the diagnosis lacks confirmation and is regarded as inadmissible).

The following figures may prove of some interest to many citizens :—

Year.	*Cases.*	*Deaths.*	*Year.*	*Cases.*	*Deaths.*
1929	650	50	1937	242	8
1930	632	31	1938	278	6
1931	267	3	1939	136	6
1932	127	3	1940	391	12
1933	152	4	1941	409	11
1934	216	5	1942	213	12
1935	302	14	1943	152	5
1936	386	26	1944	63	1

There is no doubt that the diphtheria immunization scheme is beginning to produce results, as indicated by the above figures. It must not be assumed, however, that the individual who has not been immunized runs

less risk of contracting the disease, when so many children and grown-ups as well, have undergone the necessary immunizing course. In fact, some authorities say there may be a temporary increase in the number of ' carriers ' at the present time, so that non-immune persons have a greater chance of contracting the illness.

From the following table it will be seen that 11 patients who had been immunized developed diphtheria, but none of these contracted a severe attack, and at no time following admission to hospital were they regarded as being in any danger. Amongst the non-immunized, more than four times greater, numerically, no less than 17 of the patients were classified as suffering from a severe form of diphtheria. Several of these severe cases might have died, but for prompt specific treatment :—

	Severe.	*Moderate.*	*Mild.*
Non-immunized ..	17	7	28
Immunized	0	4	7

Enteric Fever.—Altogether there were 5 cases of enteric fever admitted. 2 of these proved to be suffering from the typhoid variety, but their illnesses were un-related, one to the other. One of these typhoid cases, a service patient, was infected overseas, but did not develop his illness until he reached this country. 3 cases of paratyphoid B fever, and 2 carriers of the same disease were admitted from one household.

All the cases of enteric made eventual good recoveries except the above-mentioned service case, who may not regain normal health for some time.

Measles.—Only 15 patients (mostly complicated cases) were admitted during the year in question.

Whooping Cough.—39 cases of this infectious disease were admitted, mostly cases complicated by broncho-pneumonia.

CITY ISOLATION HOSPITAL—1944.

Disease.	Remaining at end of 1943.			Admitted 1944.			Total Cases during 1944.	Total Cases finally dealt with in 1944.	Total deaths during 1944.	Case mortality % of Total Cases in 1944.	Days of average residence.		Remaining at the end of 1944.
	Sex. No. of Patients.	Recovered.	Died.	No. of Patients.	Recovered.	Died.					Non-Fatal.	Fatal.	
Scarlet Fever ..	M. 14	14	..	316	272	1	330	287	1	..	..	..	43
	F. 20	20	..	418	377	1	438	398	1	..	..	..	40
Totals ..	34	34	..	734	649	2	768	685	2	·29	30·6	25	83
Enteric Fever ..	M. ..	..	..	4	4	..	4	4	..	..	..	..	..
	F. ..	..	..	3	3	..	3	3	..	..	..	..	..
Totals ..	..	..	..	7	7	..	7	7	..	..	68·1	..	..
Diphtheria ..	M. 5	5	..	24	17	1	29	23	1	..	..	..	6
	F. 6	6	..	39	30	..	45	36	..	..	..	..	9
Totals ..	11	11	..	63	47	1	74	59	1	1·69	61·2	7	15
Smallpox ..	M. ..	..	..	..	..	..	..	..	..			..	..
	F. ..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Cases ..	M. 16	14	2	226	159	56	242	231	58	..	..	..	11
	F. 11	10	1	207	160	41	218	212	42	..	..	..	6
Totals ..	27	24	3	433	319	97	460	443	100	20·31	21·6	8·3	17
Totals ..	72	69	3	1237	1022	100	1309	1194	103	8·62	29·94	8·7	115

NOTIFIABLE DISEASES OF THE CENTRAL NERVOUS SYSTEM.

Meningococcal Meningitis (Cerebrospinal Fever).—A total of 14 cases were admitted during 1944. Only 2 of these patients died ; modern treatment saves many lives which would have been lost but for the remarkable drugs now available.

The figures for this infection during the last four years are as follows :—

Year.	*Cases.*
1940	45
1941	41
1942	26
1943	19

Encephalitis Lethargica.—No cases of sleepy sickness were admitted to this hospital during 1944.

Acute Anterior Poliomyelitis. (Infantile Paralysis).—One case of this infectious disease was admitted in August, 1944, the patient being a girl of 18 years. Her illness proved fatal after a hospital stay of only 3 days.

Other Cases.—It will be seen from the statistical table relating to the City Isolation Hospital at the beginning of this report, that there were 433 patients treated in 1944, these being cases other than scarlet fever, diphtheria, and enteric fever. This is much in excess of any previous year, and these cases were mostly treated in Wards 5 and 7, and a few in Ward 3. But all three of these wards have somewhat limited accommodation, so that there were times when it was extremely difficult to deal with the influx, and many deserving cases, such as measles and whooping cough complicated by broncho-pneumonia, etc., had, perforce, to be refused admission purely for lack of beds.

As soon as circumstances permit, a new additional ward, preferably of the cubicle variety, must be erected with accommodation for not less than 24 or 36 patients. Such a ward would make all the difference, and remove a constant source of annoyance to General Practitioners and of anxiety to the hospital officials.

Service Cases.—57 service patients were admitted during the year. The corrected diagnosis is as follows :—

Scarlet Fever	19	cases.
Diphtheria (carriers only)	5	,,
Rubella	5	,,
Sonne Dysentery	5	,,
Tonsillitis	5	,,
Vincent's Infection of Throat	4	,,
Acute Bronchitis	1	case.
Bronchopneumonia	1	,,
Cerebrospinal Meningitis	1	,,
Diphtheria	1	,,
Dysentery Carrier	1	,,
Enteritis	1	,,
Erysipelas of Scalp	1	,,
Glandular Fever	1	,,
Influenza	1	,,
Meningococcal Meningitis	1	,,
Nil Infectious found	1	,,
Peritonsillar Abscess (Quinsy)	1	,,
Tubercular Meningitis	1	,,
Typhoid Fever	1	,,
Total	57	cases.

Acute Gastroenteritis in Infants.—A total of 95 cases of Acute Gastroenteritis were admitted to this hospital during the year 1944. Of that number no fewer than 57 proved fatal, giving a mortality of 60% which is extremely high. The peak period for these cases proved to be from the end of July to the beginning of October.

Practically 100% of all these admissions of Acute Gastroenteritis occurred in bottle-fed children. It has long been recognised that if artificial feeding is resorted to, even as supplementary feeds, the danger of ingestive diseases arises. It must be kept in mind that clean milk, either cow's milk collected under hygienic conditions, or

any of the well-known dried milk preparations, may be subsequently contaminated by the hands of those preparing feeds, by dirty teats and bottles and by house flies. At all times strict personal hygiene and scrupulous cleanliness must be carried out.

The services of the Acting Ear, Nose and Throat consultant surgeon, (Mr. R. A. Marshall, F.R.C.S.) were in frequent demand throughout the year, in connection with the above gastroenteritis cases, as some authorities have drawn attention to the close association between otitis media and epidemic enteritis. The writer wishes to record his thanks for Mr. Marshall's never failing courtesy and helpful advice.

It should be stated that the large number of cases and deaths from gastroenteritis recorded above, was a new experience for the City Isolation Hospital, because in previous years such cases were distributed between several hospitals, but in future all such cases will presumably be treated in the City Isolation Hospital, where a special ward was opened towards the end of 1943.

Finally it must be stated that every modern form of treatment for these cases was resorted to, with, it is seen, disappointing results. The old maxim " prevention is better than cure " can be applied very appropriately to this disease, which can effect such a tragic toll of human life.

Scabies, Lousiness and Skin Diseases.

Dr. A. D. Frazer, the Medical Director of the Turkish Baths Clinic, reports as follows :—

During the year it was found that increasing numbers of patients with impetigo and other forms of pyodermia

and also many common skin conditions which require daily dressings, were being referred to the Clinic by General Practitioners.

As the technique of applying dressings is one not generally correctly practised in home surroundings, the benefit of daily skilled treatment was soon noted and the proportion of patients applying for treatment of conditions other than scabies has risen, while the number of cases of scabies itself has fallen.

The Committee was approached and permission received to extend the scope to enable patients with conditions other than scabies to attend.

Attendances are divided into three sections—

(1) Patients attending with scabies.

(2) Patients attending with impetigo and allied conditions.

(3) Patients with other skin troubles.

This division was not started until June, so the relative proportions given below are estimated from the last quarter of the year.

New patients totalled 7,934. This is an increase of 1,864 patients over 1943 and 3,550 over 1942.

The number of patients with scabies has fallen to 3,455 which is nearly half that for 1943.

The total increase of new patients is accounted for by 2,403 cases of impetigo and similar conditions and 2,076 patients who attended with other complaints.

The total number of attendances made by the patients for treatment was 29,983 which is about 4,000 attendances less than last year when scabies was much more prevalent.

During the year a small supply of D.D.T. powder was obtained and was used as a solution in Liquid Paraffin to treat head lice. One treatment was found sufficient for cure and it seems likely that this medicament will be widely used when supplies become available.

Close co-operation has been maintained with the School Medical Service, Ante-Natal Clinics, etc., and General Practitioners have availed themselves in increasing numbers of the facilities provided for daily treatment.

Follow-up treatment for patients who have been in the City Hospital is now a regular feature of the work.

TUBERCULOSIS.

There is one feature of the local campaign against tuberculosis which stands out clearly, and that is that we have not enough hospital accommodation for all the cases which require beds. Newstead Sanatorium is full and at the end of 1944 the waiting list was 177. At the Isolation Hospital 25 beds in wards which we had hoped to close some years ago are still in occupation for tuberculosis.

Land has been purchased on which to erect a further Sanatorium at Newstead as soon as building conditions permit ; in the meantime temporary wards for 52 cases are being erected on the Newstead site as quickly as possible.

This shortage of beds for tuberculosis is greatly handicapping the efforts of the excellent team of physicians

now working on this subject in the City. Yet, in a way, it is a hopeful sign. It means we are discovering the cases. In 1912, when Tuberculosis work on a national scale was initiated, the problem was not properly tackled in Nottingham. The tuberculosis officer then appointed had more urgent duties, and could give only a portion of his time to tuberculosis. In these circumstances it is not surprising that much existing tuberculosis never came to light. As there was no proper sanatorium provision, there was little inducement to practitioners to send their cases to the clinic for diagnosis. Now all this is changed. The work of the last ten years is showing its effects, two skilled physicians at the clinic, armed with their own X-ray set, and an increased auxiliary staff, have in recent years given the clinic a position which it never had before, and so cases of tuberculosis are being discovered in increasing numbers. The Mass Radiography Unit is also discovering cases, and some of these go into Sanatorium. The discovery of existing cases is exactly what we want. Unfortunately, owing to the war, it has so far been impossible to keep pace with these discoveries by building sufficient sanatorium accommodation. That is the position, and it has to be faced with a determination to get the new accommodation, somehow or other, at the earliest possible moment.

Dr. J. V. Whitaker, the Tuberculosis Officer in reporting on the work of the Tuberculosis Clinic, " Forest Dene ", Gregory Boulevard, refers to a new development by way of a weekly staff care conference. This arose from the establishment of an almoner's department to deal primarily with tuberculosis allowances; when the almoner's department was established the Health Committee arranged for it to undertake all the carework

which had previously been done by the Nottingham & Notts. Association for the Prevention of Tuberculosis. The weekly staff care conference is for the purpose of transacting such work. Decisions are arrived at concerning the current social domestic and financial needs of the patients, and these decisions are implemented forthwith out of the resources provided by the Health Committee. The conference is attended by the Tuberculosis Officer, senior Health Visitor, the Chief Almoner and the Almoner attached to the Clinic.

Another new development has comprised the promoting of a suitable working relationship with the Mass Radiography Department. In Nottingham this latter is a separate, although related, department, and its pioneer nature has opened up new problems of administration, and decisions as to the stage at which a case passes over from the care of the Mass Radiography staff to that of the Tuberculosis Clinic. This especially arises in the class of case known as " minimal tuberculosis ", for which a working definition has been agreed upon, and such cases are fully investigated and kept under observation by the Mass Radiography staff. The latter have given the Tuberculosis Officers much practical help by setting aside certain days periodically for making chest films of " contacts " who are under observation at the Tuberculosis Clinic.

Tuberculosis Death-Rate.		
Period.	Respiratory only.	All forms.
10 years average 1933-43 ..	0·79	0·95
1944	0·71	0·84

Work of the Tuberculosis Clinic—" Forest Dene "—1944.

Number of persons on the Clinic Register, 1/1/44		1,623
New patients examined during the year excluding contacts	2,244	
Contacts examined during the year ..	574	
Cases returned after having been lost sight of and cases transferred from other areas	37	
Add ..	——	2,855
		4,478
Cases written off the register as " recovered "	28	
Patients written off as found to be non-tuberculous or notified in error ..	2,292	
Transferred to other areas or lost sight of ..	61	
Deaths	165	
Subtract ..	——	2,546
Number of persons on the clinic register 31/12/44 ..		1,932

Comparison.

1937	.. ..	904
1938	.. ..	1,014
1939	.. ..	1,191
1940	.. ..	1,212
1941	.. ..	1,336
1942	.. ..	1,534
1943	.. ..	1,623
1944	.. ..	1,932

Analysis.

Pulmonary.				Non-pulmonary.				Total.				Grand Total.
Adults.		Children.		Adults.		Children.		Adults.		Children.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
714	869	82	83	52	36	47	49	766	905	129	131	1,932

Number of consultations with Medical Practitioners		3,349
Number of visits by Tuberculosis Officers to homes including personal consultations at homes		95
Number of visits by Health Visitors to homes		4,293
Number of attendances by patients at the clinic for :		
(*a*) Examinations	3,662	
(*b*) X-Ray	3,711	
(*c*) Treatment	1,677	
Total attendances		9,050
Number of X-Ray films obtained at clinic		3,711
Number of X-Ray screen examinations made		1,646
Specimens sent to the laboratory		776
Blood sedimentation tests carried out		219

Patients admitted to Institutions.

Newstead Sanatorium :

Males	147	Pulmonary.
Females	91	
Children	38	
	276	

City Isolation Hospital :

Males	—	Pulmonary.
Females	62	
Children	2	
	64	

City Hospital :

Males	48	Pulmonary.
Females	28	
Children	13	
	89	

Males	4	Non-pulmonary.
Females	8	
Children	2	
	14	

Cases admitted to outside sanatoria :

Males ..	..	2	Pulmonary
Females..	..	—	
Children	..	6	
		8	
Males ..	..	1	Non-pulmonary
Females..	..	—	
Children	..	9	
		10	

NEWSTEAD SANATORIUM.

Dr. G. O. A. Briggs, the Medical Superintendent, reports as follows :—

Matron.

Miss H. I. Richards commenced as Matron on April 19th ; Miss F. A. Berkley, Matron of the Isolation Hospital, took charge in the interim period before Miss Richards' arrival.

Kitchen.

The appointment of a Chef and a trained assistant cook has resulted in full use now being made of the exceptionally well equipped Kitchen, which the Sanatorium possesses to produce as good meals as war-time conditions allow.

School.

During the past year the number of children in the Sanatorium (mainly contact cases) has considerably increased. A school was therefore started, staffed by a full-time teacher, so that the education of child patients should not suffer during their prolonged stay in the Sanatorium.

Library.

We have been fortunate in obtaining an honorary Librarian, through the good offices of the British Red Cross Society. Sanatorium patients read a great many books and their needs are now being well catered for.

Extensions.

The Ministry of Health have sanctioned the erection of two temporary huts to accommodate 52 patients. These, is it hoped, will be in working order by the end of the present year, giving material help towards dealing with a very long waiting list.

In addition the Committee has contracted to purchase additional land between the present Sanatorium grounds and Hollinwell Golf Course, where further expansion can take place at a later date.

Admissions and Discharges.

Remaining on December 31st, 1943		174
Admitted		276
Discharged—		
Classified cases	216	
Observation cases found to be non-tuberculous	13	
Died	44	
Total Discharges and Deaths ..		273
Remaining on December 31st, 1944		177

Artificial Pneumothorax.

New cases induced	67
Refills	2,376

Other Treatment.

Aspiration	171
Oleothorax	5
Mantoux Test	55
Gold Injection	38
Blood Examination	1,598
Paracentesis	—
Monaldi Drainage	1
Diphtheria Immunization	25
Miscellaneous	54

Thoracic Surgery. (At the County General Hospital, Worksop).

Thoracoscopy	54
Phrenic Avulsion	5
Phrenic Crush	5
Thoracoplasty, stage 1	6
Thoracoplasty, stage 2	6
Korrekturplasty	7
Thoracolysis	2
Bronchoscopy	2

Dental Clinic.

Examinations	147
Extractions	202
Fillings	240
Scaling	45
Dentures	8
Prosthetics	7
Multiple Extractions	5

Ear, Nose and Throat Clinic.

Examinations	188
Cauterisation	4
Tonsillectomy	2

Ophthalmic Clinic.

Examinations	56

X-Ray Department.

Screenings	2,445
Chest Films —Patients	1,422
do. —Staff	229
do. —Contacts	165
do. —Bronchograms	1
Bone and Joint Films	42
Abdominal Films	2
Others	15

Contacts.

No. X-Rayed	138
Normal	85
Healed Pulmonary Tuberculosis	10
Active Pulmonary Tuberculosis	16
Under Observation	27

MASS RADIOGRAPHY.

The Mass Radiography Unit has been at work since May, 1944.

Dr. A. E. Beynon, Medical Director of the Mass Radiography Unit, has submitted a report of which the following is a summary :—

The Centre.

Experience at Postern House has proved the premises to be satisfactory for the purpose, thus confirming the advice given by our official advisor, Air Commodore R. R. Trail, M.C., M.D., F.R.C.P., to whom thanks are expressed for this and other guidance. The City Engineer and his staff designed and carried out alterations and fitting out most admirably.

Medical Director.

Dr. Arthur E. Beynon took up his post as Medical Director of the Unit on February 1st, 1944, in time to

advise on the completion, equipment and staffing of the premises. In addition he at once made contacts in the City, and by the time the team left for group training in London in April, detailed engagements had been fully booked as far ahead as October. He also undertook sessional work for Dr. Whitaker, the Tuberculosis Officer, at Forest Dene, thus linking up the two sections.

The Team.

The team (except for the medical director) consists of women, and comprises :—

Two qualified radiographers.
One darkroom technician.
An organizing secretary.
A marshal.
Three clerks.

On April 17th the team commenced a month's training at the Ministry of Health Centre in London. This proved to be a most practical and comprehensive course of instruction in the specialised technique of mass miniature radiography, and in team working.

The X-Ray Apparatus.

The special Mass Miniature Radiography X-ray Unit is manufactured by Messrs. Watsons (Electro-Medical) Ltd., of Reading. It is an entirely British product, and is made to the specification of the Ministry of Health.

There are three Miniature Film Sessions a week, and as a rule 300-400 Miniature Films are taken in a day. Thus a maximum total of 1,000 Miniature Films can be taken each week. Over 28,686 Volunteers passed through the X-ray Unit up to the end of March, 1945.

A number of minor breakdowns in the apparatus were experienced during the working year, but these incidents were not unexpected with an apparatus so highly complicated, and of such entirely new design. I would like to take this opportunity in thanking the Manufacturers (Messrs. Watsons Ltd) for their splendid servicing arrangements. It is worthy of note that these minor breakdowns were not allowed to interfere with the engagements which had been booked, and in no case were we forced to cancel a day's programme, which, it must be pointed out, is arranged in detail weeks ahead of a particular day.

Preliminary operations.

On May 17th the team having returned from training, the Chairman of the Health Committee (Mr. Councillor Ernest Purser) attended as the first volunteer for Chest X-ray at Postern House, was photographed and was issued with the first serially numbered record card, NOT.0000001. This was a happy and memorable occasion ; members of the Press were in attendance and their published pictures of Mr. Purser having his X-ray gave valuable publicity to the scheme.

Two days later a trial run was started on thirty volunteers from students of University College who entered enthusiasically into it. These trial runs, with fresh batches of students, were continued for a week, until all processes were perfected.

Groups X-rayed.

In June full operation started. The first group consisted of students from University College, whose Students' Union actually had applied for these facilities as early as

June 1943, the first application to be received. Among the groups to follow were:—Hospital Nurses, N.F.S., Civil Defence, Corporation employees, N.A.L.G.O., City Police, Civil Service, Post Office, works and factories, students of the Technical and Arts and Crafts Schools, the High School; also various Youth Movements, such as B.R.C.S., Scouts, Guides, Boys' Brigade, A.T.C., A.C.C.

Transport.

Groups were transported to the centre from factories by special buses. The cost was defrayed by the firms themselves. Thus, Messrs. J. B. Lewis, Ltd., transported some 1,500 of their workers to and from the centre by bus.

The Set visits Factories.

It is not practicable to transport the X-ray unit to a factory unless it has 5,000 or more employees. The first factory to be visited was the Raleigh Cycle Co., Ltd., where the unit was assembled in the Works First Aid Post. The firm, from the Managing Director to the most junior employee were most co-operative, and with such enthusiasm, the Survey was successful. The visit occupied four weeks.

The Royal Ordnance Factory was next visited and although the Management and the Works Medical Officer did all they could, the visit was not such a great success.

When the X-ray unit visits a factory it does so as a complete unit, the whole team working there, and both miniature and full sized films are processed on the spot in a portable dark room, set up in any suitable small room. The medical director examines abnormal cases in another room, so that all the examination takes place in the company's time.

Mapperley Mental Hospital was visited with great success ; all the male and all but three of the female patients were X-rayed.

Response to Mass Radiography.

The response has varied between 52% and 85% of the groups approached. The lowest (52%) was at the Royal Ordnance Factory where the propaganda was handled by the management alone. Usually, where the medical director and his staff take part in the propaganda they secure a response of 70% to 85%.

Propaganda.

Before the workers of a factory are due to attend for X-ray they are subjected to propaganda dealing with the value of Mass Radiography. There is a sound film which is shown during lunch hour in the canteen, preceded by a ten minute talk. Coloured posters are displayed on the works notice boards, and pamphlets inserted in pay packets. (The pamphlets have been paid for by the firms in all cases). A hosiery factory employing about 500 people had a 32% response to invitations put out by the management alone. A 10 minute talk by the Medical Director of the unit converted this to a response of 66%.

The purposes of the propaganda talks are to explain that the examination is free, that it takes place in the management's time, that it is voluntary and absolutely confidential, and that any letters are sent to the volunteer's home address. The talks serve to contradict false rumours as to the alleged purposes of the scheme.

The Medical Director lectured to many audiences on the subject during winter evenings, the list being too long to print here.

Disposal of Abnormal Cases.

The Tuberculous cases diagnosed by Mass Radiography are referred direct to the Tuberculosis Officer at Forest Dene, and a detailed report is sent by the Medical Director to the individual's own private practitioner. This is satisfactory and leads to the prompt disposal of cases so detected.

As a general rule a tuberculous case is seen by the Tuberculosis Officer within *one* week of his medical examination at the Radiography Centre. If the Tuberculosis Officer and the Medical Director agree that priority admission to sanatorium is necessary for a selected case, then that case is usually admitted to sanatorium within two weeks of his being seen by the Tuberculosis Officer, i.e. within *one* month of his first examination at the Radiography Centre. Early detection needs prompt disposal for early treatment.

In the Non-Tuberculous cases, further investigation may be considered necessary as an In-patient at the City Hospital. A happy successful arrangement is in force for such cases. It must be remembered that the majority of the patients diagnosed through Mass Radiography have *no* symptoms, consequently it might prove difficult to persuade a person who feels well to go into Hospital. Moreover, the economic side is an important factor to the working man, for loss of work will lead to loss of his Income. In these cases, the person is admitted, by special arrangement with the Medical Superintendent, to the City Hospital on Friday afternoon. On the following day he is Bronchoscoped by Mr. Mason, the Thoracic Surgeon, and if it is considered necessary this special examination is followed by a Bronchogram. The patient is discharged

on the following day (Sunday) and he will be ready to resume work on the Monday. If these special examinations show that an operation is necessary, he will be re-admitted in three weeks time for his operation. This period before re-admission is welcomed by the patient because it gives him three weeks to put his affairs in order before he re-enters Hospital for his operation.

Selected Heart Cases are fully investigated at the Chest Radiography Centre, and, when necessary, a full Report is sent to the person's Medical Practitioner with suggestions for treatment if such is indicated.

X-ray Examination of Contact Cases.

Since July 1944 the Chest Radiography Centre has undertaken on behalf of the Tuberculosis Officer, at intervals, sessions at which contacts with known cases of tuberculosis are X-rayed. The organisation of a Mass Radiography Unit is ideal for this type of work. Moreover, it removes a big burden from the shoulders of the Tuberculosis Officer and his staff enabling them to concentrate on their other heavy duties.

Results.

It is found that about 8% of those that volunteer for Mass Radiography are required to attend for a Full Size X-ray film, but only 5·3% are found to have some abnormality, and of this number only 2·4% are required to attend for the purpose of a clinical examination. 2·3% of the total who volunteer for the X-ray are found to have Healed Pulmonary Tuberculosis and these cases required no further action. Four persons in a thousand are found to have Active Pulmonary Tuberculosis, and these will require Sanatorium treatment. Five persons

in a thousand will need further observation, and, this will be carried out as an out-patient at the Chest Radiography Centre, Postern Street.

It must be emphasised at this point that the majority of cases of Pulmonary Tuberculosis discovered by Mass Radiography were previously unknown. Some may have symptoms which they describe as "being Bronchial," "Bronchial Catarrh," or a "Smokers Cough." It is only a very small percentage of cases that are found to be known cases of Pulmonary Tuberculosis.

STATISTICS UP TO AND INCLUDING MARCH 31st, 1945.

Total number of volunteers			28,686
Female	14,522		
Male	14,164		
Total number of people attended for Large Films		2,393	
Total number Large Films taken ..		3,558	(8·3%)
Total number of X-ray Screening cases ..		70	
Number of Sputum Examinations ..		423	
Number of Positive Sputum cases ..		44	
Total number of Abnormal cases		1,526	(5·3%)
Total number of Clinical Examinations ..		694	(2·4%)
Female .. 314			
Male .. 380			
1. Tuberculosis of Lungs. Total Number ..		922	(3·2%)
(*a*) *Healed Lesions*	658		(2·3%)
Female cases .. 300			
Male cases .. 358			
(*b*) *Active Lesions*	127		(0·4%)
Female cases .. 61			
Male cases .. 66			

(*c*)	*Observation Cases*		137	(0·5%)
	Female cases ..	66		
	Male cases ..	71		

Disposal of Tuberculous Cases.

(1)	*Referred to Tuberculosis Officer for Sanatorium Treatment*		67	
	Female cases ..	34		
	Male cases ..	33		
(2)	*Referred to Tuberculosis Officer via Medical Practitioner for Dispensary Supervision*		21	
	Female cases ..	12		
	Male cases ..	9		
(3)	*Referred to Doctor and Sanatorium* ..		1	
	Female cases ..	1		
	Male cases ..	0		
(4)	*Referred to Mental Hospital*		1	
	Female cases ..	0		
	Male cases ..	1		
(5)	*Referred to County Tuberculosis Officer via Medical Practitioner*		34	
	Female cases ..	13		
	Male cases ..	21		
(6)	*Referred to County Tuberculosis Officer via Medical Practitioner for Observation*		3	
	Female cases ..	1		
	Male cases ..	2		

2.	**Non-Tuberculous Conditions of Lungs** ..		604	(2·1%)
	Female cases ..	187		
	Male cases ..	417		

Inspections and Visitors.

Air Commodore Trail, on behalf of the Ministry of Health has made several inspections of the Unit and has reported most favourably on the way in which the work is organized and on the high standard of the work carried out. In view of the fact that the Centre was one of the earliest civilian centres to be in operation it is not surprising that many visitors have been received, among them councillors and medical staffs of other local authorities, directors and staffs of other units.

The Dutch Team.

At the request of the Netherlands Government some members of a Dutch Mass Radiography Team were received to complete their training. The team came for six weeks but stayed three months ; they actually proved a great help to us at a time when help was needed, and no cost was incurred by the Corporation.

Research Work.

The organisation of our Mass Radiography Unit is on such lines that it is able to provide information and Statistics on the incidence of Pulmonary Tuberculosis, and other Diseases of the Chest, and in this respect we have adopted the Standard Classification of Diseases and Abnormalities of the Chest as recommended by the Ministry of Health. Moreover, our scheme as operated in Nottingham, can be linked up most easily with almost any type of Research Work in Diseases of the Chest.

On November 2nd, 1944, the Medical Director was invited by the Prophit Survey Committee to attend their Annual Meeting at the Royal College of Physicians in London. The Committee exists for the advancement of

original Research Work in Pulmonary Tuberculosis, and the Medical Director promised to co-operate with the Prophit Survey Committee in every way possible.

Conclusions.

Experience obtained during the past year of Civilian Mass Radiography has shown :—

(1) Mass Radiography among the civilian population has fully justified its inception as a means for the detection of unsuspected Pulmonary Tuberculosis.

(2) There is a very real need for an Annual Survey of the Groups volunteering for this Service, although this ideal may not be practical in war-time.

(3) The large majority of the cases diagnosed as having Pulmonary Tuberculosis were not previously known.

(4) The value of the Static Centre, as opposed to the Mobile Units, which enables early cases, not requiring treatment, to be carefully supervised. It ensures the maintenance of a very high standard of technical perfection in the processing of both the Miniature and the large X-ray films.

(5) The value of good Propaganda in support of this Scheme. A good response is entirely due to the energy and hard work which is put into the Propaganda drive, for a particular Group.

(6) The popularity and success of the Special Evening Sessions for working people. Each session was well attended.

(7) Mass Radiography provides ample scope for Research Work in Diseases of the Chest.

(8) A Mass Radiography Unit should be allotted to, and work in each Dispensary Area, when the Manufacturers are able to mass-produce a sufficient number of X-ray Units, after the war.

Acknowledgments.

The Medical Director makes the following acknowledgments :—

(1) To his staff for their loyal co-operation and hard work.

(2) To his colleagues in the various branches of the Health Services for co-operation and team work.

(3) The Editors and Press Photographers of the local papers, the *Journal*, *Guardian*, *Evening News* and *Evening Post*, for their generous support by providing free newspaper space with splendid " Write-ups " on the work of the Unit during the past year.

(4) To Mr. Sumner and the staff of the Ministry of Information for showing on many occasions the sound films at works and canteens before the Unit's visit.

(5) To Messrs. Watsons (Electro-Medical) Ltd., of Reading, the manufacturers of the X-ray plant for their excellent service arrangements whenever called upon.

(6) Mr. F. Prior, Secretary of the local Cinematograph Exhibitors Association for arranging the distribution of the Mass Radiography Film throughout the Nottingham Cinemas—a very great concession.

VENEREAL DISEASES.

In introducing Dr. Marinkovitch's report on the work of the Venereal Diseases Clinic, I draw attention to the increased activity of this service, as shown in Table 1, when compared with 1943 and especially with 1942. While the increase in venereal diseases is deplored, it is satisfactory to know that the victims are using the clinic in increasing numbers.

The medical work is carried out with a high degree of efficiency and the newer methods of treatment are being applied. The treatment of the venereal diseases is rapidly changing owing to the introduction of new drugs, and the recent work on penicillin may revolutionize our ideas on the subject. Penicillin is already in carefully controlled use at the Clinic.

The work of the Almoner in following up women defaulters from treatment, and in trying to solve the difficulties which cause faulty attendance, is proving useful.

Lecturing on venereal diseases and sex hygiene is taking place, both by the Director in his scanty leisure, and by the staff of the Central Council for Health Education, though not yet to the full extent. The publicity arranged by the Ministry of Health in the newspapers and on the hoardings and by broadcasting is making the public aware of the need for prevention and treatment of these serious complaints.

Here is Dr. Marinkovitch's report :—

Explanation of Figures.

In Venereal Disease Returns the practice of the Ministry of Health is to record the number of infections. Consequently, if any individual is found to be suffering from

more than one of the venereal diseases he is accounted for as a case under each disease. Therefore, when the report states that 1,182 were found to be suffering from venereal disease, it may be taken that the number of individuals was less than that number, because some of them had two diseases and were counted twice. The actual number of persons was 1,142, because of the 1,182 cases, 40 (18 men and 22 women) had both syphilis and gonorrhœa.

New Cases.

There were 2,948 new cases dealt with during the year at the Glasshouse Street Clinic. Out of this number 1,182 were found to be suffering from Venereal Diseases, and the remaining 1,776 were found to be suffering from conditions other than venereal.

During the year 1944, there has been an increase of venereal and non-venereal patients. In Table 1, new cases are classified according to the condition found and attendances given for the past three years.

It will be observed that the increase in new cases during the year is over 100% as compared with 1942.

TABLE 1.

	NEW CASES.			V.D. CASES.			ATTENDANCES.		
Year.	V.D.	Non-V.D.	Total.	S.	G.	Ch.	Treated by Doctor	Inter-mediate	Total.
1942	887	505	1,392	319	567	1	18,800	12,694	31,494
1943	1,114	1,117	2,231	391	722	1	24,903	12,755	37,658
1944	1,182	1,766	2,948	404	769	9	31,686	14,540	46,226

Venereal Patients only.

During the year 1944 there were 596 male and 586 female cases 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 complaint. According to the above figures the sexes are almost equally represented.

TABLE 2.

Sex Incidence among V.D. Patients, 1944.

Disease.	Male.	Female.	TOTAL.
Syphilis ..	212	192	404
Gonorrhœa ..	375	394	769
Chancroid ..	9	0	9
TOTAL ..	596	586	1,182

The figures in Table 2 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 Gonorrhœa and Syphilis is under two. In other words, to one victim of Syphilis there are almost two victims of Gonorrhœa. This is abnormal. The figures indicate that there is a fair amount of acute and chronic Syphilis in the area served by the V.D. Clinic.

Syphilis.

In Table 3, new cases of Syphilis included in the item 3 of the Annual Return V.D.(R) to the Ministry of Health are analysed.

TABLE 3.

Stage	Degree.	MALE.		FEMALE.		TOTAL.	
		1943	1944	1943	1944	1943	1944
ACUTE.	1. Sero-negative primary ..	21	24	2	6	23	30
	2. Sero-positive primary ..	21	19	8	23	29	42
	3. Early Secondary ..	4	13	24	15	28	28
	4. Late Secondary ..	3	11	15	38	18	49
	4a. Latent in first year of infection	4	1	4	3	8	4
	TOTAL ACUTE STAGE ..	53	68	53	85	106	153
CHRONIC.	5. Endosyphilis	20	9	31	26	51	35
	6. Tertiary and Visceral ..	23	28	16	14	39	42
	7. Neurosyphilis	18	8	14	7	32	15
	8. Congenital Syphilis ..	16	10	8	28	24	38
	TOTAL CHRONIC STAGE	77	55	69	75	146	130
	GRAND TOTAL ..	130	123	122	160	252	283

It will be seen from Table 3 that there were 68 male and 85 female patients with early Syphilis, making 153 fresh cases in the acute infectious stage. During the year 1943, there were 53 male and 53 female patients, making 106 in all. There has been a substantial increase in the incidence of acute Syphilis during 1944. The increase in both sexes taken together is 45%, but the increase in the female sex alone is 60%.

Chronic Syphilis.

Out of 283 patients with syphilitic infection, 130 cases were in the chronic stage. There is a slight decrease in this stage as, in 1943, the figure was 146. In the chronic stage, tertiary and visceral syphilis heads the list.

Congenital Syphilis.

During the year 1944 there were 10 male and 28 female Congenital Syphilitics, making 38 in all. During 1943 there were 16 male and 8 female with the same condition, an increase of 58% for 1944.

The Diagnosis of Syphilis.

The new clinic is equipped with a dark ground microscope for the examination of the scrapings from any suspicious genital or extragenital ulcer. Early syphilis is diagnosed quickly and treatment instituted without waiting for the result of the blood tests.

The Treatment of Syphilis.

The treatment of Syphilis in the acute stage does not present much difficulty. The patients are usually in the optimum stage of health and tolerate neoarsphenamine and bismuth well. The majority of the patients complete four courses of treatment. Each course lasts ten weeks, during which time six grams of neoarsphenamine and two grams of bismuth are administered. Between each course of treatment four weeks rest is allowed. Usually the signs and symptoms of acute syphilis have disappeared and the blood-serum gives negative Wassermann reaction after the completion of the first course of treatment.

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.

Intolerance to Neoarsphenamine Treatment.

Dermatitis.

Patients with seborrhœic, allergic or xerodermatous (dry) skin sooner or later become intolerant to neoarsphenamine treatment. In these cases dosage has to

be reduced and in some patients, neoarsphenamine treatment withheld if signs of intolerance appear. Usually discrete, red and irritable spots appear on the forearms and below the knees. This may become confluent and extend all over the body and produce a condition known as dermatitis exfoliativa. In some patients the condition remains in the erythematous stage and is soon checked by treatment and cessation of neoarphenamines administration. During the year there were two patients with erythematous eruptions of the skin and two cases of dermatitis exfoliativa. Exfoliative dermatitis occurred in the male sex. Both cases had to be admitted and treated in hospital. One of these patients was treated with a new preparation known as OX 217, supposed to be of value in the treatment of neoarsphenamine dermatitis. Compared with 1943 there is a decrease in dermatitis and an increase of jaundice. This clearly indicates that jaundice is not caused by either syphilis or neoarsphenamine. The incidence of jaundice is very low indeed, compared with that reported in the medical literature (10—50%).

TABLE 4.

The Incidence of Jaundice and Dermatitis.

Year.	Number of Syphilis Patients attending.	Number of patients developing Jaundice.	Number of patients developing Dermatitis Exfoliativa.	Remarks.
1943	391	7 (1·7%)	3 (0·7%)	All three cases occurred in the female sex.
1944	404	16 (3·9%)	2 (0·4%)	Both occurred in the male sex.

Gonorrhœa.

During the year there were 769 cases of Gonorrhœa dealt with at the Nottingham V.D. Centre. Out of this number, 704 came to the clinic for the first time, the remaining 65 were diagnosed at other recognized centres and were transferred to Nottingham for completion of treatment and tests of cure. For the purpose of this report these 65 cases are not analysed. Of the 704 cases that came for the first time, 696 were fresh infections and 8 were old infections, i.e. chronic Gonorrhœa. Of the 696 fresh infections, 328 were in the male sex and 368 in the female sex. This means that, compared with 1943, there is a slight decrease of fresh infections in the male sex, but an increase of 44% in the female sex.

Gonorrhœa in the Male Sex.

Of the 375 cases of male Gonorrhœa, 328 were suffering from acute Gonorrhœa, 44 of this number were members of the Forces. During the year 1943, there were 355 male patients with fresh infections of Gonorrhœa. This slight decrease in the male incidence of Gonorrhœa has no significance as the majority of men of Gonorrhœa-acquiring age are in the Forces.

Every male patient suffering from urethral discharge is examined clinically and bacteriologically at the clinic before the diagnosis of Gonorrhœa is established. Urethral smears are stained by the Grams method. During the year 8,821 specimens for Gonorrhœa were examined at the clinic. A routine Wassermann Test is carried out on every patient in order to exclude latent Syphilis. Each patient suffering from Gonorrhœa is observed for a period of three months after treatment. During this period, tests for cure are carried out.

Gonorrhœa in the Female Sex.

Of the 394 cases of female Gonorrhœa, 368 were new infections. In 1943 there were 255 female patients with fresh Gonococcal infection. The increase is 44%. Five children with vulvo-vaginitis were examined at the Clinic and, in one child, it was found that the condition was caused by Gonococcal infection. No cases of ophthalmia neonatorum were seen at the Clinic. Two cases of ophthalmia neonatorum were treated in the wards of Greendale House Hospital.

Treatment of Gonorrhœa in both sexes does not present any difficulties provided certain conditions are fulfilled. These are :—(*a*) Early attendance and co-operation on the part of the patients, (*b*) Avoidance of alcohol and sexual excitement. Early and regular attendance prevents complications in both sexes. Abscesses, epididymitis, Bartholinitis, salpingitis and arthritis are very rare in patients who attend regularly and early. In addition to the local treatment, the sulphonamide used in both sexes during the year was sulphathiazole.

Soft Sore—Chancroid.

There were 9 patients with this condition during the year. There is a slight increase in this condition, but this increase has no significance and is probably due to the great care in the classification and diagnosis of non-syphilitic lesions of the genital organs. The tendency in the past has been to regard all non-syphilitic genital lesions as balanitis or balano-postitis.

TABLE 5.

Defaulters.

	Number of V.D. Cases attending.			Number of persons ceased to attend.				Total Defaulters.	
Year.	Males	Females	Total	Males	%	Females	%	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
1944	1,658	1,290	2,948	156	9·4	64	4·9	220	7·47

Out of 2,948 V.D. patients attending during the year, 7·47% defaulted. This is a very slight increase as compared with 1943. The reason it is not greater is that during the year, a great effort has been made to bring contacts under treatment. It is particularly gratifying to see that the defaulter rate among women is steadily going down (4·9% as compared with 12·9% in 1942).

TABLE 6.

Number of Cases from Areas served by the Clinic included in Item 3, Annual Return, 1944.

Name of County or County Borough in which Patients reside.	Nottingham.	Nottinghamshire.	Derby.	Derbyshire.	Leicester.	Leicestershire.	Kesteven.	Lindsey.	Royal Navy.	Army.	Royal Air Force.	Other Areas.	Total
Syphilis ..	194	54		25			2		1	2	4	1	283
Soft Chancre ..	6									1	2		9
Gonorrhœa ..	456	145	1	43		5	3	2	13	17	14	5	704
Non-Venereal ..	1,087	414		77	2	8	4		13	51	97	13	1,766
TOTAL ..	1,743	613	1	145	2	13	9	2	27	71	117	19	2,762

Regulation 33B.

The Venereal Diseases scheme for England and Wales still relies on the free, voluntary and confidential diagnosis and treatment of the Venereal Diseases, and on the education of the public. Regulation 33B was introduced as an experimental method and 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 1944, inclusive :—

		Male.	Female.
(1)	Total number in respect of whom Form I (33B) was received	4	202
(2)	Number of cases in (1) in which attempts were made outside the scope of 33B. to persuade contacts to be examined before the latter had been named on second Form 1(33B)	2	110
	Contacts found	2	108
	Contacts examined	2	106
(3)	Number of those in (1) in respect of whom two or more Forms 1 were received ..		21
(4)	Number of those in (3) who were :—		
	(*a*) Found		19
	(*b*) Examined after persuasion ..		7
	(*c*) Served with Form 2		11
	(*d*) Examined after service of Form 2 ..		11
	(*e*) Prosecuted for failure to continue treatment		3

V.D. Education.

During the year, 43 lectures on the subject of Venereal Diseases were given by Dr. Marinkovitch and by lecturers of the Central Council for Health Education. The lectures were illustrated by films, and literature on Venereal Diseases was distributed. Discussion took place after each lecture and a number of questions were asked,

not only on the subject of Venereal Diseases, but also on the physiology and psychology of sex. The total number of persons addressed was 3,224, that is an average of 75 persons per lecture.

TABLE 7.

Lectures on Venereal Diseases given by the Medical Director and Lecturers of the Central Council for Health Education.

No.	Date.	Lecturer.	Audience.	Number Present.
1.	8/1/44	Dr. R. Marinkovitch.	Nottm. Civil Nursing Reserve ..	150
2.	23/1/44	do.	Nottm. Home Guard	850
3.	5/2/44	do.	British Red Cross (Girls)	40
4.	19/2/44	do.	British Red Cross (Girls)	40
5.	23/4/44	do.	Chiropodal Association	40
6.	3/5/44	do.	British Red Cross (Boys) ..	50
7.	10/5/44	do.	do. ..	50
8.	17/5/44	do.	do. ..	50
9.	5/6/44	do.	British Red Cross (Girls) ..	40
10.	14/9/44	do.	Nottm. Sea Cadets..	90
11.	21/9/44	do.	do. ..	90
12.	29/9/44	do.	do. ..	90
13.	12/10/44	do.	College of Nursing (Firs Hospital) ..	60
14.	29/10/44	do.	Nottm. City Police	70
15.	22/11/44	do.	Nottm. Guild of Co-operators ..	60
16.	21/4/44	Dr. I. Powell Heath.	Bryanston House Approved School	40
17.	26/4/44	do.	do.	40
18.	6/5/44	do.	do.	40

Lectures on Venereal Diseases, &c.—*continued.*

No.	Date.	Lecturer.	Audience.	Number Present.
19.	16/1/44	Dr. I. Powell Heath	The Russell Club ..	100
20.	23/1/44	do.	do. ..	100
21.	30/1/44	do.	do. ..	100
22.	10/1/44	do.	Red Cross Girls (Bath Street) ..	70
23.	17/1/44	do.	do. ..	70
24.	24/1/44	do.	do. ..	70
25.	28/2/44	do.	Youth Leaders ..	20
26.	6/3/44	do.	do. ..	20
27.	20/3/44	do.	do. ..	20
28.	9/3/44	do.	Y.W.C.A. ..	40
29.	16/3/44	do.	do. ..	40
30.	23/3/44	do.	do. ..	40
31.	29/9/44	do.	Red Cross Youth Officers ..	200
32.	24/10/44	do.	Y.W.C.A. ..	26
33.	28/10/44	do.	do. ..	26
34.	6/11/44	do.	do. ..	26
35.	24/10/44	Mrs. O. Caiger Smith.	St. Ann's G.F.S. ..	25
36.	31/10/44	do.	do. ..	25
37.	1/11/44	do.	do. ..	25
38.	8/2/44	Mr. A. H. Marrow	Cinderhill Youth Fellowship ..	47
39.	25/2/44	do.	do. ..	47
40.	5/3/44	do.	do. ..	47
41.	8/9/44	do.	Y.M.C.A. ..	50
42.	15/9/44	do.	do. ..	50
43.	22/9/44	do.	do. ..	50
			Total	3,224

Films on Venereal Diseases.

Twenty-two films on Venereal Diseases were shown in various factories of the City of Nottingham. The total number of persons attending these shows was 3,311.

CANCER.

Under the Cancer Act 1939 Local Authorities have the duty of making arrangements to secure that facilities are available for the diagnosis and treatment of cancer. Owing to the war the date by which Local Authorities must submit their schemes for the approval of the Minister of Health has been several times postponed.

In Nottingham negotiations were commenced towards the end of 1944 between the Health Committee, the Nottinghamshire Council of the British Empire Cancer Campaign and the General Hospital, with a view to the preparation of a complete scheme of co-operation between the bodies named, together with any other local authorities who could most suitably regard Nottingham as the area centre for Cancer work.

Subsequently conferences were held in Sheffield with a view to the preparation of a scheme involving a very much wider area. Of this area Sheffield, with its medical school and its very good facilities for cancer treatment, would be the centre ; but other places, such as Nottingham, would continue to serve sections of the area. The need for such a comprehensive scheme, covering such a wide area in one organization, is due to the highly specialized nature of modern cancer treatment by radium and deep X-rays ; this means that the services of the few medical specialists and the very expensive apparatus and material they use, must be organized to the best advantage ; there is a considerable body of opinion that this can only be achieved on a wide-area basis. These negotiations are still in progress at the time of writing.

In the meantime the work of the British Empire Cancer Campaign in Nottinghamshire, closely linked up

with the General Hospital, has been intensified and improved in ways which will enable Nottingham worthily to take its place in the fuller scheme which is being prepared. It is anticipated that the city and the county will be called upon in due course to provide considerable sums of money to finance their share of the scheme ; on the other hand substantial Government Grants will be available towards this expenditure.

ULTRA-VIOLET RAY CLINIC.

For reasons unknown, there was an increased call on the services of the Ultra-violet Ray Clinic in Heathcoat Street. The number of treatments given was 8,740, to 548 patients, compared with 7,542 treatments to 467 patients in the previous year. 241 of the patients were children referred from the Welfare Centres, and among this group are to be found those who benefit most from the treatment. To cope with the increasing work, new apparatus has been put on order.

CITY BACTERIOLOGICAL LABORATORY, CUMBERLAND PLACE.

Dr. Storer reports that 23,024 specimens were examined compared with 26,129 in 1943. Three years' classified figures are given for comparison :—

	1942.	1943.	1944.
Venereal Disease	12,590	13,482	12,386
Infectious Disease, Foods, Milk, Water, etc.	11,276	11,991	10,452
Clinical Pathology	1,246	656	186

The Venereal Disease figure for 1943 was higher than usual, and the decline in 1944 was due to the clinic

taking over some of the kind of work which in 1943 was done at the laboratory. The specimens were derived from the following sources :—

City (includes Army 87, R.A.F. 201, Navy 26) ..	5,638
City Hospitals and Institutions	3,982
City Medical Practitioners	696
County V.D. Clinic	1,192
County Hospitals and Institutions	518
County Medical Practitioners	358

Infectious Disease, etc.

Sputum examination for tuberculosis 3,922 ; of these 876 were positive. The total includes 561 positive and 784 negative specimens from Newstead Sanatorium.

Diphtheria. 3,741 swabs were examined, of which 285 were positive.

Diphtheria work is declining owing to the success of immunization.

Clinical Pathology.

The establishment of the Ministry of Health Area Laboratory for hospitals, based on the City Hospital, made it possible to relieve the City Bacteriological Laboratory of much clinical pathological work previously undertaken on behalf of the Children's Hospital.

CARE OF THE BLIND.

The arrangements for the care of the blind, including the Prevention of Blindness Scheme, continue to operate as described in the last Annual Report, except for variations in certain allowances.

The blind persons on the city register at 31/12/44 are 523, classified as follows :—

Blind Trainees (maintained by Education Committee) ..	7
Blind Workshop Employees, including blind persons on the staff of the Institution	67
Home Workers	6
Unemployable Blind receiving assistance	299
Blind Persons not in receipt of any form of financial help from the City Council	142
Blind Home Teachers	2
	523

The total is exactly the same as a year ago.

The cost of these services for the year ended 31/3/45 stands at £27,750, subject to certain adjustments.

ACKNOWLEDGMENTS.

I desire to place on record my appreciation of the hard work and enthusiasm of the ever-growing staff of the Health Department and its associated hospitals. I could not wish for better support than I have received.

Similarly, the staff owe thanks to the Health Committee and its various sub-committees for pursuing a policy of extension and perfection of the health services; this policy has enabled us to proceed with great improvements in spite of the difficulties of the war years. It is a happy augury for the future.

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September, 1945.

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