

[Report 1947] / Medical Officer of Health, Nottingham City.

Contributors

Nottingham (England). City Council.

Publication/Creation

1947

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CITY OF NOTTINGHAM.

ANNUAL REPORT

OF THE

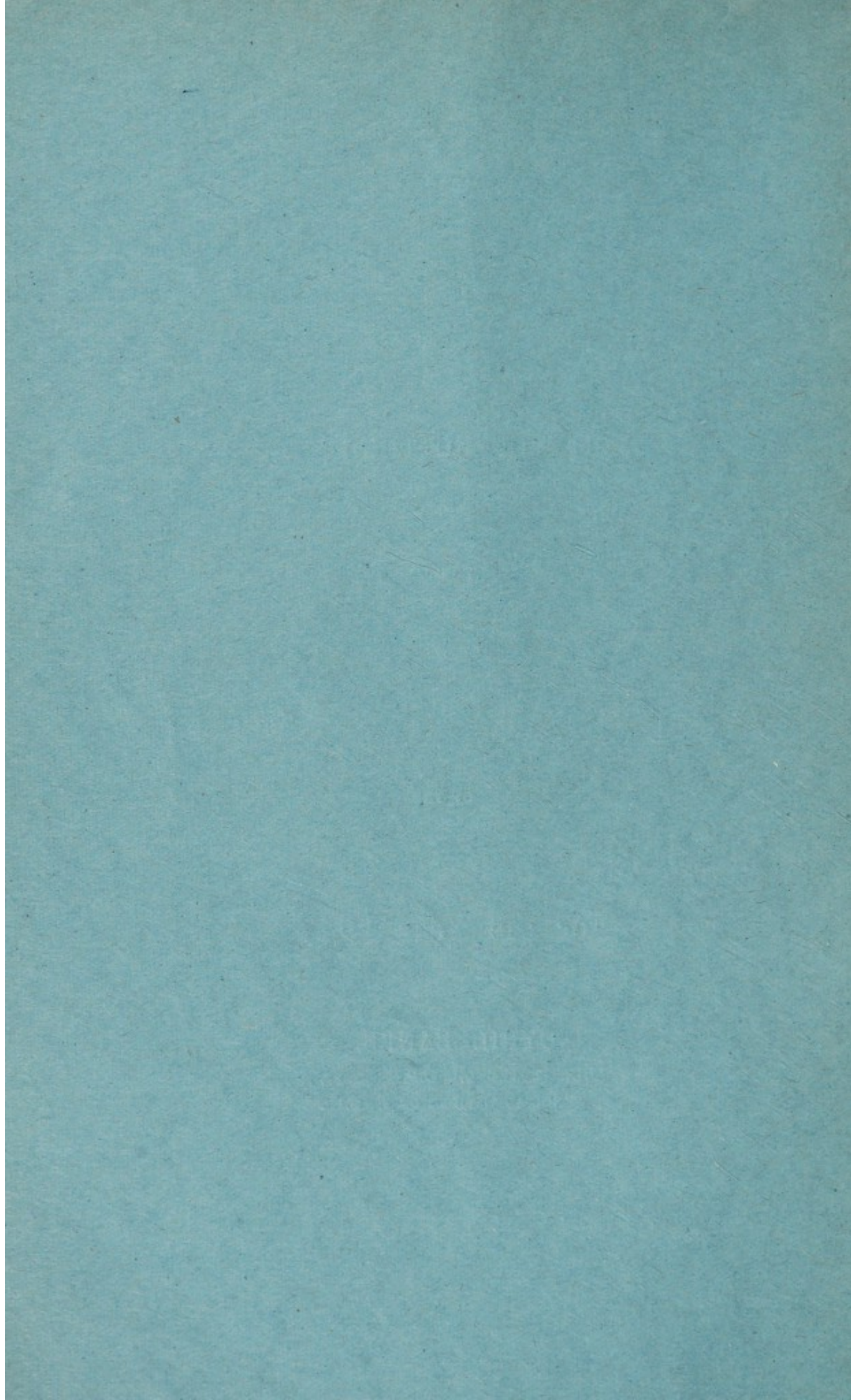
MEDICAL OFFICER OF HEALTH

For the Year 1947

CYRIL BANKS,

M.D., B.S.(LOND.), D.P.H.(SHEFF.),

MEDICAL OFFICER OF HEALTH.





CITY OF NOTTINGHAM.

ANNUAL REPORT

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M.D., B.S.(LOND.), D.P.H.(SHEFF.),

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Nottingham :

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HEALTH COMMITTEE MEMBERS 1947 (mid-year)

LORD MAYOR :—ALDERMAN ROBERT SHAW, J.P.

Chairman :—ALDERMAN ERNEST PURSER.

Vice-Chairman :—COUNCILLOR (MISS) GLEN-BOTT, J.P., M.B., B.S.,
F.R.C.O.G.

ALDERMAN H. BOWLES, J.P.	COUNCILLOR (Mrs.) B. HAZARD
„ E. A. BRADDOCK, J.P.	„ (Mrs.) S. JAMES
„ W. CRANE, J.P.	„ J. E. MITCHELL
„ R. SHAW, J.P.	„ L. MITSON
COUNCILLOR R. ARBON	„ A. W. NORWEBB
„ (Mrs.) L. E. CHAMBERS	„ P. J. TURNER
„ H. O. EMMONY	„ (Mrs.) M. E. WOOD

SUB-COMMITTEES

ISOLATION HOSPITAL AND CITY HOSPITAL.

CHAIRMAN	COUNCILLOR EMMONY
VICE-CHAIRMAN	„ MRS. HAZARD
ALDERMAN BRADDOCK	„ MRS. JAMES
„ CRANE	„ MITCHELL
„ SHAW	„ MITSON
COUNCILLOR ARBON	„ P. J. TURNER
„ MRS. CHAMBERS	„ MRS. WOOD

The Chairman of this Sub-Committee is Alderman R. Shaw and the Vice-Chairman, Councillor Emmony.

TUBERCULOSIS.

CHAIRMAN	COUNCILLOR MRS. CHAMBERS
VICE-CHAIRMAN	„ MITCHELL
ALDERMAN BRADDOCK	„ TURNER
„ CRANE	„ MRS. WOOD

VENEREAL DISEASES.

CHAIRMAN	COUNCILLOR MRS. CHAMBERS
VICE-CHAIRMAN	„ MRS. JAMES
COUNCILLOR ARBON	„ MRS. HAZARD
	„ TURNER

MATERNITY AND CHILD WELFARE.

CHAIRMAN	COUNCILLOR	MRS. CHAMBERS
VICE-CHAIRMAN	„	MRS. HAZARD
ALDERMAN CRANE	„	MRS. JAMES
COUNCILLOR ARBON	„	MRS. WOOD

Co-opted Members :

MISS W. GIBSON	MRS. A. CLARK
MRS. W. FERRIMAN	MRS. L. SANSOM

OFFENSIVE TRADES.

CHAIRMAN	COUNCILLOR	MITSON
VICE-CHAIRMAN	„	TURNER
COUNCILLOR EMMONY		

BLIND PERSONS.

CHAIRMAN	COUNCILLOR	EMMONY
VICE-CHAIRMAN	„	MITSON
COUNCILLOR MRS. CHAMBERS		

Co-opted Members :

MR. A. C. V. THOMAS	MR. W. EDEN
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HEALTH DEPARTMENT STAFF, 1947.

MEDICAL.

Medical Officer of Health—

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

Deputy Medical Officer of Health—

WILLIAM DODD, M.D., Ch.B., M.R.C.P., M.R.C.S., D.P.H.

Tuberculosis Officer—

JOHN V. WHITAKER, M.B., Ch.B.(Leeds), D.T.M. & H.(Camb.),
D.P.H.

Assistant Tuberculosis Officer—

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

Chest Radiography Unit—

A. E. BEYNON, M.R.C.S., L.R.C.P. (*Director*).

LORNA H. HESLOP, M.B., Ch.B., D.P.H. (from 1.9.47).

Senior Medical Officer, Maternity and Child Welfare—

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

Medical Staff, Maternity and Child Welfare—

HENRIETTA MARY MACLEOD, M.B., B.S.(Lond.).

ISABELLA M. O. ALLAN, M.A., M.B., Ch.B., D.P.H. (To 19.4.47).

FREDA M. CHALKLEY, M.R.C.S., L.R.C.P.

MARY S. JOLLY, B.Sc., M.B., Ch.B. (to 31.5.47).

HARRIETT J. GRANT, M.B., Ch.B.

P. A. DUKE, M.B., Ch.B., D.P.H. (From 30.6.47).

W. E. RIGBY, M.B., Ch.B. (From 11.8.47 to 18.10.47).

SYLVIA M. MATTHEWS, M.B., B.S. (From 13.10.47).

Venereal Diseases—

R. MARINKOVITCH, M.D., Ch.B. (*Director*).

D. B. MILNE, L.R.C.P. & S. (Edin.).

A. D. FRAZER, M.D., D.P.H. (Part-time).

ETHEL M. D. N. BAKER, M.D. (Part-time).

DOROTHEA J. MANN, B.A., M.D. (Part-time).

Bacteriologist—

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

Ultra Violet Ray Clinic—

H. N. JAFFE, M.B., B.S. (Part time).

SOPHIA K. G. STUART, M.A., M.B., Ch.B. (Part time).

Skin Clinic—

A. D. FRAZER, M.D., D.P.H. (Part time).

Diphtheria Immunization—

F. FRANK, M.D., M.R.C.S., L.R.C.P. (Part time).

*Relief Districts—*12 MEDICAL OFFICERS. (Part time).

*Public Vaccinators—*3 MEDICAL OFFICERS. (Part time).

NON-MEDICAL.*Chief Sanitary Inspector—*

ALFRED WADE, F.R.San.I.

Deputy Chief Sanitary Inspector—

J. N. HUGHES, M.R.San.I.

Senior Inspector of Meat and Other Foods—

F. RICHARDSON, CERT.R.San.I.

*Sanitary Inspectors (all branches) :—*23.*Superintendent Health Visitor—*

MISS M. W. BEATTY, S.R.N., S.C.M., H.V.

*Health Visitors :—*13.*Student Health Visitors Tutor—*

MISS D. T. HOGG, S.R.N., S.C.M., H.V. (from 1.11.47).

Assistant Supervisors of Midwives—

MISS S. M. HOWARD, S.R.N., S.C.M.

MISS D. BACKHOUSE, S.R.N., S.C.M., H.V., R.F.N.

Supervisor Day Nurseries—

MISS M. A. HEY, S.R.N., S.C.M., S.R.F.N., H.V. (from 18.8.47)

City Midwives (at 31.12.47)—

32 Full-time and 3 part-time.

Ophthalmic Nurse—

MISS W. E. HAYNES, S.R.N., S.C.M.

Chief Almoner—

MISS M. E. M. BENHAM, A.M.I.A.

Almoner, V.D. Clinic—

MISS C. M. HOLLAND, A.M.I.A.

Almoners—3.

*Tuberculosis Clinic—**Senior Health Visitor—*

MISS E. CALEY, S.R.N., S.C.M.

Health Visitors—4.

Clerks—4.

Mass Radiography—

Radiographer-in-charge :—MISS K. M. T. GRINDROD, M.S.R.

Organising Secretary :—MISS B. STEPHENSON, A.C.C.S.

Technical Staff—5.

Clerical—5.

Home Help Scheme—

Organiser :—MRS. L. E. GRAY.

*Vaccination Officer—*C. H. COOPER.*Chief Clerk—*J. C. SLIGHT.

Clerks (excluding hospitals) 20

Women Housing Officers 3

Clinic Nurses, Orderlies, etc. (1 prt-time) 8

<i>Hostel for Unmarried Mothers</i>	..	6
<i>Ultra-Violet Ray Clinic</i>	.. ..	3
<i>Bacteriological Laboratory</i>	.. ..	6
<i>Skin Clinic</i>	.. ..	7
<i>Day Nurseries (as at 31.12.47)</i>	8 Matrons 43 Nurses 19 Others	
<i>Mortuary Attendants</i>	.. ..	2
<i>Office Porter</i>	.. ..	1
<i>Van Driver</i>	.. ..	1
<i>Cleaners</i>	.. ..	18
<i>General Labourer</i>	.. ..	1
<i>Venereal Diseases Hospital</i> (Closed 31.3.47).	.. ..	5
<i>Smallpox Hospital</i> —Caretakers, man and wife		2
<i>Rat Control Staff</i> —Labourers	..	3

CITY ISOLATION HOSPITAL.

Assistant M.O.H. and Medical Superintendent—
THOMAS A. DON, M.B., Ch.B., D.P.H.

*Resident Medical Officer—*ESTHER HAMMERMAN, M.D. (Vienna).

*Matron—*MISS M. WALSH, S.R.N., R.F.N., S.C.M.

*Steward—*A. SLACK.

<i>Nursing Staff</i>	.. ..	42
<i>Others—(Female)</i>	.. ..	39
„ —(Male)	.. ..	16
		<hr/> 97 <hr/>

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.

*Matron—*MISS H. I. RICHARDS, S.R.N., S.C.M., T.A.

*Steward—*C. ABBOTT.

<i>Nursing Staff</i>	.. ..	33
<i>Others—(Female)</i>	.. ..	47
„ —(Male)	.. ..	30
		<hr/> 110 <hr/>

REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1947,
AND SURVEY OF THE LAST NINETEEN YEARS.

To the Chairman and Members of the Health Committee.

The Report for 1947 goes to press as the National Health Service Act 1946 comes into operation on 5th July, 1948. This is, therefore, the last of a long series of reports of its kind. The operation of the Act brings about the most notable changes that have ever occurred in the administration of the health and general medical services of the country. The immediate effect in Nottingham is that the Corporation is no longer responsible for the City Hospital, the Firs Maternity Hospital, the Isolation Hospital, the Smallpox Hospital, Newstead Sanatorium, and the Skin Clinic.

The Corporation will still have duties in the fight against Tuberculosis and Venereal Diseases, but the clinic premises and most, but not all, of the staff pass over to the Regional Hospital Board, thus producing a most awkward split in administration. The City Bacteriological Laboratory service, though not affected by the Act, has recently been handed over to the National Public Health Laboratory Service as a desirable item of re-organization, and thus it ceases to be a Corporation concern.

The loss of all these responsibilities and opportunities for public service will, naturally, make an enormous difference to the daily work of the Health Department,

but there remain many of the old duties, while some new ones have been added by the Act.

Whether the exclusion of medical officers of health from all participation in hospital management is a wise step may be doubted, in view of their knowledge and long experience. Leaving general hospitals out of the argument, it must be pointed out that isolation hospitals and sanatoria have been the concern of medical officers of health; it is in such institutions that they grew up professionally, and the management of such places has been their special province. As the prevention of infectious diseases, including tuberculosis, must still be the main occupation of health departments, there cannot fail to be some regret felt by medical officers of health that their knowledge and experience is no longer placed at the disposal of those who, in future, will manage such special institutions.

On the other hand it must be realized that for many years the medical officers of health of counties and large cities have been grossly overworked and have had too many responsibilities of widely differing kinds. It is, therefore, with a certain amount of relief that they will hand over some of their old duties, in the hope of having more time to give to their chief interest—the prevention of all preventable disease. Unfortunately some of the new duties put upon them do not fall into that category, and they will still have administrative tasks which could just as well be done by a lay-man, and others of a new type which may not be welcomed.

It may be as well to set out a list of duties which continue. The large field covered by the report of the Chief Sanitary Inspector will remain; considerations of

housing, drainage, water supplies, the purity and freshness of food, and a host of other matters dealt with by the Sanitary Inspectors still are of paramount importance to the health of the community.

Midwifery in the home remains the concern of the Health Department, and it must be remembered that over half the births in the City are conducted by municipal midwives in the homes of the people. Health-visiting, on a bigger scale than ever before, the provision of ante-natal, post-natal and infant welfare centres, day nurseries, and homes for unmarried mothers, must continue.

The provision of domestic helps in the homes of the sick and aged is a successful service which can profitably be extended. Private nursing-homes still have to be registered and inspected, and agencies for the supply of private nurses to be supervised. The work of the almoners in providing medico-social assistance to persons suffering from tuberculosis, venereal disease and other ailments can usefully be expanded. The provision of district nurses, formerly an interest but now a duty under the Act, has been the subject of an administrative scheme. Probably under the Assistance Act and the Children's Act duties, some old, some new, will be assigned to Health Department staff. For some time the medical care of infants in the Social Welfare Committee's Homes has been carried out by the doctors of the maternity and child welfare department, and it will be advisable to continue this.

A new duty falls upon the Health Committee in the provision of a comprehensive ambulance service. There was no choice in the matter; the police ambulances had to be taken over and put into the common pool along

with the hospital ambulances, and in future there will be one service providing ambulances for accidents, emergencies and hospital duties, as well as sitting-case cars for taking disabled persons to and from out-patient departments. It has been decided to put this enterprise under the management of the City Transport Manager, who for this purpose will be responsible directly to the Health Committee.

Mental Disease and Mental Deficiency, except in its institutional aspects, will be a new field of work for the Health Committee, and will prove a vast responsibility.

Vaccination against Smallpox will be carried out in a new way, in the sense that it will no longer be compulsory "by law" (it has not been compulsory "in practice" for many years). The Health Department will arrange for it in future by persuasion and it will be done partly by family doctors and partly in the Infant Welfare Centres, along with diphtheria immunisation. The latter has proved one of the greatest successes of preventive medicine, but there are still some careless parents and success is not yet complete. A new duty will be the provision of health centres from which the family doctors will work. These doctors will not be employed by the Health Committee, but by the Local Executive Council. The Health Committee will only provide and maintain the buildings, which will be large, expensive and numerous. Sites are being earmarked, but building may be delayed by existing circumstances.

Retrospect.

Enough has been written to show that subsequent Annual Reports will differ widely in scope from those of recent years. This being so, it is appropriate to take an

opportunity of looking back a little and to remind ourselves of what has been accomplished in the years immediately behind us. We need not go too far back ; in 1947 the country celebrated the centenary of the appointment of the first Medical Officer of Health, Dr. Duncan of Liverpool. This year marks a hundred years since the passing of the Public Health Act of 1848 and the appointment of Sir John Simon as Medical Officer of Health to the City of London. In connection with these celebrations much has been said and written to bring to mind the dreadfully insanitary conditions of our towns in those days. Those learning the facts for the first time find it hard to believe that so recently as a hundred years ago the conditions of life of many of our people were so poor, so foul, so out of keeping with what we now regard as the most elementary standards of housing, cleanliness, decency and general hygiene. But for the purposes of our survey we need not go so far back.

We will pass over the period when legal powers were being acquired gradually to give control over environmental conditions, and when, early in the present century, with greater scientific knowledge of the causation of disease we were turning our attention to the formation of personal medical services and devising methods for controlling tuberculosis and for improving the conditions of childbirth, safeguarding infant and child health, and in other ways translating our new knowledge into administrative action. And we will come to our Nottingham services in 1929.

Why 1929 ?

For two reasons ; the first because in that year the Local Government Act was passed, breaking up the old Poor Law and providing for the transfer of the old poor-law

infirmaries to Health Committees, and, in Nottingham in particular, pointing the way to those developments of the City Hospital which have been of such great benefit to the citizens.

The second reason is that in that year, Dr. Boobbyer, relinquishing the office of Medical Officer of Health after so long a tenure, wrote a comprehensive report of the last sixteen years of his activities. His successor can now suitably survey the progress made in the Health Department between that year and the present one, which marks a further stage of public health history.

The Administrative Machine.

Only three names which appeared on the Health Committee list in 1929 are to be found on the list for 1947, those of Alderman Bowles, Alderman Crane and Alderman Purser, though happily some others are still active in other fields, notably Mr. E. H. Lee, who was then Chairman. These may like to be reminded of some of the changes which have occurred.

It seemed entirely out of keeping with a desire for progress in the medical services that the Health Committee should have to devote so much of its energies to controlling through its "Wharf and Lavatories Sub-Committee" the collection and disposal of refuse and the management of the public lavatories of the City, and one or two minor jobs, all of which, though of great importance to the well-being of the citizens, were more akin to the City Engineer's duties than to those of the Medical Officer of Health. A report to this effect, put forward with some trepidation, met with an unexpectedly favourable reception, and in due course in 1936, when the

Cleansing Superintendent reached retiring age, the transfer took place, leaving the Health Committee more time to take an interest in other badly-needed reforms.

In 1929 the Medical Officer of Health had only two whole-time medical men on his staff. One was employed entirely as a bacteriologist, and the other in hospital and tuberculosis duties. In these circumstances it was not surprising that there was some lack of efficiency and enterprise, and that progress lagged behind the needs of the times.

The office accommodation was in a house adjacent to the Guildhall, and the staff of clerks, sanitary inspectors and health visitors, small as it was, was overcrowded. No other suitable accommodation could be found for some time and new building was difficult ; in 1933 the Department moved into new quarters in Huntingdon Street. These offices, though good in many ways, are not situated so as to provide a dignified background for so large and important a Corporation Department. They receive street noises, and with the expansion of the staff they have become overcrowded ; in fact, some new staff developments have had to be accommodated elsewhere. Owing to post-war difficulties the hope of getting into really suitable quarters has receded, but needs to be remembered.

The following paragraphs deal with the subsequent developments of the various sections of the Departments :

Sanitary Inspection.

Some reticence is called for in describing the position in 1929, as far as Sanitary Inspection is concerned. It can be summed up as " very bad," without giving details.

The immediate need was for a Chief Sanitary Inspector, and in June 1929 Mr. Alfred Wade was appointed to this position, and he set about a re-organisation which put things right. Efficient recording and follow-up systems were devised. Boys entering the Department as clerks were trained in due course as Sanitary Inspectors, through the classes at University College, and a long line of them have made good careers here or elsewhere.

An early start was made upon the removal of slum conditions. Much work was done on the reconstruction of worn-out and sub-standard property. Owners were induced to convert back-to-back houses into through houses. If at the time we had known how public and official attitudes would change in a few year's time, making it easy to have such properties pulled down altogether, some of this reconstruction work would not have been undertaken. In view of the stoppage of slum clearance and house building during the 1939-45 war, perhaps it is fortunate it was done after all, for the houses are still available and of a reasonable standard for the time being. In the early " thirties " much slum clearance was effected, getting rid of many very terrible slums, thus continuing the clearances which had been carried out in early years when the Great Central Railway was being constructed, and when improvements in the centre of the town had necessitated the removal of so much bad property. Clearances were made in many central areas of the City, and most of the cleared areas have long been built upon.

In the meantime the Housing Committee was building its magnificent housing estates and to these the slum-dwellers were removed. Women Housing Officers were

engaged to work with the Sanitary Inspectors ; the furniture of displaced persons was exposed to cyanide fumigation so as to prevent the conveyance of bugs to new houses. The women housing officers helped the tenants to settle in the new houses, showed them the use of modern household appliances, how to furnish the windows with curtains and gave them much advice which was necessary when leaving slums to enter modern dwellings.

A further 1,350 houses were put forward for demolition in 1939, but the imminence of war prevented the accomplishment of the task. Slum clearance removed some very undesirable common lodging-houses and there are now none, because the needs are met by the Salvation Army's lodging-house, and by the remarkably fine municipal lodging-house for men built by the Housing Committee and managed by the Estates Committee.

One of the foulest blots on Nottingham's reputation was the presence of most insanitary private slaughter-houses amid the dwellinghouses. These were really disgusting places, yet the fight to get rid of them was a stiff one, partly owing to the feeble powers of the law of the period. Ultimately, in 1938, the Corporation opened its Public Abattoir. Some of the private slaughter-houses have been given up entirely ; some still exist but are not in use owing to the war-time measure of concentrating slaughtering in the public abattoir, and in only one or two other places. It is hoped that legal powers now available will be applied so that never again will the remaining slaughter-houses prove a nuisance to the public and a menace to public health and decency.

Food substances are now rarely adulterated, except milk, which is frequently diluted with water or deprived of some of its cream. The work of Food Sampling Officers, working in co-operation with the City Analyst, has been very successful. Early in the 1939-45 war there was a striking increase in the sale of fraudulent food substitutes under misleading designations, throughout the country. This, however, was promptly dealt with and some heavy fines put a stop to these practices.

Looking back through the years the work of the Sanitary Inspection Department can be given high praise for its efficiency.

Maternal and Infant Welfare.

Nottingham was early in the field of providing infant welfare services ; the genesis of this movement is credited to a voluntary society from which it was later taken over. In 1929 the work was quite well done, but some of the earlier clinic premises were still in use, though of makeshift quality. In April 1935 a new clinic was built at Bulwell for the use of the Health and Education Departments jointly and it has proved a great success.

In 1936 a very suitable house on Radford Boulevard was presented by Mrs. Scott in memory of her late husband, Dr. William Scott, who practised in that district, and this after adaptation provided a good clinic. The best of all, one of the best in the country, was built in Edwards Lane and opened in 1938. Several of the clinic sessions are still held in hired school-rooms, some suitable, others not good ; there is a need for new building when this becomes possible. Land has been

provided and plans prepared for several new clinics. In 1929 the doctors at the infant welfare clinics were engaged part-time ; there was no whole-time doctor to whom could be delegated the administration of this growing service. In 1933 Dr. I. G. Davies (now Medical Officer of Health of Leeds) was appointed as the first administrative assistant to the Medical Officer of Health and he took in hand the maternity and child welfare work. In 1936 Dr. I. McD. Harkness was appointed for this purpose solely ; this was fortunate because in 1936 the Council had placed upon it the duty of beginning a service of municipal midwives ; this involved a scheme for running thirty-six midwifery practices, which was a considerable undertaking, successfully performed. Here was a great advance, which should never be forgotten. It not only improved the quality of domiciliary midwifery but it made it possible to afford more care to mothers during the period of pregnancy.

The Maternity and Child Welfare Department is now a very important one, with its midwives and health visitors rendering a great service to the mothers and infants of the City. Its growth has necessitated the appointment in all of some six whole-time doctors, who not only attend the clinics and day nurseries, but give medical care to the infants in the residential nurseries of the Social Welfare Committee.

During the war it was necessary to make arrangements to look after the infants of women factory workers and for this purpose day nurseries were built, and they are still successfully operated. There was also for a time a scheme for the employment of " daily minders " of such infants in the homes of the " minders," who were paid.

Nottingham was one of the few places to make a real success of this scheme, but, in time, conditions rendered it unnecessary and, indeed, impossible to carry on permanently. There are many ramifications of maternity and child welfare work which cannot be dealt with here, but there is no department which has more completely proved its value than this, and its progress since 1929 is something to record with pride. Its importance is likely to increase.

TUBERCULOSIS.

In 1929 and for years afterwards, the Tuberculosis Service was far from complete. It is true that new premises in Gregory Boulevard were being prepared to rehouse the Tuberculosis Clinic, then in poor rooms in North Church Street. There were health visitors and there was a Tuberculosis Medical Officer. But a Tuberculosis Officer who was also the sole resident medical officer of the Isolation Hospital, and who was in medical charge of the Bulwell Hall Sanatorium for Children, certainly had not the time to conduct an active anti-tuberculosis campaign. Moreover, there were few beds for the sufferers. There was some provision, quite out-of-date, in the grounds of the Isolation Hospital. (I regret to say some of it has still to be kept in use owing to the great needs of the time). Many of the cases went into what was then the Bagthorpe Infirmary, where the accommodation was far from good, and where at that time modern treatment could not be applied. At the clinic, even after its move to Gregory Boulevard, there was no X-ray set for use in diagnosis ; no treatment by artificial pneumothorax was possible, long after the value of such treatment was substantiated.

It would be a long story to detail all the moves which had to be made to bring this service into line with modern standards. Now, in 1948, there are at the Tuberculosis Clinic three whole-time physicians, headed by Dr. J. V. Whitaker, and their efforts have met with so much appreciation that family doctors send their cases much more readily for diagnosis, and the public come forward more eagerly to be examined. The first X-ray plant to be installed has been in use long enough to wear out and a new and better one is just about to be delivered.

Another factor in bringing cases to light is the Chest Radiography Unit. Nottingham was among the first few places to be entrusted by the Ministry of Health with one of these remarkable X-ray sets, which takes miniature film photographs of the chest, and it has been working since 1944. Very large numbers of the population have been photographed and cases of tuberculosis and of other chest illnesses have been discovered and put on the road to appropriate treatment.

Another factor which has made the Tuberculosis Service so acceptable to the public has been the initiation by the Government of treatment allowances so that sufferers will undertake treatment knowing that financially they and their families will be looked after reasonably well. In Nottingham it was decided that almoners should be appointed to work with the Tuberculosis Officer and the health visitors by way of a Care Committee, whose duty it was to consider the social difficulties met with by sufferers; these difficulties are dealt with by several forms of assistance.

The popularity of the Tuberculosis Service had led to what was always wanted, namely, the discovery of the

existing cases in ever-growing numbers ; without such ascertainment no real progress in the prevention of tuberculosis is possible. But the success in this respect has proved an embarrassment ; so many cases have come to light that they cannot be accommodated in the beds at our disposal and no more hospital building is yet possible.

In 1942, in spite of the war, Newstead Sanatorium was completed and opened, and has since proved most useful and popular. The great increase in the discovery of cases of tuberculosis meant that Newstead soon had a long waiting list for admission. Two new wards of semi-permanent character were completed in 1946. One was soon occupied, but the other has not yet been put into use because the necessary nursing staff cannot be obtained.

That is the story of the creation of the Tuberculosis Service in Nottingham, and the Corporation can hand it over to the Regional Hospital Board with a sense of pride in what has been achieved.

INFECTIOUS DISEASE.

The day-to-day control of infectious disease has become a routine matter, and this is not the place for an essay on changes in the type of disease now met with. It may be remarked, however, that Scarlet Fever has in recent times become of small importance compared with its earlier dangerous character ; there has also been a change in the method of dealing with it, and hospital admission is never recommended so long as a case can be reasonably isolated at home. Smallpox of a mild type, so prevalent in the nineteen-twenties, faded out early in the period under survey, but the smallpox hospital has been kept ready for

immediate opening and it may at any time be needed. Typhoid Fever has at all times remained a source of anxiety and individual cases always give rise to wariness, until enquiries prove the source and bring it under control. A very sharp and sudden out-break in a well-defined area of the town early in 1939 involved 34 cases. Only two of these cases actually received their infections after the first day on which the outbreak came under notice, and they were both secondary cases in households already infected. The way in which the department mastered this outbreak so promptly is a source of great pride to all who were privileged to share in the investigations and to take part in the treatment of the sufferers. It was a memorable example of team work.

The greatest triumph has been victory over diphtheria, obtained by an immunisation campaign. In 1928 there were 927 notified cases with 43 deaths. In 1929 there were 690 cases with 57 deaths, and in 1930, 697 cases with 34 deaths. No doubt many of the notified cases were not in fact true diphtheria, and a list of revised diagnoses was not then published, but the number of deaths speaks for itself. These years were certainly specially bad years and, apart from any system of immunisation, there was a gradual fall in incidence due to the keen application of methods of prevention, follow-up in the homes and in school, and even to factors outside our own efforts. The fact remains, however, that in 1938 we had 278 cases with 6 deaths ; in 1939, 132 cases and 3 deaths ; in 1940, 407 cases with 10 deaths ; and in 1941, 455 cases notified with 12 deaths. In 1940 the immunisation campaign was launched on a large scale and with ready response on the part of parents. The results have been dramatic.

In 1945 there were 123 confirmed cases with 6 deaths. All the deaths were in the non-immunised subjects. In 1946 there were 53 confirmed cases, of which 5 died ; all the fatal cases were non-immunised. In 1947 there were 9 cases with one death.

Diphtheria, this treacherous maker of tragedies, is conquered. If parents will avail themselves of the facilities provided and will keep their children immunised, there is little likelihood of death, and if children do still contract the disease, it is almost certain to be mild. Since the scheme started in Nottingham no immunised child has died from diphtheria, but non-immunised children have been lost.

Cerebro-spinal Fever at the beginning of the period, although never common, was a fairly deadly illness ; now, thanks to modern drugs and greater knowledge of their use, this disease has been almost conquered, and most sufferers recover ; another great triumph !

The City Isolation Hospital, during the years under discussion, has been greatly improved. The old administration block in which nurses and staff used to live uncomfortably, was reconstructed internally so as to provide really excellent accommodation ; in the grounds a new residential block for nursing staff was built, replete with every convenience. A small operating-theatre was constructed and has proved a boon. The most striking improvement became possible when the old male tuberculosis pavilion was evacuated ; this section was adapted partly for use as individual cubicles, and partly to provide a ward for gastro-enteritis in infants. These new developments gave accommodation of a most beautiful

and useful character, and are noteworthy. Further improvements were deferred owing to the war, for instance, a new mortuary and viewing-room are necessary.

In my opinion this hospital ought to be developed to take infectious diseases from the whole of South Notts. It could be almost doubled in size on the present site, with two or three-storey ward blocks, mostly of cubicle type. Further staff would be required, and this would make management easier, especially if the Medical Superintendent were provided with a house in the grounds. At present only one medical officer is resident. There should be houses for engineering and other staff who at present live out. This scheme of development has much to recommend it.

The Medical Superintendent, Dr. Don, for many years now has been also Assistant to the Medical Officer of Health for epidemiological purposes, following up all infectious disease in the City and planning its limitation. This has been a most useful double-purpose appointment, which, by arrangement with the Regional Hospital Board, seems likely to be continued.

THE CITY HOSPITAL.

When the Boards of Guardians were disbanded under the Local Government Act 1929, there fell into the hands of County and County Borough Councils a large number of Poor Law Infirmaries. These places had been used for housing aged and chronic sick persons. In this respect some of them had done good work. At that time, however, there had developed a need for many more general hospitals in the country, to keep pace with the demand for beds in which modern medical surgical,

obstetrical and gynæcological methods could be applied. Science was developing new methods of treatment which could only properly be applied in hospitals. Sufficient hospitals did not exist, and the voluntary hospitals, dependent as they were on public charity, could not extend and increase to the required measure.

Here, then, was a chance for the municipal and county authorities to show what they could do with the Poor Law Infirmaries which came into their hands. Many authorities have, indeed, made full use of their opportunities. Nottingham was favourably placed, for the Guardians handed over the Bagthorpe Poor Law Infirmary, a very large hospital, beautifully sited, and, for its age, quite well planned. This was ripe for development and in the years which followed it was, in fact, developed. At first (1930) the Health Committee managed it on behalf of the new Public Assistance Committee, but in 1935 a legal process known as "appropriation" was carried out, and since that time the Health Committee has had complete charge.

Space will not allow a recapitulation of all the improvements recorded year by year in the annual reports, but it is now generally known that the City Hospital, to use its present name, has become one of the leading municipal hospitals of the land. Almost every class of case is dealt with by a large resident and visiting staff. The changes contemplated by the legislation of 1929 have indeed been accomplished, and the Health Committee is able with pride to hand over this institution to the Regional Hospital Board, in the hope that still greater developments will be possible in the years to come.

THE FIRS MATERNITY HOSPITAL.

This hospital, originally conducted by the Abel Collin Trust for maternity purposes, fell into the hands of the Corporation in 1941, for financial reasons. Since then it has been managed as a branch of the City Hospital, carrying out midwifery, as before. The place has proved a very valuable acquisition in these days when, for many reasons, more beds are needed for institutional confinements. Occupation to full capacity has been usual.

VENEREAL DISEASE.

The first World War produced a need for specialised facilities for the treatment of venereal disease, and a clinic was opened in North Church Street, under the direction of the late Dr. J. C. Buckley. The premises were demolished to make room for new police buildings, and at short notice a row of houses in Postern Street was adapted for the purpose. Here work was done between 1938 and 1943. In the meantime the second World War had once more brought about a vast increase in the prevalence of venereal diseases, and urgent measures were necessary to meet the requirements for treatment. The Ministry of Health permitted the Corporation to build an entirely new clinic in Glasshouse Street, which was opened in 1943 under the direction of a whole-time medical director, Dr. R. Marinkovitch. The decision of the Ministry of Health to issue public advertisements about venereal disease, to tell plainly the truth about the dangers, and to advise on speedy treatment, had valuable results. Large numbers of people presented themselves to receive the successful treatment which by this time was fully available at Glasshouse Street. Further, under a war-time regulation, known as 33B, the Medical Officer of

Health and his staff were able to follow up persons known to be spreading infection by their mode of life, and to insist on attendance at the clinic. Some who defaulted were sent to prison by the magistrates so as to ensure curative treatment while undergoing sentence.

It was fortunate that Nottingham had a fine clinic, under such able direction, well staffed and provided with an almoner to follow-up women and children to ensure attendance. Science has provided new and almost entirely successful means of curing venereal diseases, and by so doing preventing the appalling after-results which until a few years ago were so commonly associated with syphilis and gonorrhœa. Nottingham has not failed in its duty of making available the best possible facilities for treatment.

The Greendale House Hospital, which provided in-patient treatment for women and children from City and County suffering from venereal disease, and for confinements similarly associated, as well as a certain amount of out-patient treatment, was closed in 1947. The in-patient work was referred to the City Hospital and the out-patients were directed to Glasshouse Street. Reference should be made to the excellent work carried out by Miss Mitchell and her staff at Greendale House for so many years.

A feature has been made in recent years of films and lectures in factories, clubs and institutes, directed to the prevention of venereal disease. Much of this work was organized for the Health Department by the Central Council for Health Education. It is difficult to say

whether it does good or not, but opinion is against a cessation of any efforts which may save people from infection. Tell the public the facts !

THE SKIN CLINIC.

Early in the war scabies, or itch, became widespread and measures for free treatment on a large scale were designed. The vacant Turkish Baths were rented from the Baths Committee, Dr. Frazer was put in charge of the scheme, and with the aid of Sister Faulconbridge and a considerable staff, made a complete success of it. Many thousands of Nottingham people have reason to be thankful for this. The work has been carried on with wider scope as a general clinic for skin diseases. The point about it is that so many skin diseases can be easily cured if the treatment is carried out by people who know how to do it properly ; self-treatment often fails. At the clinic the treatment is well done, with great success.

ALMONERS' DEPARTMENT.

To-day it is realised that much medical treatment must be associated with social work. Domestic and financial difficulties often prevent full access to facilities for treatment. Such difficulties cause psychological disturbance which interfere with recovery. Convalescents need guidance on change of occupation, sources of financial aid and similar social problems. This is the work of almoners. When considering how to administer the scheme for Tuberculosis Treatment Allowances in 1943, the idea was evolved of forming an Almoners' Department. The plan was to appoint a Head Almoner who would take charge of all medico-social care provided by any part of the Health Department. There was already an almoner at

the City Hospital, there was need for one at the Venereal Disease Clinic ; work under the Blind Persons Act was largely of a kind for which an almoner was well equipped ; there were other items of social work in the Health Department which would benefit by transfer to an almoner. The scheme worked well, owing to the efficiency of the Chief Almoner appointed, Miss M. Benham. Unfortunately, the effect of the new Health Services scheme is to split asunder this organization, owing to change of ownership of many of the institutions in which the almoners work ; it is hoped to make provision by which no loss of service may be felt ; it is not yet clear how this may be done.

The Health Committee, while losing many services, still has others requiring the help of almoners ; indeed, Section 28 of the National Health Service Act, dealing with care and after-care, throws open a vast field of activity which ought to be fully entered upon. There is no portion of the Act which will require more effort and initiative on the part of the Medical Officer of Health than this, and with it should be associated a good almoner service.

CONCLUSION.

Those who read the annual reports of Medical Officers of Health often remark upon the large number of subjects with which these officers deal. The survey given above has only dealt with the broad lines on which the work of the last nineteen years has been carried out. Many daily routine tasks receive no mention at all ; the survey has endeavoured to show how the main services have been built up in the period.

At this point it would be appropriate to put in a table showing how many lives have been saved by the efforts of the Health Department. This, unfortunately, cannot be done. It is impossible to say how many lives would have been lost if epidemics had not been prevented. We know that only between 40 and 50 infants out of every thousand born, die in their first year, compared with 80 or 90 nineteen years ago and over, and 170 at the beginning of the century. We know that confinements are safer than they were. We know we have conquered diphtheria. The number of deaths is, however, a rather crude yardstick by which to measure any public health reform. We aim not only to postpone death, but to prevent illness, with its train of sequels, bodily and financial. We aim to make the path of sufferers smoother. We aim to lessen the social difficulties caused by illness. We aim to improve environmental conditions so that family life may be happier and healthier. We try to make things more convenient for expectant and nursing mothers, not merely safer. We try to help mothers to raise their families in a state of health, bodily and mental.

How much has to be done before we can feel satisfied with the results of our work! Public Health work never will be finished. Success in one direction only provides an opportunity for tackling some new problem, for new problems will continue to arise.

An attempt has been made in this survey to show how the Health Department has been built up in the last nineteen years into an organization effective in carrying out its purposes. It is a record of hard work by many enthusiastic and loyal people. It remains for me to express my gratitude to my colleagues who have shared

the duties, and my appreciation of the support and encouragement given by the Health Committee. Also, as municipal work is team work, and no department stands alone, appreciative reference is made to the staffs of the Town Clerk, Treasurer, Engineer, Estates Surveyor, Water Engineer and others, without whose help progress would have been impossible.

CYRIL BANKS,
Medical Officer of Health.

HEALTH DEPARTMENT,
HUNTINGDON STREET,
NOTTINGHAM.

July, 1948.

NOTE.—Sometime during the period of the above survey the Medical Officer of Health has engaged in the work of the following national bodies :—

The Society of Medical Officers of Health (President 1942-43).

The Royal Sanitary Institute (Examiner).

The Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.

The Public Health Committee of the Association of Municipal Corporations.

The Nurses Salaries (Rushcliffe) Committee.

The Joint Negotiating Committee (Hospital Staffs).

GENERAL STATISTICS FOR 1947.**POPULATION.**

The Registrar-General's Estimate of the civilian population of the City at the middle of 1947 is ..					291,150
AREA (acres) .. .. .	..	..	..	..	16,166
Rateable Value .. .. .	..	..	..	..	£2,221,264
Sum represented by a penny rate (1947-48) ..	..	..	..	..	£9,200
Rates in the £ (1947-48) .. .. .	..	..	..	..	17/-

BIRTHS.

Legitimate Males	3,336	Females	3,071	..	Total	6,407
Illegitimate ..	294	..	259	..	..	553
Total Births .. .. .	..	..	..	..	..	6,960
Birth-rate per 1,000 of population ..	..	..	..	..	..	23.90
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
1945 .. .. .	..	..	..	..	..	19.7
1946 .. .. .	..	..	..	..	..	22.05
1947 .. .. .	..	..	..	..	..	23.90

STILLBIRTHS.

Legitimate Males	67	Females	71	..	Total	138
Illegitimate ..	8	..	10	..	..	18
Total stillbirths .. .. .	..	..	..	..	..	156
Rate per 1,000 births (live and still) ..	..	..	..	..	..	21.9

DEATHS.

Males	1,873	Females	1,720	..	Total	3,593
Death-rate per 1,000 of population ..	..	..	..	..	..	12.3
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
1945 .. .. .	..	..	..	..	..	12.9
1946 .. .. .	..	..	..	..	..	12.5
1947 .. .. .	..	..	..	..	..	12.3

DEATHS FROM PUERPERAL CAUSES.

			Rate per 1,000 (live and still) births.	
			No.	ENGLAND & NOTTINGHAM. WALES.
Sepsis ..	..	2	·28	·26
Other Causes ..	..	7	·98	·91
Total ..	..	9	1·26	1·17

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

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Fever ..	2	2	3	2	3	5	2	3	3	2
Other causes	6	4	9	10	9	2	3	4	4	7
Per 1,000 births	1·8	1·3	2·7	2·8	2·5	1·38	·85	1·33	1·09	1·26

DEATHS FROM MEASLES (all ages) ..	3
„ „ WHOOPING COUGH (all ages)	10
„ „ DIARRHŒA (under 2 years of age)	31

INFANT MORTALITY.

Deaths of Infants under 1 year ..	351
Rate per 1,000 live births ..	50
(Legitimate 48, Illegitimate 78).	
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
1945 ..	53
1946 ..	42
1947 ..	50

Birth-rates, Death-rates, Analysis of Mortality, and Case-rates for certain Infectious Diseases in the year 1947.

(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	20.5	23.3	22.2	22.7	23.90
Still	0.50	0.62	0.54	0.49	0.53
DEATHS :—					
All Causes	12.0	13.0	11.9	12.8	12.3
Typhoid and Paratyphoid fevers	0.00	0.00	0.00	0.00	0.00
Smallpox	0.00	0.00	0.00	—	—
Measles	0.01	0.02	0.02	0.01	0.01
Scarlet fever	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.03	0.02	0.02	0.03
Diphtheria	0.01	0.01	0.01	0.01	0.00
Influenza	0.09	0.09	0.08	0.08	0.04
NOTIFICATIONS :—					
Smallpox	0.00	0.00	0.01	0.00	—
Scarlet fever	1.37	1.54	1.37	1.31	1.5
Diphtheria	0.13	0.15	0.14	0.14	0.17
Enteric fever	0.01	0.01	0.00	0.01	0.01
Erysipelas	0.19	0.21	0.18	0.22	0.12
Pneumonia	0.79	0.89	0.68	0.64	0.73
Measles	9.41	9.13	9.58	5.29	7.77
Whooping Cough	2.22	2.41	2.02	2.80	1.82
Rates per 1,000 Live Births.					
Deaths under 1 year of age	41	47	36	37	50
Deaths from Diarrhoea and Enteritis under 2 years of age	5.8	8.0	3.7	4.8	4.4

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.	Diarrhoea.	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	0.10	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
1945	19.7	12.9	53	0.11	..	0.03	0.01	0.03	0.01	..	0.13	0.77
1946	22.0	12.5	42	0.19	..	0.02	0.00	0.02	0.02	..	0.05	0.71
1947	23.9	12.3	50	0.16	..	0.01	0.00	0.00	0.03	0.00	0.10	0.77

Summary of Deaths at all ages from various causes, 1947.
(R.G.'s International Short List).

						1947
TOTAL DEATHS						3,593
Deaths under 1 year	..	..	..	..	..	351
" 1— 5 years..	..	..	..	..	..	53
" 5—45 ..	..	..	..	..	..	355
" 45—65 ..	..	..	..	..	..	849
" 65 and over ..	..	..	..	..	..	1,985
CAUSES OF DEATHS :—						
Typhoid and Paratyphoid Fevers	..	..	..	..	..	1
Measles ..	..	..	..	..	..	3
Scarlet Fever ..	..	..	..	..	..	1
Whooping-Cough ..	..	..	..	..	..	10
Diphtheria ..	..	..	..	..	..	1
Influenza ..	..	..	..	..	..	14
Encephalitis Lethargica ..	..	..	..	..	..	3
Cerebro-Spinal Fever ..	..	..	..	..	..	4
Tuberculosis of Respiratory System ..	..	..	..	..	..	191
Other tuberculous diseases ..	..	..	..	..	..	34
Syphilis ..	..	..	..	..	..	17
Ac-Poliomyelitis and Polioencephalitis ..	..	..	..	..	..	7
Cancer, malignant disease ..	..	..	..	..	..	516
Diabetes ..	..	..	..	..	..	15
Cerebral Hæmorrhage, etc. ..	..	..	..	..	..	326
Heart Disease ..	..	..	..	..	..	1035
Other circulatory diseases ..	..	..	..	..	..	115
Bronchitis ..	..	..	..	..	..	233
Pneumonia (all forms) ..	..	..	..	..	..	229
Other respiratory diseases ..	..	..	..	..	..	53
Peptic Ulcer ..	..	..	..	..	..	47
Diarrhœa, etc. ..	..	..	..	..	..	31
Appendicitis ..	..	..	..	..	..	10
Other digestive diseases ..	..	..	..	..	..	52
Acute and chronic Nephritis ..	..	..	..	..	..	60
Puerperal Sepsis ..	..	..	..	..	..	2
Premature Birth ..	..	..	..	..	..	74
Other puerperal cases ..	..	..	..	..	..	7
Congenital debility, malformations, etc. ..	..	..	..	..	..	130
Suicide ..	..	..	..	..	..	32
Other violence ..	..	..	..	..	..	88
Other defined diseases ..	..	..	..	..	..	252

INFANT MORTALITY during the year 1947.
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	132	30	19	11	192	57	56	24	21	350
UNCERTIFIED	1	—	—	—	1	—	—	—	—	1
Small-pox	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	1	1
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping-Cough	—	—	—	—	—	—	2	1	2	5
Diphtheria and Croup	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	1	1	—	—	—	—	1
Erysipelas	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	—	—	—	1	1	—	—	—	1	2
Tuberculous Meningitis	—	—	—	—	—	—	—	—	1	1
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous)	1	1	—	—	2	—	3	1	1	7
Convulsions	—	1	—	—	1	2	1	—	—	4
Laryngitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	1	—	—	1	—	5	—	1	7
Pneumonia (all forms)	2	3	3	3	11	29	30	11	4	85
Diarrhoea & Enteritis	—	—	—	1	1	11	10	5	3	30
Gastritis	—	—	—	—	—	—	—	—	—	—
Syphilis	1	—	1	—	2	—	—	—	—	2
Rickets	—	—	—	—	—	—	—	—	—	—
Suffocation (overlying)	—	—	1	—	1	2	—	—	—	3
Difficulty or Injury at Birth	7	2	1	—	10	—	—	—	—	10
Atelectasis	24	1	1	—	26	—	—	—	—	26
Premature Birth	62	7	3	1	73	1	—	—	—	74
Congenital Malformations	20	7	5	—	32	7	3	2	—	44
Atrophy, Debility and Marasmus	3	—	3	1	7	3	—	1	2	13
Other Causes	13	7	1	3	24	2	2	3	5	36
TOTALS.. ..	133	30	19	11	193	57	56	24	21	351

In 1947 there were 516 deaths from cancer in its various forms.

CANCER.

NOTTINGHAM DEATHS, 1947 (International Classification).

SHOWING AGE-PERIOD AT DEATH.

		0—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total
Buccal cavity and Pharynx	m. f.	— —	— —	— —	1 —	— —	— —	1 —	2 —	7 3	7 —	4 2	22 5
Digestive Organs and Peritoneum	m. f.	— —	— —	— —	— —	— —	— 1	4 8	14 13	32 29	50 34	29 36	129 121
Respiratory Organs	m. f.	— —	— —	— —	— —	— —	1 —	6 2	14 4	29 5	20 6	6 5	76 22
Uterus	f.	—	—	—	—	—	—	4	7	2	7	2	22
Other Female Genital Organs	f.	—	—	—	—	—	—	5	3	4	6	2	20
Breast	f.	—	—	—	—	1	—	2	11	9	18	15	56
Male Genito-urinary Organs	m.	—	—	—	—	—	—	—	1	—	11	6	18
Skin	m. f.	— 1	— —	— —	— —	— —	— —	— —	— —	— 1	— —	— —	— 2
Other or Unspecified Organs	m. f.	— 1	1 —	— —	1 —	1 1	— —	2 —	2 2	— 3	2 4	1 2	10 13

**SANITARY CIRCUMSTANCES OF THE CITY,
HOUSING,
INSPECTION AND SUPERVISION OF FOOD,
ADMINISTRATION OF THE FERTILISERS AND FEEDING
STUFFS ACT, 1926 AND THE PHARMACY & POISONS ACT, 1933.**

Report by Mr. Alfred Wade, Chief Sanitary Inspector.

Sanitary Inspection of the Area.

All possible steps have again been taken to ensure the maintenance of good sanitary conditions in the City. Housing conditions in Nottingham, as in other areas, must give rise to some concern and there can be no doubt that the rapid deterioration of house property, so noticeable during the war, continues. Houses considered unfit for human habitation in 1939 continue to be occupied and many others now fall into the unfit category. The erection of new houses must take priority over other building work but the inevitable neglect of existing houses, coupled with structural decay which goes on from year to year, must result in a lowering of housing standards and create a problem for the future which will be difficult to solve. In existing circumstances, certain types of repair work cannot readily be undertaken. Roofs which require completely stripping and recovering must be patched and thereby continue to cause discomfort to the occupiers and deterioration to the structures. At the earliest opportunity, therefore, material and labour should be made available in order that local authorities may secure the adequate repair and maintenance of existing houses.

The statistical tables which follow give details of the notices respecting 16,305 nuisances or defects which were served during 1947. The amount of work carried out by the Health Department in default of owners following

statutory action increased considerably and no less than 1,087 jobs were undertaken and the expenses incurred demanded from the owners. The following shows the amounts recovered in respect of work done under the appropriate Acts :—

	£	s.	d.
Housing Act, 1936—Section 9	1,199	1	7
Nottingham Corporation Act, 1935, Section 19 ..	1,101	1	5
Public Health Act, 1936—Section 56	195	19	8
„ „ „ „ —Section 39	33	18	10
„ „ „ „ —Section 92-96	7	5	7
Nottingham Corporation Act, 1923—Section 73 ..	42	5	0
	<hr/>		
	£2,579	12	1
	<hr/>		

In addition, the cost of new dust bins supplied by the Corporation in cases where owners had not complied with notices served under Section 75 of the Public Health Act 1936 was £2,376 10s. 7d.

(i) **Number of Inspections.**

The number of the inspections made by the District Sanitary Inspectors during the year was :—

First Visits	18,388
Re-Visits	28,882
	<hr/>
Total number of Inspections ..	47,270
	<hr/>

(ii) **Number of Notices Served and Complied with.**

Notices in respect of premises:—	District No. 1.	District No. 2.	District No. 3.	District No. 4.	District No. 5.	District No. 6.	District No. 7.	District No. 8.	Totals.
OUTSTANDING (1st January 1947) ..	403	420	628	815	521	544	541	271	4,143
Served ..	1,517	2,604	2,418	2,106	1,588	1,787	2,349	1,936	16,305
Complied with ..	1,498	2,416	2,157	2,399	1,812	1,978	2,359	1,852	16,471
OUTSTANDING (1st January 1948) ..	422	608	889	522	297	353	531	355	3,977

(iii) **Details of Notices Served and Complied with.**

	Served.	Complied with.
Housing Act, 1936, Section 9	6,421	6,453
Public Health Acts	9,884	9,918
Defective Houses	6,555	6,259
Roofs	2,700	3,401
Walls	2,120	2,362
Floors and Ceilings	1,837	1,717
Windows	1,384	1,554
Fireplaces	1,256	1,212
Coppers	563	602
Sinks provision of	33	35
Sinks repair of	430	415
Internal water supply provision of	3	4
Water supply repair of	420	428
Rainwater conductors	1,772	1,726
Others	972	1,066
Houses, cleansing of	28	40
Houses, disinfestation of	71	70
Overcrowding	—	—
Licensed premises, cleansing or improvement of	2	2
Drains, cleansing of	301	298
Drains, repair of	284	289
Panterpits, abolition of	—	1
Additional W.C's, provision of	14	13
W.C's, clearance of	172	171
W.C's, repair of	3,624	3,518
Closets, cleansing of	5	3
Courts and Yards, Paving of	9	6
„ „ Cleansing of	14	14
„ „ Repair of	562	415
Nuisance from Pigs	3	6
„ „ Fowls	24	23
„ „ Other Animals	19	19
„ „ Offensive Trades	—	—
„ „ Food Premises	19	13

			Served.	Complied with.
Manure Pits, Repair of .. .. .	..	..	—	1
„ Abolition of .. .. .	..	..	—	—
Offensive accumulations .. .. .	..	..	52	55
Rats and Mice Nuisances .. .. .	..	..	94	1,031
Dust Bins, provision of .. .. .	..	..	4,050	4,806
Miscellaneous .. .. .	..	..	496	425
Tents, Vans and Sheds .. .. .	..	..	4	5
Houses-let-in-Lodgings .. .. .	..	..	3	5
Common Lodging Houses .. .. .	..	..	—	—
Factories, with mechanical power .. .. .	..	..	15	11
Factories, without mechanical power .. .. .	..	..	2	1
Bakehouses .. .. .	..	..	17	7
Workplaces .. .. .	..	..	3	7

(iv) **Notices under the Public Health Act, 1936.**

Section 92 (a) Houses .. .. .	..	..	82	83
(b) Others .. .. .	..	..	20	15
Section 75 Dustbins .. .. .	..	..	1,759	1,984
Section 39 Drains .. .. .	..	..	250	273
Section 44 Inadequate Closet accommodation .. .. .	..	..	10	14
Section 45 Closets .. .. .	..	..	8	6
Section 56 Paving .. .. .	..	..	146	140
Section 287 Notice of Entry .. .. .	..	..	9	9

Notices under the Nottingham Corporation Act, 1923.

Section 73 Repair of Water-Closets	147	130
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Notices under the Nottingham Corporation Act, 1935.

Section 19 Cleansing and repair of drains, water-closets and soil pipes	2,503	1,903
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Notices under the Housing Act, 1936.

Section 9	2,141	2,159
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Water.

The water supply of the City has been satisfactory in quality and in quantity. There are very few houses within the City boundaries which are not provided with water from the public mains.

The City Water Engineer arranges for the frequent examination by the City Analyst of samples of raw and treated water from all sources. Both bacteriological examinations and chemical analyses are made and the results are communicated to the Medical Officer of Health.

There is close co-operation between the Water Department and the Health Department to safeguard the purity of the municipal water supply and to reduce to a minimum the waste of water.

Factories Act, 1937.

Part I of the Act.

1. Inspections for purposes of provisions as to health.

Premises.	No. on Register.	Number of		Occupiers prosecuted
		Inspections.	Written Notices.	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	301	37	2	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority	1,843	24	10	—
(iii) Other Premises in which Sec. 7 is enforced by the Local Authority (excluding out-worker's premises)	8	14	1	—
Total	2,152	75	13	—

2. Cases in which Defects were found.

Particulars.	Number of cases in which defects were found.				Number of cases in which Prosecutions were instituted.
	Found.	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness ..	—	—	—	—	—
Overcrowding ..	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient ..	5	1	—	5	—
(b) Unsuitable or defective ..	2	6	—	—	—
(c) Not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	8	11	—	—	—
Total ..	15	18	—	5	—

Part VIII of the Act.

3. Outwork (Sections 110 & 111).

Nature of Work.	Section 110.		Section 110.
	No. of out-workers in August list required by Sec. 110(1) (c).	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.
Wearing { Making etc. ..	701	14*	—
Apparel { Cleaning and washing ..	—	—	—
Housing Linen	4	—	—
Lace, lace curtains and nets	1,290	31*	—
Artificial flowers ..	4	—	—
Racquet and tennis balls ..	31	—	—
Total ..	2,030	45	—

Section 111.

Nature of Work.	No. of instances of work in unwholesome premises.	Notices Served.	Prosecutions.
Lace, lace curtains and nets	4†	—	—
Total ..	4	—	—

* Lists received after written reminders sent by Health Department.

† Cautions issued.

Shops Acts, 1912-1938.**Number of Inspections.**

The number of inspections made by the Shop Acts Inspectors during the year was :—

First Visits	..	..	..	712
Re-Visits	..	..	..	159
				<hr/>
				871
				<hr/>

(1) HEALTH AND COMFORT OF SHOPWORKERS.

Details of action under the provisions of the Shop Acts, 1934, are given below :—

<i>Details of notices served and complied with :—</i>	Served.	Complied with.
Want of heating	1	3
Want of Ventilation	1	1
Want of facilities for taking meals ..	1	—
Sanitary accommodation—		
Insufficient, unsuitable or defective ..	24	20
Not separate for sexes	—	—
Walls, floors and ceilings, repair of ..	82	93
Roofs and rainwater conductors, repair or renewal of	1	3
Drains, cleansing or repair of	7	13
Yards, cleansing or repair of	7	—
Offensive accumulations, removal of ..	10	10
Dustbins, provision of	18	9
Miscellaneous nuisances	10	9
Absence of forms required under the Shops Acts	1	2

(2) EMPLOYMENT OF YOUNG PERSONS.*Number of Inspections.*

The number of inspections made by the Shop Acts Inspectors during the year was :—

First Visits	..	..	..	3
Re-Visits	..	..	..	—
				<hr/>
				3
				<hr/>

Workplaces (Including Offices).

During the year 96 visits were made to offices in the City where persons were employed and three contraventions of the Public Health Act, 1936, in respect of cleanliness and seven in respect of sanitary accommodation were found and dealt with.

Houses-Let-in-Lodgings.

There are 168 registered houses-let-in-lodgings in the City. Many are most unsatisfactory as the accommodation provided in most cases was intended for use by one family and not as now obtaining, by numerous families. The number of registered houses-let-in-lodgings does not indicate the true position because there is no necessity on the part of occupiers to register such premises until required to do so by the local authority. Consequently, many such houses are established without the knowledge of the Health Department.

The bye-law regarding the cleansing and decoration of such premises during the month of April was enforced where necessary.

Measures to Combat Infestation by Rats, Mice, Insect Pests, etc.

The services of trained operators provided free by the Corporation for work in private dwelling-houses were again in great demand and the modern methods of baiting, poisoning and gassing have proved effective in the destruction of rats and mice. Contact insecticides have been used in the disinfestation of verminous houses. The use of gas in buildings for fumigation purposes has not been adopted owing to the difficulties of application and the danger which sometimes accompanies it.

Canal Boats.

The Canals, and other navigable waters within the City have been visited on 17 occasions during the Year and 38 boats were inspected. Frequent visits were made at various times during the hours laid down by the Act, and the Inspector has at all times been allowed free access to the cabins of the boats inspected.

The number of women carried on the inspected boats was 11, the number of children under 5 years of age was 1 and the number of children between 5 and 12 years of age was 4.

Eleven notices were issued against owners of boats in connection with the following infringements of the Act and Regulations :—

Failure to produce Registration Certificate	..	..	7
Registration Certificate not in order	..	..	2
Cabins in need of repair or painting	..	..	5
Boats not properly marked	..	..	1

It was not necessary in any case to resort to legal proceedings.

No case of infectious disease on a Canal Boat was reported during the year, nor was it necessary to detain any boat for cleansing or disinfection.

There were two new boats registered during the year and one boat was cancelled in the register.

The total number of boats now in use and registered by this Authority is 42.

The Education Authority were notified with regard to three children of school age who were living on Canal Boats and who were visiting the City for a period longer than two days.

Housing.**1. Inspection of Dwelling-houses during the Year.**

(1) (a)	Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts)	12,976
(b)	Number of inspections made for the purpose ..	18,388
(2) (a)	Number of dwelling-houses (included under Sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1938	2,141
(b)	Number of inspections made for the purpose ..	6,582
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	6,555

2. Remedy of defects during the year without the service of formal notices.

Number of defective dwelling-houses rendered fit in consequence of informal notices by the Local Authority or their Officers	4,100
--	-------

3. Action under Statutory Powers during the Year.*A.—Proceedings under Sections 9, 10 & 16 of the Housing Act, 1936.*

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs ..	2,141
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices—	
(a)	By Owners	1,931
(b)	By Local Authority in default of owners ..	228

B.—Proceedings under the Public Health Acts.

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	246
-----	--	-----

(2) Number of dwelling-houses in which defects were remedied after service of formal notices—	
(a) By Owners	232
(b) By Local Authority in default of owners	53

C.—*Proceedings under Sections 11 & 13 of the Housing Act, 1936.*

(1) Number of dwelling-houses in respect of which demolition orders were made	1
(2) Number of dwelling-houses demolished in pursuance of demolition orders	—

D.—*Proceedings under Section 12 of the Housing Act, 1936.*

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

4. Housing Act, 1936. Part IV.—Overcrowding.

(a) (1) Number of dwelling-houses overcrowded at the end of the year	381
(2) Number of families dwelling therein ..	734
(3) Number of persons dwelling therein ..	4,131 (3,710 units)
(b) Number of new cases of overcrowding reported during the year	83

The *actual* position in respect of overcrowding is not reflected by the above figures. They represent only those cases of legal overcrowding which have come to the notice of the Health Department. To ascertain the true position would necessitate a full detailed survey of all houses in the City.

The Meat Supply.

The following slaughter-houses were in use and occupied by the Ministry of Food :—

The Public Slaughter-house.

The Nottingham Co-operative Society Ltd., Egerton Street.

Messrs. A. Armitage, Egerton Street (from 29.9.47).

Two other private slaughter-houses were used occasionally for the slaughter of pigs belonging to members of pig clubs, etc. Notice of slaughter was given to this Department and all pigs were inspected.

Meat Inspectors were on duty at the Public Slaughter-house the whole of the time slaughtering was in progress.

A great improvement in the sanitary condition of the Public Slaughter-house and equipment took place this year. This was brought about by strong and persistent representations made by the Health Department to the Ministry of Food. As a result an agreement was reached limiting the number of animals killed per week, restricting the daily hours of slaughter and concentrating, as far as possible, the weekly kill to five days per week.

During the year, the number of animals slaughtered was 91,401.

The number of visits to food premises was as follows :

Private Slaughter-houses	..	345
Butchers' premises	..	298
Other Food Premises	..	2,101

These visits do not include the daily routine visits of inspection to the Wholesale and Retail Markets.

The local Knackery at the Eastcroft Depot, London Road, was under the constant supervision of the Meat Inspectors.

The number of animals slaughtered for food and inspected in the City during the year were :—

Bulls ..	..	..	..	498
Bullocks	..	..	..	6,874
Cows ..	..	..	..	8,339
Heifers	..	..	..	4,253
Calves	..	..	..	18,942
Sheep..	..	..	..	50,716
Pigs	..	..	..	1,779
				<hr/>
				91,401
				<hr/>

The following is a summary of meat confiscated as being diseased, unsound, unwholesome or unfit for the food of man :—

(a) SURRENDERED VOLUNTARILY :—

<i>Home Killed Meat—</i>				stones.	lbs.
Beef ..	..	..	..	35,495	7
Mutton and Lamb	..	..	..	289	10
Pork ..	..	..	..	442	5
Veal ..	..	..	..	291	10
Offals ..	..	..	..	25,746	12
				<hr/>	
Total	..	..	..	62,266	2
				<hr/>	

<i>Imported Meat—</i>				stones.	lbs.
Beef ..	..	..	..	1,138	1
Mutton ..	..	..	..	233	7
Pork Rinds	..	..	..	30	0
				<hr/>	
Total	..	..	..	1,401	8
				<hr/>	

Grand Total .. 63,667 stones 10 lbs.

(b) SEIZED : Nil.

Frequent inspections of meat delivery vehicles and utensils used for the collection of blood to be used for human consumption were carried out. It was necessary to issue cautions in respect of three unsatisfactory meat vehicles and two blood churns.

Number of animals killed and of carcasses inspected and number confiscated either wholly or in part on account of disease.

	Cattle excluding Cows.				Cows.	Calves.	Sheep and Lambs.	Pigs.	Total.
	Bulls.	Bull'ks.	Heifers.	Total.					
Number of Animals killed and Carcasses inspected <i>All Diseases except Tuberculosis.</i>									
Whole Carcasses affected	498	6,874	4,253	11,625	8,339	18,942	50,716	1,779	91,401
Carcasses in which some part or organ was affected	2	4	7	13	38	95	71	24	241
Percentage of number inspected affected with disease other than Tuberculosis	44	1,803	503	2,350	2,720	14	839	72	5,995
<i>Tuberculosis only.</i>									
Whole carcasses affected	9.2	25.9	11.9	20.3	33.07	.5	1.7	5.3	6.8
Carcasses in which some part or organ was affected	8	26	35	69	593	16	—	7	685
Percentage of number inspected affected with Tuberculosis	154	1,096	635	1,885	3,711	—	—	165	5,761
	32.5	16.3	15.7	16.8	51.6	.08	—	9.6	7.0

Food other than Meat.

Legal proceedings were instituted by the Corporation against a canning firm in respect of the sale in the City of a tin of peas containing a blood-stained finger bandage. A fine of £5 was imposed, together with a payment of £2 2s. 0d. costs.

The following quantities of foodstuffs other than meat were confiscated on account of unsoundness :—

			stones.	lbs.
Artificial Cream	..	..	23	6
Butter	..	..	2	0
Beef Suet	..	..	3	0
Bottled Fruit	..	..	15	7
Biscuits	..	..	659	12
Bread	..	..	7	0
Bacon	..	..	45	0
Cereals	..	..	1,138	6
Cooking Fats	..	..	5	8
Custard Powder	..	..	8	0
Cake Mixtures	..	..	8	7
Cake	..	..	3	12
Cheese	..	..	16	4
Chocolate	..	..	12	8
Canned Foods	..	..	4,786	10
Dried Fruits	..	..	456	0
Dried Peas	..	..	231	0
Dried Milk	..	..	11	1
Eggs (Dried)	..	..	3	9
Eggs (Shell)	..	..	2	0
Fish Cakes	..	..	6	0
Fish—Wet	..	..	2,375	3
Fish—Dry	..	..	872	12
Fish—Shell	..	..	3,243	11
Fruit	..	..	482	0
Fruit Pies	..	..	4	7
Flour	..	..	33	7
Carried forward	..	..	14,457	4

			stones.	lbs.
Brought forward	..	..	14,457	4
Flavouring Powder	..	..	2	3
Jams, etc.	..	..	104	10
Mustard	..	..	1	0
Meat Pies	..	..	2	9
Macaroni	..	..	9	11
Margarine	..	..	3	7
Miscellaneous	..	..	310	4
Pickles, etc.	..	..	81	2
Pudding Mixtures	..	..	15	3
Rabbits	..	..	44	3
Semolina	..	..	12	0
Sweets, etc.	..	..	50	9
Sugar	..	..	44	9
Sausage	..	..	19	10
Salt	..	..	5	11
Sponge Cakes	..	..	123	6
Tea	..	..	17	3
Technical Emulsion	..	..	13	7
Vegetables	..	..	3,071	3
Yeast	..	..	5	7
Total	..	..	18,395	9

Grand total of all foodstuffs confiscated during the year :—

512 tons, 17 cwts., 3 qrs., 1 st.

The bulk of all food confiscated is utilised either by the Nottingham Corporation or the Ministry of Food Salvage Division for animal feeding purposes.

Shell Fish.

Shell fish from layings in various parts of Great Britain and Ireland were received into the Wholesale Fish Market. At frequent intervals, samples from these consignments

were obtained for bacteriological examination. All samples taken during the year were found to be satisfactory.

Milk Supply.

The number of cowkeepers on the register at the end of 1947 was 18, and the average number of cows housed within the city was 373. The number of milk purveyors was 200. The conditions under which milk was produced, stored, treated and distributed were regularly inspected to ensure that the statutory requirements applicable to the trade were complied with.

Milk (Special Designations) Regulations 1936-46.

During the year the following licences were granted under the provisions of the above regulations :—

Licence to produce Tuberculin Tested Milk	1
Licences to produce Accredited Milk	3
Supplementary Licence to sell Accredited Milk ..	1
Licences to bottle Tuberculin Tested Milk	2
Dealers' Licences to sell Tuberculin Tested Milk ..	24
Supplementary Licences to sell Tuberculin Tested Milk..	3
Licences to pasteurise and sell Pasteurised Milk ..	5
Supplementary Licences to sell Pasteurised Milk ..	3
Licence to pasteurise and sell Tuberculin Tested Milk (Pasteurised)	1

Tuberculin-Tested Milk.

105 Samples were procured and 93 complied with the prescribed standards. 12 were unsatisfactory and appropriate action was taken.

Accredited Milk.

28 Samples were taken, 26 of which proved satisfactory.

Pasteurised Milk.

57 Samples of milk sold under licence were obtained for examination and four were unsatisfactory. To test the efficiency of pasteurisation, 403 samples were subjected to the phosphatase test and 373 were proved to have been correctly heat-treated.

Heat-Treated Milk.

Although the heat treatment of milk is not legally compulsory, the Ministry of Food has a scheme under which milk dealers, subject to certain conditions, receive additional allowances in respect of milk treated by heat in plants and premises authorised by the Ministry. At the request of the Ministry, the department procured 332 samples which were subjected to the phosphatase test, and 51 samples to which the methylene blue test was applied. Of the former only one, and of the latter, two failed to satisfy the tests.

Ungraded Milk.

61 Samples were taken and submitted for Methylene Blue and B.coli Tests. Of these, 54 were satisfactory and seven otherwise. The bacterial count ceased to be recognised as a test for milk after 31st March 1946.

Examination of Milk for Tubercle Bacilli.

59 Samples of raw milk were examined and three (or 5.08 per cent.) gave positive results on biological testing. These cases were referred to the Ministry of Agriculture (Animal Health Division) for investigation. The positive results shown in previous years were :—

1946	..	..	..	2.7	per cent.
1945	..	..	..	10.17	„
1944	..	..	..	4.4	„
1943	..	..	..	6.9	„
1942	..	..	..	8.3	„

13 Samples of pasteurised milk were also examined for tubercle bacilli and all gave negative results.

Manufacture and Sale of Ice-Cream.

The Nottingham Corporation Act, 1935, provides for the compulsory registration with the Sanitary Authority of persons carrying on the manufacture and/or sale of ice-cream and of premises used for such purpose.

The Ice-Cream (Heat Treatment etc.) Regulations, 1947, came into force on May 1st, 1947, and a survey of all registrations was carried out during the year.

A trial was given to the methylene blue reduction test for the bacteriological grading of ice-cream and twenty samples were obtained for the purpose with the following results :—

Grade.	Time taken to reduce Methylene Blue (hours).	No. of specimens reducing Methylene Blue.
1	4½ or more	12
2	2½ — 4	6
3	½ — 2	2
4	0	0

Food Adulteration.

During the year the following samples were obtained :—

Formal Samples	..	465	Analysed by Public Analyst.
Informal Samples	..	931	„ „ „
Informal Milk Samples		56	Tested by Inspectors.

Total .. 1,452

The following table shows the nature of the samples taken, together with the results of the Public Analysts' examination :—

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Milk	239	738	977	230	701	931	9	37	46
Butter	36	53	89	36	53	89	—	—	—
Margarine ..	35	49	84	35	49	84	—	—	—
Cooking Fat ..	8	19	27	8	19	27	—	—	—
Cocoa	8	—	8	8	—	8	—	—	—
Coffee	16	—	16	16	—	16	—	—	—
Cheese	2	31	33	2	31	33	—	—	—
Cake Flour ..	3	—	3	3	—	3	—	—	—
Jam	3	—	3	3	—	3	—	—	—
Barley Kernels ..	1	—	1	1	—	1	—	—	—
Pearl Barley ..	2	1	3	2	1	3	—	—	—
Barley Flakes ..	2	—	2	2	—	2	—	—	—
Barley	1	—	1	1	—	1	—	—	—
Patent Barley ..	1	—	1	1	—	1	—	—	—
Gelatine Powder ..	1	—	1	1	—	1	—	—	—
Semolina	9	—	9	9	—	9	—	—	—
Sultanas	2	—	2	2	—	2	—	—	—
Compound Mustard	5	—	5	5	—	5	—	—	—
Cake Mixture ..	4	—	4	4	—	4	—	—	—
Sage and Onion Stuffing ..	3	—	3	3	—	3	—	—	—
Baking Powder ..	4	—	4	4	—	4	—	—	—
Coffee and Chicory ..	5	—	5	5	—	5	—	—	—
Golden Syrup ..	2	—	2	2	—	2	—	—	—
Rum	2	1	3	1	1	2	1	—	1
Fish Paste ..	1	1	2	1	1	2	—	—	—
Pudding Mixture ..	9	—	9	9	—	9	—	—	—
Potted Meat Paste ..	2	2	4	1	2	3	1	—	1
Processed Peas ..	3	—	3	3	—	3	—	—	—
Whisky	1	—	1	1	—	1	—	—	—
Self Raising Flour ..	6	—	6	6	—	6	—	—	—
Epsom Salts ..	3	2	5	3	2	5	—	—	—
Ground Ginger ..	4	—	4	4	—	4	—	—	—
Pepper	1	—	1	1	—	1	—	—	—
Ground Pepper ..	1	—	1	1	—	1	—	—	—
Black Pepper ..	1	—	1	1	—	1	—	—	—
Oatmeal	1	1	2	1	1	2	—	—	—
'Jelly Base' ..	1	—	1	1	—	1	—	—	—
Pancake Mixture ..	1	—	1	1	—	1	—	—	—
Drinking Chocolate ..	2	—	2	2	—	2	—	—	—
Malted Oatmeal ..	4	—	4	4	—	4	—	—	—
Full Cream Sweetened Condensed Milk ..	2	1	3	2	1	3	—	—	—
Scone Mixture ..	3	—	3	3	—	3	—	—	—
Semolina Mould ..	1	—	1	1	—	1	—	—	—
Orange Squash ..	2	—	2	2	—	2	—	—	—
Carried forward ..	443	899	1342	432	862	1294	11	37	48

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	443	899	1342	432	862	1294	11	37	48
Lemon Squash ..	1	—	1	1	—	1	—	—	—
Raisins ..	2	—	2	2	—	2	—	—	—
Jelly Crystals ..	1	—	1	1	—	1	—	—	—
Golden Raising Powder ..	1	—	1	1	—	1	—	—	—
Sausage ..	1	—	1	1	—	1	—	—	—
Bicarbonate of Soda ..	3	—	3	3	—	3	—	—	—
"Chocolate Cup" ..	1	—	1	1	—	1	—	—	—
Saccharin Tablets ..	1	1	2	1	1	2	—	—	—
"Vi-Cocoa" ..	1	—	1	1	—	1	—	—	—
Chocolate Spread ..	2	—	2	2	—	2	—	—	—
Mock Marzipan Mixture ..	1	—	1	1	—	1	—	—	—
Malt Vinegar and Caramel ..	1	—	1	1	—	1	—	—	—
Peppermint Cordial ..	1	—	1	—	—	—	1	—	1
Wheat Flakes ..	1	—	1	1	—	1	—	—	—
"Frizets" ..	1	—	1	1	—	1	—	—	—
Shredded Beef Suet ..	1	—	1	1	—	1	—	—	—
Macaroni ..	1	1	2	1	1	2	—	—	—
Veal and Poultry Stuffing ..	1	—	1	1	—	1	—	—	—
Rose Hip Syrup ..	—	4	4	—	4	4	—	—	—
Aspirin Tablets ..	—	2	2	—	2	2	—	—	—
Oil of Peppermint ..	—	1	1	—	1	1	—	—	—
French Capers in Malt Vinegar ..	—	1	1	—	1	1	—	—	—
Vinegar ..	—	2	2	—	2	2	—	—	—
Bacon ..	—	4	4	—	4	4	—	—	—
Cod Liver Oil ..	—	2	2	—	2	2	—	—	—
Water-ice Flavour Tablets ..	—	1	1	—	1	1	—	—	—
Pork Sausage ..	—	4	4	—	1	1	—	3	3
Paraffin, Liquidum, B.P. ..	—	1	1	—	1	1	—	—	—
Glycerine ..	—	1	1	—	1	1	—	—	—
Potted Meat ..	—	1	1	—	1	1	—	—	—
"Choc-Ice" ..	—	1	1	—	1	1	—	—	—
Glaubers' Salts ..	—	1	1	—	1	1	—	—	—
Junket Powder ..	—	1	1	—	1	1	—	—	—
Sauce ..	—	1	1	—	1	1	—	—	—
Sherry ..	—	1	1	—	1	1	—	—	—
Coffee Powder ..	—	1	1	—	1	1	—	—	—
Ginger Wine Essence ..	—	1	1	—	1	1	—	—	—
TOTAL ..	465	932	1397	453	892	1345	12	40	52

The following table shows the average percentage of fat and solids not fat in milk samples (formal and informal) analysed by the Public Analyst each month during 1947 :—

Month.	No. of Samples.	Average Percentage of Fat.	Average Percentage of Solids not Fat.
January	79	3·579	8·913
February	72	3·586	8·903
March	82	3·560	8·820
April	67	3·538	8·789
May	73	3·430	8·846
June	83	3·344	8·910
July	86	3·443	8·813
August	67	3·500	8·747
September	76	3·660	8·748
October	86	3·674	8·817
November	81	3·664	8·913
December	113	3·502	8·837
AVERAGE ..	80·4	3·540	8·838

The standard for milk under the Sale of Milk Regulations 1939, is Fat 3·0 per cent. and Solids not Fat, 8·5 per cent.

Of the 56 informal samples of milk which were tested by the inspectors during the year by the Gerber process, 1 or 1·78% were found to be adulterated.

Samples taken formally and found to be not genuine.

1 Milk with added water	..	..	..	11·8%
1 do.	..	..	..	3·0%
1 do.	..	..	..	7·4%
1 do.	..	..	..	8·2%
1 do.	..	..	..	8·0%

1 Milk with excess of Milk Fat and a deficiency of Solids not Fat	10·0%
(Due to freezing of milk during intensely cold weather).	
1 Milk deficient in Milk Fat	2·0%
1 Milk with added water	2·0%
1 do.	2·0%
1 Rum 40·85 degrees under proof, containing added water	9·0%
1 Potted Meat Paste deficient in Meat content ..	14·9%
1 Peppermint Cordial deficient in Citric Acid 91% and deficient in sucrose	47·0%

Samples taken informally and found to be not genuine.

1 Milk with added water	6·6%
1 Milk deficient in Non-fatty Solids	2·2%
1 Pork Sausage deficient in Meat content ..	8·0%
1 do.	26·0%
1 Milk deficient in Fat	10·0%

Action in the case of Adulterated Samples.

Legal Proceedings :—In the following instances legal proceedings were instituted with the results shown :—

Sale of Milk containing added water 7·0 %.	{ Dismissed under The Probation of Offenders Act, £2. 5s. 0d. Costs.
Sale of Milk containing added water 11·8%, 3·0%, 7·4% and 8·2%	{ Dismissed under The Probation of Offenders Act, £5. 14s. 6d. costs.
Sale of Milk containing added water 8·0%.	{ Fined £25 and £3. 3s. 0d. costs.

Milk and Dairies Order 1926.

- | | |
|--|--------------------|
| 1. Dirty condition of dairy premises | } 1. Fined £5. |
| 2. Accumulation of dung near access to cowsheds. | |
| | 2. Case dismissed. |

Fertilizers and Feeding Stuffs Act 1926.

The table below shows the Samples taken under the above Act in 1947 :—

Fertilizers.

	Satisfactory.	Un-satisfactory.	Total.
National Growmore Fertiliser ..	1	—	1
Steamed Bone Meal ..	—	2	2
Steamed Bone Flour ..	—	1	1
Superphosphate of Lime ..	—	1	1
Sulphate of Ammonia ..	2	—	2
Dried Blood Fertilizer ..	4	—	4
Nitrate of Soda ..	1	—	1
Bone Meal ..	1	1	2
Tomato Fertilizer ..	2	1	3
Pure Hydrated Garden Lime ..	1	—	1
General Purpose Fertilizer	3	—	3
	15	6	21

The Pharmacy and Poisons Act 1933.

This Act permits the Sale of Poisons in Part 2 of the Poisons List by persons whose names and premises are entered in the Local Authoritys' List. During 1947, 64 applications for entry in the list were received, and after inquiry and inspections, 61 were approved, 3 were refused, and one registration was not renewed owing to discontinuation of the sales of Part 2 Poisons.

MATERNITY AND CHILD WELFARE.

Dr. I. McD. Harkness, Senior Medical Officer for Maternity & Child Welfare reports as follows :—

The Maternity and Child Welfare Staff is made up of the following medical, nursing and clerical personnel :—

Medical Staff.

Six full-time medical officers.

Non-medical Staff.

Superintendent Health Visitor.

Two assistant non-medical Supervisors of Midwives.

One assistant to Superintendent Health Visitor with special supervisory duties in day nurseries.

One health visitor with special Ophthalmic duties.

13 health visitors.

32 domiciliary midwives.

Eight nursery matrons and staffs.

Nine full-time and one part-time clerk.

The year has once again been full of staffing difficulties due mainly to lack of trained women to fill vacancies occurring from time to time. The high birth rate has added materially to these difficulties. The Ministry of Health asked Nottingham to undertake a scheme to train health visitors and this was inaugurated in October, 1947, the county and city associating with the University College in running the scheme. It is hoped that such training will remain a feature of Nottingham's contribution to learning through its very beautiful University. Re-housing has made distances to be covered by health visitors a matter for serious consideration as to more rapid methods of transport.

It is hoped that a considerable increase in number of health visitors will be possible to meet the needs of the National Health Service Act, 1946.

The Domiciliary Midwifery Service.

The domiciliary midwifery staff continued to work during 1947 at very high pressure until the last quarter of the year when the birth rate fell somewhat. The severe winter made the midwives' duties doubly hard and there were several accidents involving injuries to limbs.

Serious, prolonged illnesses is still with us among the midwives and the amount of it confirms me in my belief that domiciliary midwives should retire at 55 years without exception.

Two hostels were opened during the year and are proving popular with midwives themselves.

Midwives undertook 355 more cases than in 1946 and almost 1,000 more than in 1945. Emergency midwifery forms 1·8% of the work done by domiciliary midwives in the city.

City Midwives.

The work done by City Midwives is summarised in the following table :—

1.	The number of cases delivered as Midwives	..	3,247
2.	„ „ „ „ Maternity Nurses		344
3.	„ „ „ „ Emergency	..	66
4.	„ medical aids sent to Doctors—		
	(a) for mothers	.. ..	729
	(b) for babies	.. ..	138
5.	The number of Stillbirths occurring in cases under 1		51
6.	(a) The number of Notification of death of baby occurring under 1	.. ..	47
6.	(b) The number of Notification of death of baby occurring under 2	.. ..	4
7.	The number of Notification of Artificial Feeding	..	97
8.	„ „ „ to be a source of infection		15
9.	„ „ Post-Natal Visits to Mothers	..	60,544
10.	„ „ Ante-Natal Visits to Mothers	..	13,666
11.	„ „ Special Visits to Mothers	..	2,874

Midwives.

Total No. of Midwives who notified intention to practise throughout the year 1947	..	..	..	137
Total practising in the area at the end of 1947	..			110
(a) Total employed by L.S.A. :				
Domiciliary	..	..	..	35
In Hospital	..	..	..	28
(b) Total employed by L.S.A. :				
Nursing Homes and Co-ops.	..	..	..	13
(c) Total employed by Voluntary Associations :				
Domiciliary	..	..	..	1
In Hospital	..	..	..	15
(d) Total employed in Private Practice	..	..		8

Medical Assistance for Midwives.

	City Midwives.	Private Midwives.	Homes : Nursing.	Total.
For Mother	.. 729	29	9	767
For child	.. 138	4	7	149

Fees paid to Medical Practitioners for assistance to Midwives during 1947—£1,476. 11s. 0d.

Ophthalmia Neonatorum.

Number of cases notified	..	..	..	95
Total number of visits paid to home in connection with eye diseases of infants	..	..	..	2,781

Puerperal Pyrexia.

No. of cases notified	..	..	..	33
No. of visits to homes in connection with Puerperal Pyrexia	..	..	..	10

Maternal Mortality.

From Sepsis	..	2	For other causes	..	7
-------------	----	---	------------------	----	---

X-Ray facilities for Expectant Mothers.

Cases referred from Consultant Clinic numbered .. 69

Record of Visits.

Visits to Expectant Mothers	..	..	..	288
„ Post-Natal Mothers	..	..	..	182
Visits re Stillbirths	..	..	..	34
Visits to Puerperal Pyrexia	..	..	..	10
„ Eye conditions..	..	..	..	2,824
„ Pemphigus	..	..	..	25
„ Other Skin conditions	..	..	..	4
Visits to Premature Babies	..	..	..	17
„ Nursing Homes	..	..	..	10
Visits and Inspections of Midwives	..	..	..	156

4,614 Coupon Certificates for Sheets were issued to 2,045 Expectant Mothers.

Puerperal Pyrexia.

Disease.	Cases Notified	Admitted to Hospital.	Cases arising in Hospital	Deaths.	Notification Age Groups.			
					15-20	20-25	25-35	35-45
Puerperal Pyrexia ..	33	10	16	1	1	17	10	5

Ophthalmia Neonatorum.

Notified.		Treated.		Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths
Domiciliary Confinements	Institutional Confinements	In Hospital	At Home				
93	2	12	83	95	—	—	—

Ante-Natal and Post-Natal Clinics.

Clinic.	No. of Sessions.	New Patients.	Return Visits.	Post Nats.	Total Attend-ances.	(Approx.) Average per Session.
Aspley ..	99	479	2,517	67	3,063	30·9
Bulwell ..	53	350	1,459	32	1,841	34·7
Basford ..	50	301	1,464	72	1,837	36·7
Edwards Lane	49	246	1,168	68	1,482	30·2
Huntingdon Street ..	99	823	3,174	84	4,081	41·2
Radford ..	152	901	4,002	165	5,068	33·3
Sneinton ..	100	608	2,630	92	3,330	33·3
Wilford Road	103	490	2,371	87	2,948	28·6
Consultant Clinic ..	705	4,198	18,785	667	23,650	33·5
	53	677	267	(62)	944	17·8

NURSING HOMES.

At the end of the year there were eleven nursing homes on the register providing 35 maternity beds and 29 others. During the year there were two cancellations of registration and one new registration.

Fifty-one visits of inspection were paid by a non-medical supervisor of midwives and an assistant medical officer of health.

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

This home was vacated for one week due to flooding early in the year. The matron reports that during the year 19 expectant mothers were admitted and 16 mothers

with babies were admitted. 14 of the 19 returned to the home after confinement in the City Hospital. 2 whose babies died in hospital returned to their homes while the remaining 3 returned to their homes for various reasons.

For the first time over a period of years 2 babies died in the neo-natal period in hospital while a third was returned to hospital 2 days after discharge and died one day after re-admission.

Breast abscess and rectal abscess occurred in 3 girls after discharge from hospital—also a departure from the usual happening.

Six babies were discharged to adopters. Four mothers returned to relatives with their babies after 6 weeks or so residence in the home.

The nursery at 95 Queen's Drive has had a somewhat chequered career during 1947. It was closed for 9 days due to flooding and there has been for the first time in years some Gastro-Enteritis and an outbreak of 20 cases of Chicken-pox.

Despite such illness and the reduction of places in the nursery from 40 (a wartime figure) to 36, the attendances compare favourably with 1946 figures.

Attendances under 2 years	..	..	3,281
Attendances over 2 years	..	..	5,723
			<hr/>
Total	..	..	9,004
			<hr/>

This total compares favourably with 9,616 in 1946.

HEALTH VISITING.

Depletion of staff to less than 72% of the normal number and an exceptionally severe winter have had a marked effect upon the figures for the year reported by the Superintendent Health Visitor. The high birth rate meant great concentration by the depleted staff upon newly born children and clinics. Other age groups (particularly those over 2 years) and home visiting had to be given second place with consequent poor results. Prolonged illness among several members of the staff also added greatly to our difficulties in that relief duties for sick colleagues were increased much above what is normal for any given year.

Primary visits	6,727
Re-visits under 1 year	14,199
	<hr/>
	20,926
	<hr/>
Re-visits 1 year—5 years	18,363
Other visits	64
	<hr/>
	18,427
	<hr/>

Total attendance at Infant Welfare Centres.

Total attendance of new cases :

(a) Children up to 1 year	4,351
(b) Children from 1 to 5 years	61

Total attendances of all babies up to 5 years.

(a) Children up to 2 years	66,948
(b) Children from 2—5 years	3,330
	<hr/>
	70,278
	<hr/>

Total number of sessions held during 1947.

(a)	Infant clinics	..	..	..	1,045
(b)	Toddlers clinics	..	..	..	295
					<hr/> 1,340 <hr/>

Number of sessions held weekly. 27

ATTENDANCES AT CENTRES, 1947.

CENTRE.	Infant Session.	New Cases.	Attendances.	Average Attendance.
Aspley	146	537	8,719	59·7
Basford	51	255	4,328	84·9
Bulwell	100	373	6,668	66·7
Edwards Lane ..	98	339	5,951	60·7
Huntingdon Street	103	433	6,268	60·8
Hyson Green ..	97	448	6,924	71·4
Jarvis Avenue ..	50	255	4,227	81·0
Lenton Abbey ..	50	54	1,178	23·6
Radford	148	656	10,079	68·1
Sneinton	99	549	5,796	58·5
Wilford Road ..	103	478	6,810	66·1
<hr/>				
		1,045	4,377	66,948
				63·9

Toddlers.

CENTRE.	No. of Sessions.	New Cases.	Attendances.	Average Attendances.
Aspley	49	—	483	9·9
Basford	17	5	161	9·5
Bulwell	22	6	332	15·1
Edwards Lane ..	44	1	492	11·2
Huntingdon Street	21	3	228	10·8
Hyson Green ..	—	—	27	—
Jarvis Avenue ..	50	4	266	5·3
Lenton Abbey ..	—	1	70	—
Radford	45	—	716	15·9
Sneinton	23	14	305	13·3
Wilford Road ..	23	1	250	10·9
<hr/>				
		294	35	3,330
				11·3

Child Life Protection, 31st December, 1947.

Cases on the Register, 31st December, 1946	120
„ registered during 1947 (80 + 40 N.H. = 120) ..	120
„ removed from register during 1947	128
„ on the register 31st December, 1947 (65 + 47 N.H. = 112)	112

The 128 cases removed are made up as follows :—

1. Given into the care of parents or relatives ..	43
2. Adopted	69
3. To the care of Social Welfare Committee ..	2
4. „ „ Education Committee	1
5. „ „ other Local Authorities ..	3
6. Died	—
7. Removed from Register on attaining age of 9 years	10
	<hr/>
	128
	<hr/>

Number of visits paid to homes by Health Visitors in connection with the above Act	605
Visits paid by H.V.s to institutions	7
Number of interviews at Health Department ..	66
„ „ foster mothers on register	66
plus 1 institution with 47 children (under 9 years of age)	
Pending adoption	35
Office interviews concerning adoption	171

Adoption of Children Section 7 of the Adoption of Children (Regulation) Act, 1939.

(a) Number of persons who gave notice under Section 7(3) during the year	68
(b) Total number of children in respect of whom notice was given under Section 7 (3)	68

(c) Number of children notified under Section 7 (3) :—				
(1)	Under supervision at the end of the year	..	..	30
(2)	Who died during the year	..	..	—
(3)	On whom inquest were held during the year			—
(d) Particulars of any proceedings taken during the				
	year	..	..	—

ORTHOPÆDIC REPORT, 1947.

New cases	..	..	..	..	211
Total attendances	..	..	..	..	3,712
Appliances provided	..	..	..	..	146
X-Ray examinations	..	..	..	..	5
Cost of Out-patients	..	..	..	£430	18s. 0d.
„ Splints, etc...	..	..	..	£181	11s. 11d.
„ Boots	..	..	..	£26	2s. 0d.
„ X-Ray	..	..	..	£3	9s. 0d.
Individual attendances	..	..	..	..	666
In-patient cost	..	..	..	£188	8s. 0d.
In Hospital at 31st December, 1946	..	..	..	..	Nil
Admissions during 1947	..	..	..	..	2
Discharged during 1947	..	..	..	..	—
In Hospital at 31st December 1947	..	..	..	..	2

INFANT MORTALITY.

It is disappointing to record that the rate has gone up to 50 per 1,000 live births after falling to our record low rate of 42 in 1946, but Nottingham is not alone in this respect. The severe winter at the beginning of the year played its part while premature babies in much increased numbers during the same winter period suffered considerably. The neo-natal deaths formed 57·8% of the total infant deaths compared with 52·4% last year.

Of the neo-natal deaths the group due to prematurity caused 37·8%, congenital abnormalities 16·5% and atelectasis 13·4% of the total number.

Of the group of deaths from one month to one year the chief cause was once more respiratory illness—Bronchitis and Pneumonia accounting for 48·7% of the total number. Gastro Enteritis accounted for 18% of the deaths of this group. Fully one-third of these deaths occurred in infants from 1—3 months—demonstrating once more what may happen in the transition period from breast to artificial feeding. This change over most commonly happens in the first 5 months of life with dire results.

DAY NURSERIES.

There is the same state of affairs to report in the day nurseries as last year from the point of view of staffing and waiting lists.

There has been considerable infection of the less serious types of infectious disease while skin conditions have caused anxiety in two nurseries.

Training goes on of students for the certificate of the National Nursery Board.

The total attendances were as follows :—

Children	0—2	..	..	..	..	20,739
„	2—5	..	..	..	..	35,409
						<hr/>
Total		..	..	..	..	56,148
						<hr/>

BIRTH CONTROL.

The Corporation does not conduct a clinic for giving advice on birth control, but official recognition is given to a privately-managed organization held under the name of the Nottingham Women's Welfare Centre.

Sessions are held on Mondays, 2 to 4.30 p.m., at the Methodist Church, Shakespeare Street (side entrance in Shakespeare Villas).

During the year 107 women were given forms of recommendation by various Health Committee clinics and 101 took advantage of this arrangement.

HOME HELP SCHEME.

Mrs. Gray, the Supervisor, reports as follows :—

The termination of the third year of this scheme shows a steady increase in the demand for its services. Applications in ever growing numbers are received daily from numerous sources. The scheme is much appreciated by various Welfare Departments as it provides material help in homes, which would otherwise be completely disorganised during the illness or absence of the mother.

Since the raising of the school leaving age, enquiries are frequently made by School Welfare Officers on behalf of mothers with large families. Usually the eldest child is absent from school to care for the young children whilst the mother is ill. Help is arranged for these cases immediately, thus enabling the child to continue his or her studies without the added worries of home. The last few months have also brought several applications for help from women patients, wishing to undergo a course of treatment (approximately 1-3 months) at St. Ann's Hospital. Home Help has been supplied in each case, to run the home, and care for the family during the absence of the mother, thus enabling her to receive the treatment she would not otherwise be free to receive.

Applications from expectant mothers continue to increase each month. This section of the scheme is proving an enormous help to many young and inexperienced mothers.

Enquiries on behalf of elderly and infirm people are received almost daily from the Almoners of various hospitals. Wherever possible, this help is given ; the person is then able to enjoy his or her own home surroundings, at the same time, releasing hospital beds for further patients. It is possible to arrange for one Home Help to care for probably six or more of these elderly people during one week.

Owing to lack of staff for clerical duties in the office, which are increasing rapidly, great difficulty is being experienced by the Organiser in carrying out the number of absolutely essential visits which must be made in the majority of cases, to ascertain the actual need and to ensure that suitable help is sent. Routine visits to chronic cases should also be made. This is impossible at present.

Figures for the year show an increase. The number of remission cases whilst actually larger than last year, is comparatively small in proportion to the number of cases assisted.

New helpers to this scheme are being recruited almost weekly. Unfortunately, many are persuaded to stay with the person to whom help has been granted, after the emergency has passed. This, therefore, does not permit the actual number of helpers to increase as rapidly as required ; the demand has always exceeded supply so far.

Applications received during 1947 numbered ... 600

Of this number help was granted to—

Domestic Cases	264	}	
Home Cases	75		
(In addition 58 cases were carried forward from last year).			
*Remission cases—Domestic	69	}	600
O.A.P.	36		
Sickness	29		
Blind	2		
T.B.	2		
*(Reimbursement in full by Ministry of Health in these cases).			
Home Cases—(Confinements)	6	}	
Future bookings for Home Cases	150		
Approximately 50% of the remaining 36 applications were outside the area. (These cases are referred to the County Organiser)			
The remainder were not applicable to this scheme, or arranged own help, etc.			

25% of Remission cases make some payment towards the cost of help, amounts varying from 1/- to 50/- weekly.

Number of Helps on Register on December 31st—60, working an average of 675 hours weekly.

NURSING.

District Nursing.

The present position as regards district nursing and the future developments are set out in the Appendix to this Report, in the form of a scheme for the performance of the Health Committee's duties under the National Health Service Act 1946.

Civil Nursing Reserve.

The nucleus of this organization is being maintained on a peace-time footing, pending further advice from the Ministry of Health.

Agencies for the Supply of Private Nurses.

Two agencies exist in the City under license from the Corporation under Part 2 of the Nurses Act 1943. Both are carried on to the satisfaction of the Corporation.

ALMONERS' DEPARTMENT.

Report by the Chief Almoner, Miss M. Benham, A.M.I.A.

This has been a steady year of work, mainly on the lines previously adopted.

At the City Hospital there has been an extension of the work in the almoner's attendance at the follow-up clinics. To see the patients at this juncture is often well worth while. Failure on the social side of the recovery, failure to obtain, hold and settle to, suitable employment, inability to meet and hold down the present-day worries of the housewife, inability in the adolescent to adjust to normal living after a long period in hospital, these are problems of rehabilitation and the patients must be helped to overcome them.

With the change in visiting hours from Thursday afternoon to every evening it has been found advisable for the almoner to be on duty one evening weekly to see relatives, and this has been done.

There has been an increase in the number of home visits paid, as compared with previous years. These visits have been made mainly in order to consider accommodation, environmental problems, care after discharge, and the failure of antenatal patients to attend the clinic, and while these visits take much time, they are obviously helpful to a true understanding of the patient.

The Ministry of Labour has made some changes during the year in the placing of disabled people, and, in their form of reference D.P.55 which replaces the old R.D.1., have laid more stress on the social aspects.

In the work at the V.D. Clinic, conditions seem to have become more settled, with the effects of war growing less and less evident. Special attention has been given, particularly with full staffing in the latter half of the year, to both early syphilis cases and to those ante-natal patients who are to be confined in Alexandra Ward, and failure to attend for treatment is quickly followed up.

Regulation 33B came to an end on December 31st, 1947, and its demise is not to be regretted as its purpose has been fulfilled. More and more throughout the year its value was to be found in the timely warning that it gave to persons named, most of whom attended willingly for examination.

Meetings of almoners working throughout the country in V.D. clinics are held at intervals in London, and these have been attended whenever possible.

At the Tuberculosis clinic the work continues on the same lines. Patients are advised and assisted in numerous ways, sometimes through the Ministry of Health allowance scheme, sometimes through statutory or voluntary agencies, sometimes through Corporation Care funds. They have needed reference for advice and aid to many such organisations as the Probation Department, M.D. Welfare, School Health and Child Guidance services, etc., and the British Red Cross Society Occupational Therapy centre is of real value to the ex-service man.

About 200 patients have been drawing a tuberculosis allowance each week making weekly total payments about £300, and three have had supplementation of part-time earnings as a way of enabling them gradually to regain full working capacity.

Care funds have been spent on milk, bedding, extra nourishment, pocket money in sanatorium, glasses and dentures, convalescence, boarding out, transport by hospital car service, materials for art course, and other varied needs, including domestic aid of different kinds—such as payment for cleaning, for laundry, for shopping or the provisions of meals.

The Prevention of Blindness Scheme has continued as in previous years, and statistical details will be seen elsewhere.

One particularly satisfactory result is that of a man who, after a short period as a registered blind man, and then a rather longer and more difficult time of partial sight and further treatment, is now established in regular employment as a handyman.

Those women unable to pay the fees for home confinement have been seen as previously, and reductions made in 165 cases. Arrangements have been made for dentures for 11 expectant and nursing mothers through the Dental Clinic.

Insulin has been provided in 2 cases.

During the year three of the almoners attended a weekend refresher course in Birmingham, organised by the Regional Almoners' Committee, and one attended a weekend course in London on almoners training. We

have taken 10 students from the Institute of Almoners, each for about 8 weeks of their practical training, and 2 have come for one day only prior to acceptance for training. One student came for a trial period of one month. At University College, Nottingham, a lecture on almoners' work has been given to students of the Social Studies course, and a lunch hour talk on almoners work in V.D. clinics to the Social Science Society.

CITY HOSPITAL AND THE FIRS.

Full-Time Staff.

Medical Superintendent—WILLIAM MORTON, M.D.

Deputy Medical Superintendent and Physician—

SIDNEY B. BENTON, M.R.C.S., L.R.C.P.

Pathologist in charge of E.M.S. Area Laboratory at the City Hospital—

ANTHONY H. JOHNS, M.A., M.B., B.Ch., F.R.C.S.E.

Resident Obstetrician and Gynæcologist—

JOHN B. COCHRANE, M.B., B.Ch., M.R.C.O.G.

Assistant Surgeon—

E. B. Z. MASTERMAN, M.A., M.D., F.R.C.S.E.

Assistant Physician—

JAMES M. MACFIE, M.B., Ch.B., F.R.C.P.E.

Resident Obstetric and Gynæcological Officer—

SAMUEL D. LOXTON, F.R.C.S., M.R.C.O.G.

Resident Anaesthetist—

MARGARET DOROTHY W. HAMILTON, M.B., Ch.B., D.A.

5 *Assistant Medical Officers.*

9 *House Physicians and Surgeons.*

Matron—MISS D. ANNAKIN, S.R.N., S.R.F.N., S.C.M.

Deputy Matron—MISS A. HOLDER, S.R.N., S.R.F.N., M.S.R.

Matron (The Firs)—MISS M. HOOLEY, S.R.N., S.C.M.

Steward—MR. F. C. LANSDOWN.

Chief Pharmacist—MR. D. H. S. COX, M.P.S.

Almoner—MISS J. C. BARTON, A.M.I.A.

Superintendent Physiotherapist—

MISS U. M. POYSER, C.S.F., M.E., L.E.T.

Supervisor and Welfare Officer of Domestic Staff—

MISS DAISY MCCALLUM.

Catering Manager—MR. R. E. M. DAVIS.

Visiting Medical Staff.

Physicians—

P. H. O'DONOVAN, M.D., F.R.C.P.

W. S. WHIMSTER, M.D., M.R.C.P.

R. J. TWORT, B.A., M.D., M.R.C.P.

Physician for Tuberculosis—

J. V. WHITAKER, M.B., Ch.B., D.T.M. & H., D.P.H.

Surgeons—

F. C. HUNT, M.B., F.S., F.R.C.S.E.

J. SWAN, M.B., F.R.C.S.E.

J. LLEWELLYN DAVIES, B.A., M.B., F.R.C.S.

Orthopædic Surgeons—

F. CROOKS, M.B., M.Ch., F.R.C.S.E.

A. N. BIRKETT, F.R.C.S.

Ear, Nose and Throat Surgeon—

E. J. GILROY GLASS, M.B., F.R.C.S.E., D.L.O.

Obstetrician and Gynæcologist—

H. J. MALKIN, M.D., F.R.C.S.E., F.R.C.O.G.

Dermatologist—

A. D. FRAZER, M.D., D.P.H.

Thoracic Surgeon—

G. MASON, M.B., F.R.C.S.

Assistant Thoracic Surgeon—

W. BUCKLEY, M.B., F.R.C.S.

Venereologist—

R. MARINKOVITCH, M.D.

Ophthalmic Surgeon—

H. GOLDSMITH, M.D., L.R.C.P., L.R.C.S.(Ed.), L.R.F.P.S.,
D.O.M.S.

Psychiatrists—

D. MACMILLAN, B.Sc., M.D., F.R.C.P.E., Dipl. Psych.
I. J. DAVIES, B.Sc., M.D., D.P.M.

Anæsthetists—

I. SPARK, M.B., B.Ch.
J. BUCKLEY, B.A., M.B., B.Ch., D.A.

Radiologist—

W. J. MOWATT, M.D., D.R.

Radiotherapist—

F. H. CROSS, M.B., B.Ch., B.A.O., D.P.H., D.M.R.

City Hospital Establishment.

Assistant Matron	1	Assistant Chefs	9
Midwifery Superintendent ..	1	Cooks	1
Night Superintendent ..	1	Assistant Cooks	5
Sister Tutors	3	Kitchen Porters	3
Home Sisters	3	Linen Storekeeper	1
Departmental Sisters ..	2	Assistant Storekeeper ..	1
Ward Sisters	36	Seamstresses	8
Male Charge Nurses ..	3	Teachers	2
Male Staff Nurses	2	Ambulance Drivers ..	3
Male Student Nurses ..	30	Chief Porter	1
Staff Nurses	32	Sterilizing Porter	1
Student Nurses	150	Mortuary Porter	1
Midwifery Pupils	31	Dispensary Porters ..	2
Civil Nursing Reserve ..	16	Clothing Porter	1
Housekeeper	1	Lodge Porters	4
Assistant Housekeeper ..	1	Gate Porters	2
Deputy Steward	1	General Porters	34
Medical Superintendent's Secretary	1	Bath Attendants	2
Clerks and Typists	23	Window Cleaners	2
Deputy Pharmacist	1	Telephone Operators ..	4
Assistant Pharmacist ..	1	Garden Labourers	3
Dispensers	3	General Labourers	6
Pharmaceutical Student ..	1	Female Clothing Attendant ..	1
Physiotherapist	1	Canteen Cook	1
Laboratory Technicians ..	5	Canteen Assistants	5
Radiographers	3	Maids	20
X-Ray Pupils	2	Female Ward Orderlies ..	61
Chef	1	Male Orderlies	9
		Cleaners	117

The Firs Maternity Hospital Establishment

Sister Tutor	..	..	1	Typist	..	..	..	1
Midwifery Sisters	..	..	4	Cook	..	..	..	1
Staff Midwives	..	..	7	Assistant Cook	..	..	..	1
Pupil Midwives	..	..	17	Maids	..	..	..	7
Assistant Nurses	..	..	2	Chief Porter	..	..	..	1
Daily Cleaners	..	..	5	Porters	..	..	..	3
Ward Orderlies	..	..	7	Maintenance Engineer	..	..	..	1
Laundry Workers	..	..	2	Gardeners	..	..	..	3
Scamstress	..	..	1	Stokers	..	..	..	3

CITY HOSPITAL.

Report by Dr. William Morton, M.D., Medical Superintendent.

Statistical tables and figures relating to the work of the various departments are given. The number of admissions is almost the same as for the previous year, but, again, there has been an increase in the number of surgical operations, in the number of investigations and special treatments, and in the number of births.

Several additional appointments of medical and surgical specialists have been made to the staff during the year. It can truthfully be said that every patient admitted to this hospital comes immediately under the care of a visiting consultant or full time specialist.

It will be impossible further to extend the work of the surgical side until additional operating theatres are built. After vexatious delays the Ministry of Health has now agreed to receive plans for a "twin theatre" unit, and it is to be hoped that permission will speedily be granted to proceed with the building.

No structural alterations have been possible but efforts are being made to improve the amenities of the present buildings. Wards and departments have been re-painted in lighter and more cheerful colours, and, by adapting a

ward, accommodation has been provided for ante-natal and "follow-up" clinics. It is gratifying that many patients have voiced their appreciation of these improvements.

During the past year there has been much closer co-operation between the various hospitals in Nottingham, voluntary and municipal. Without waiting for the "Appointed Day" on which all hospitals will pass to the control of the Regional Board, meetings have been held and plans formulated for the integration of the hospital services. Already a measure of co-ordination between certain departments has been effected. Such friendly and willing co-operation between hospital staffs must lead to better hospital service, with an improved standard of treatment for the patients.

Before the end of another year the City Hospital will pass from the control of the City Council to that of the Regional Hospital Board. It is a large hospital, but, like many other such hospitals, the volume of work undertaken will depend not on the total number of beds but on the number of nurses available. Few large hospitals will be able to work to full capacity unless many more nurses can be obtained, and with the general shortage of labour it does not seem likely that any great increase in numbers of recruits to the nursing profession will materialise, at least for some years. Meantime the best use of the available personnel will have to be made and that may mean some reduction in the total numbers of patients admitted to hospital. It may be possible to save some beds by making more use of out-patient facilities for diagnosis and treatment, by domiciliary visits of specialists and by ensuring that no patient

remains in hospital a day longer than is necessary. Until the problem of the shortage of nurses is solved it will not be possible to give the hospital service which we all desire.

Nurses' Examination results during the past year are as follows :—

40	Nurses	passed	State	Final	Examination.
53	„	„	Parts	1 and 2	Preliminary.
37	„	„	Part	2	Preliminary.
62	„	„	Part	1	„

These figures include Intensive Course Students.

In this, the last occasion on which a record of the year's work at the City Hospital will appear in the Annual Report of the Medical Officer of Health, I should like to express my appreciation of the support, interest and freedom of action which the Chairman and members of the Hospital Sub-Committee have accorded me since my appointment, also to give my thanks to Dr. Banks for all the friendly advice and encouragement which he has given me.

Averages for the Year.

Beds—Average daily number occupied	..	..	747
Admissions—Average daily number	..	..	25
Duration of stay of patients :—			
Under 4 weeks	..	..	7,151
4 weeks and under 13	..	..	1,488
13 weeks and over	..	..	462
			<hr/>
			9,101
			<hr/>
Maximum number of beds occupied—16th May, 1947	..		835
Minimum number of beds occupied—24th December, 1947			628

Statistical Table for the Year ended 31st December, 1947.

Total number of beds	..	..	..	..	1,020
Remaining in hospital, January 1st	..	..	..	..	683
Admitted	..	..	..	..	7,482
Born in hospital	..	..	..	..	1,644
					<hr/> 9,809
Discharged	..	..	..	..	8,230
Deaths	..	..	..	..	871
					<hr/>
Patients treated to a conclusion	..	..	..	..	9,101
Remaining in hospital, 31st December, 1947	..	..	..	..	708

Comparative Table for Three Years.

	1937	1946	1947
Admissions	5,274	7,492	7,482
Births	413	1,350	1,644
Deaths	1,115	845	871
Admissions—Average daily number	15.58	24.22	25
Operations performed	1,107	2,900	3,098

Surgical Operations.

Total number	..	..	..	..	3,098
General Surgery	..	..	..	..	980
Orthopædic	..	..	..	..	177
Obstetric and Gynæcological	..	..	..	..	886
Ear, Nose and Throat	..	..	..	..	359
Genito-urinary	..	..	..	..	287
Ophthalmic	..	..	..	..	14
Thoracic Surgery	..	..	..	..	395

Dental Department.

Extractions under :—

Local anaesthesia	..	..	..	1,752
General	..	..	..	339
Gas	..	..	..	31
				<hr/>
Total number of extractions	..	..	..	2,122

Fillings	5
Scaled and cleaned	11
Dentures supplied	22
„ repaired	10

Blood Transfusion Department.

Number of Donor Sessions held at the City Hospital	43
Number of people bled	1,888

X-ray Department.

Total number of investigations	7,727
Civilian In-Patients	5,904
Military In-Patients	248
Military Out-Patients	586
Gynæcological Out-Patients	161
Tuberculosis Clinic and Sanatoria	502
Other outside Institutions	326

Physiotherapy Department.

	Massage	Elec- trical	Ultra Violet Ray	Short Wave Dia- thermy	Infra Red Ray	Exer- cises	Total
Civilian	2,225	680	1,764	329	1,478	10,948	17,424
Military . .	489	45	84	35	300	1,134	2,087
Total ..	2,714	725	1,848	364	1,778	12,082	19,511

Thoracic Surgery Unit.

224 patients were admitted during 1947.

Patients were admitted from :—

City	125	} 140 Male 84 Female
County ..	86	
Lincolnshire ..	6	
Derbyshire ..	4	
Holland County	1	
Military ..	2	

Operations performed during 1947.

Pneumonectomy	..	..	..	10
Lobectomy	..	..	..	3
Bronchoscopy	..	..	..	150
Bronchogram	..	..	..	119
Exploratory Thoracotomy	..	..		3
Rib Resection	..	..	..	12
Deroofing of Chronic Empyemata			..	5
Diaphragmatic Hernia		..	..	2
Exploration of Sinus	..	..	..	4
Oesophagocopy	..	..	..	2
Congenital Atresia of Oesophagus			..	1
Phrenic Crush	..	..	..	1
Plomb	..	..	..	1
Sequestrectomy	..	..	..	2
Closed Intercostal Drainage		..	..	5
Muscle Graft to Residual Sinus			..	1
Pericardiectomy	..	..	..	1
Broncho Spirometry	..	..	..	7
Skin Graft to Chronic Wounds	..	..		7
Miscellaneous	..	..	..	25
				<hr/> 395 <hr/>

PATHOLOGICAL LABORATORY.

(Report submitted by Dr. Anthony H. Johns, M.A., M.B., B.Ch., F.R.C.S.E., Pathologist in charge of E.M.S. Area Laboratory at the City Hospital).

The Nottinghamshire Area Laboratory at the City Hospital continued during 1947 to serve the needs of a variety of contributors. While the commitments from Military encampments, R.A.F. stations etc. have been greatly reduced, the work from the City Hospital, Basford County and Mansfield County Hospitals has increased correspondingly.

		Specimens.	Units.
Total number of specimens entered in			
General Register 1947	.. ..	19,346	= 104,296
Total number of specimens entered in			
General Register 1946	.. ..	17,264	= 86,822
		<hr/>	<hr/>
Increase during year	..	2,082	= 17,474
		<hr/>	<hr/>

In the morbid histology department we have cut and examined 1,153 sections.

In hæmotology we have adopted the phot-electric method for hæmoglobin estimations.

During my recent visit to Colindale I was agreeably surprised to find how closely our bacteriological methods agreed with those in use there in the routine laboratory.

There are 320 entries in our register of animal experiments of which a proportion were for pregnancy diagnosis.

The greatest advance has been made in biochemistry, where the scope and volume of the work has very greatly increased, and covers the whole field of Clinical Biochemistry including some androgen and Keto-steroid assays ; also we are being used as a reference laboratory by several of the surrounding voluntary hospitals.

We are not yet in a position to undertake routine serology apart from simplet agglutinations, Paul Bunnell, etc., the Wassermann and Khan tests at present being farmed out.

The work at Harlow Wood Side-room Laboratory has not much advanced as it is limited in scope. A further side-room laboratory at the Ransom Sanatorium, which is being run by the technician at Harlow Wood, alternating mornings and afternoons has been opened.

OBSTETRIC DEPARTMENT, CITY HOSPITAL.

(Report by Mr. J. B. Cochrane, M.B., Ch.B., M.R.C.O.G.).

For yet another year, there was an increase in the amount of work undertaken in this department.

This was largely due to the provision of an additional eleven lying-in beds, specifically for normal obstetric cases, who fell within the category of Social Emergencies. The addition of these beds provided the Municipal Maternity Service with additional facilities to cope with these ever-increasing cases, and also allowed other cases with poor home conditions, though not absolutely impossible home conditions, to avail themselves of this obstetric accommodation.

The total number of admissions were 2,685, an increase of 13% over that of 1946, while the total number of births, 1,713, live and still-births inclusive, showed an increase of 21%. Of these births, 77·6% were spontaneous, an increase of 2·6% over the previous year, the remainder being assisted in some manner or other.

There were five maternal deaths, giving a return of ·29%, but this figure should not be regarded as absolutely correct, as these five deaths included one from abortion, and as the figures for maternal mortality in this hospital report are calculated on births, abortions being excluded, the corrected figure reads ·23%, which is a very slight decrease on the previous year's total.

All the four obstetric and the single abortion fatalities were unbooked cases. The causes of death were all different, being eclampsia ; shock from hæmorrhage due

to Major Placenta Prævia ; bacterial toxæmia ; aplastic anæmia from arsenical intoxication ; and in the abortion from toxic myocarditis and hæmorrhage.

Stillbirths numbered 67, an actual increase in number of 14, over the previous year, but the percentage of 3·91 compares favourably with that of 3·74 of the previous year, when the increased number of Social Emergency cases is taken into consideration.

Infant deaths within ten days of birth were also more numerous, 54 to 45, but the actual percentage was less than the previous year, 3·15 to 3·18. Of these deaths, prematurity again featured as the most prominent cause, being responsible for 63%.

Admissions for ante-natal care totalled 972, an increase of 26, while attendances at the ante-natal clinics were 9,844, a decrease of 665, and post-natal visits 1,154, an increase of 172.

There was a marked increase in the number of pupils undergoing Part One Training under the C.M.B. rules, the actual figure being 60, an increase of 33 over the previous year.

Of these, 54 or 90%, were successful in passing the examination, and of the failures, 5 did not resit the examination, but gave up their further midwifery training.

The Obstetric Flying Squad was called out on 50 occasions to cases of obstetric complications, and of that number, 44 were treated entirely at home, while 6 were admitted to Hospital after resuscitation measures had rendered them fit to travel.

There were NO deaths in any of the cases treated, surely a very strong recommendation for the value of such a service. One woman, however, died a few minutes after the emergency call had been made, but she was not included in those cases who received treatment.

A full statistical account of the years work has been prepared, and is available for perusal at the Health Department.

THE FIRS MATERNITY HOSPITAL.

The above Hospital, an annexe of the City Hospital, conducting Part Two Training under C.M.B. Rules in conjunction with the Municipal Domiciliary Maternity Service, was again working at full capacity during the year.

Admissions totalled 931, and the births 711, a very slight increase over the previous year. 87% of the births were spontaneous, the remainder being assisted, and this high figure conforms to the previous years figure, and this is again explained by the policy of admitting only booked cases.

As happened last year, there was one maternal death, this being due to bilateral pulmonary infarction from embolism.

The still-birth rate was considerably reduced, however, totalling only 9 in all, a percentage of 1.26 as compared with 3.41 the previous year.

Infant deaths within 10 days numbered 12, again a decrease of 4 over last year, or 1.7% to 2.27%.

Total antenatal visits were 7,614, an increase of 369, but there was a slight decrease in the number of women admitted specifically for antenatal treatment, the figure

being 312, as compared with 359 the previous year. Postnatal attendances were also fewer by 6, a total of 897 visits being paid.

The number of pupils undergoing Part Two Training under C.M.B. Rules, was 31, a decrease of 2. For the second year in succession, all successfully passed the examination, giving a pass percentage of 100.

As in the case of the City Hospital, Obstetric Department, a full statistical account of the years work has been prepared, and is available for perusal on request at the Health Department.

Ambulance Transport.

Mr. T. Binns, Master, Vale Brook Lodge, gives the following particulars of transport services conducted for the City Hospital under his management :—

AVERAGE MILEAGE PER GALLON OF PETROL CONSUMED.					
		MILEAGE.		MILEAGE.	
		YEAR ENDED 31ST MARCH.		YEAR ENDED 31ST MARCH.	
		1948	1947	1948	1947
Austin Ambulance					
	No. 3	—	1086	—	3·331
	No. 4	2820	1972	7·343	7·223
	No. 5	705	1406	7·268	10·492
	No. 6	19222	14546	11·814	11·544
	No. 7	17705	18836	12·227	12·507
		40452	37846	9·663 Gen. Av.	9·023

Number of Patients removed to City Hospital by Ambulance.

		YEAR ENDED 31ST MARCH.	
		1948.	1947.
Number of Journeys	.. ..	5763	5613
„ „ Cases	.. ..	3965	4000
Cost per car mile $1\frac{3}{4}$ d. as against $1\frac{1}{2}$ d. in 1946/47.			

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

(Dr. T. A. Don, *Medical Superintendent of the City Isolation Hospital and Assistant M.O.H. for infectious disease.*)

NOTIFIABLE DISEASES.

The number of cases of notifiable infectious disease notified to the Medical Officer of Health as having occurred within the City of Nottingham during 1947 is given in the following Table :—

Table (Civilians only).

Disease.	Notifications.	Final numbers after correction.
Scarlet Fever	438	424
Whooping Cough	532	531
Acute Poliomyelitis and Polioencephalitis	19	26
Measles	2,263	2,258
Diphtheria	60	10
Acute Pneumonia	213	213
Dysentery	6	3
Smallpox	—	—
Acute Encephalitis Lethargica	—	—
Enteric Fever or Typhoid Fever	5	4
Paratyphoid Fever	1	2
Erysipelas	36	36
Cerebro-spinal Fever	18	4

CITY ISOLATION HOSPITAL, NOTTINGHAM.

Patients admitted to the City Isolation Hospital during 1947 numbered 679 (including 56 tuberculosis cases in the Sanatorium ward). This is the smallest total of annual admissions for many years. The reason for this reduction is a two-fold one (a) an actual decline in the average annual number of cases of diphtheria (in particular) and scarlet fever, two of the infectious diseases which, until recently formed the majority of the "patient population" of this hospital, and (b) a regrettable, but very necessary, limitation of admissions owing to the unprecedented shortage of nursing staff, experienced especially during the second half of 1947. This nursing staff shortage has become more and more acute as the months pass by and may soon reach catastrophic proportions. New recruits commencing training as Student Nurses are much too few in number to replace nursing personnel who have completed their training. Three large wards were out of commission for most of the year due to lack of staff. The diphtheria ward was closed due to the small number of diphtheria cases, these cases being treated in the Cubicle Ward.

Nearly half of the total cases admitted during 1947 were accommodated in the Cubicle Ward which should be doubled or trebled in size as soon as possible. There is a great demand for single room accommodation for infectious diseases cases and for the observation of suspected cases.

There has been a great increase in the number of cases admitted to hospital during night-time. Many of these were referred to us from the out-patient departments of other hospitals.

Fortunately no large-scale epidemics occurred during the year to strain the hospital resources even further.

The various diseases treated in the Isolation Hospital were as follows :—

Smallpox.

No cases occurred in the City during 1947. Several contacts of this highly infectious complaint were kept under surveillance following receipt of the relevant information from various Medical Officers of Health and Port Medical Officers, but fortunately no one developed the illness. The Smallpox Hospital of 40 Beds at Bestwood Lane was kept in complete readiness for any emergency.

Scarlet Fever.

230 new cases of scarlet fever were admitted for treatment during 1947. 11 other patients, originally sent in as suffering from suspected scarlet fever, proved to have a complaint other than scarlatina. Two deaths attributable to scarlet fever occurred. A woman had undergone a nasal operation in another hospital, developed the surgical form of scarlet fever and was admitted to the City Isolation Hospital. Death took place from Septicæmia six hours after admission. The second fatality was in a girl of 5 years. In this instance medical aid was not sought by the parents till two weeks after the scarlet fever began by which time serious complications had set in. Intensive treatment failed to save her and she died 18 days after admission. The only operation required in all the 230 scarlet fever patients, was that of multiple incisions of a severe septic hand in a boy aged 4 years who

was admitted with surgical scarlet fever. He made an excellent recovery. A male adult aged 25 years, sent into hospital suffering from scarlet fever, was found to have tuberculosis of the spine in addition and was subsequently transferred to another hospital for further treatment for the spinal complaint.

The vast majority of the scarlet fever cases proved to be mild in type and generally speaking remarkably few developed serious complications. Acute Nephritis has been, in our experience, during the past ten years at least, a remarkably uncommon complication of scarlet fever. However, five patients, including two boys from one family, in 1947 developed a severe degree of acute nephritis. Four of these patients were admitted after the nephritis had appeared. Although one of the brothers developed uræmia, all eventually made good recoveries.

The average length of hospital stay was 24·6 days for non-fatal cases of scarlet fever and 9·5 days for the two fatal cases.

In July 1947, the Medical Officer of Health circularised all general practitioners in the City asking them to treat as many scarlet fever cases as possible in their own homes on account of the acute shortage of hospital nursing staff. This arrangement has worked well so far in spite of the many difficulties encountered, e.g. overcrowding in many houses, etc. Many local authorities in recent years have pursued a policy of limiting the admission of scarlet fever cases to their isolation hospitals and encouraging the hospitalisation of certain other

infectious diseases, e.g. Measles and Whooping Cough which are known to have a much higher mortality rate. This " Home Treatment " method of dealing with scarlet fever has yielded good results, no doubt partly on account of the mildness of the prevailing type of Scarlatina. Antitoxin was made available free of charge for all home-treated scarlet fever cases.

Diphtheria.

Only 10 confirmed cases of diphtheria occurred within the City of Nottingham in 1947, the lowest ever recorded. All were admitted to the City Isolation Hospital for treatment. In 50 other suspected cases the diagnosis was not confirmed. This low incidence is a matter for great satisfaction and is in great measure a result of the intensive immunization campaign begun a few years ago amongst the most susceptible groups of the population, the pre-school and school children. From the Diphtheria Table (see below) it will be seen that only 3 of the 10 cases were children, the remaining 7 being adults. This latter group provided the only fatal case, a young man of 22 years who had been ill for one week before admission and who died on the day following admission despite energetic treatment. Only one of the 10 confirmed cases had undergone immunisation, a boy of 11 years, and his illness pursued a mild course. Since the Diphtheria Immunization Scheme began in 1940 *not a single death has occurred in an immunised child or adult in the City of Nottingham.* During the same period 43 deaths have occurred amongst non-immunised children and adults.

Diphtheria Table (1947).

Ages.	Cases.	Deaths.	Mortality per cent.	Numbers Immunised.
Under 1 year	—	—	—	—
1—2 years	—	—	—	—
2—5 years	1	—	—	—
5—10 years	1	—	—	—
10—20 years	1	—	—	1
Over 20 years	7	1	14.28	—
Totals	10	1	10	1

CITY ISOLATION HOSPITAL—1947.

DISEASE.	Remaining at end of 1946.			Admitted 1947.			Total Cases during 1947.	Total Cases finally dealt with in 1947.	Total deaths during 1947.	Case mortality % of Total Cases in 1947.	Days of average residence.		Remaining at the end of 1947.
	Sex.	No. of Patients.	Recovered.	Died.	No. of Patients.	Recovered.	Died.				Non-Fatal.	Fatal.	
Scarlet Fever ..	M.	1	1	..	119	107	..	120	108	..	..	..	12
	F.	9	9	..	111	102	2	120	113	2	..	..	7
Totals ..		10	10	..	230	209	2	240	221	2	8	24.6	19
Enteric Fever ..	M.	..	..	..	2	2	..	2	2	..	..	..	..
	F.	..	..	..	4	3	1	4	4	1	..	..	..
Totals ..		..	..	..	6	5	1	6	6	1	16.7	48.5	..
Diphtheria ..	M.	2	2	..	5	3	1	7	6	1	..	..	1
	F.	2	2	..	5	3	..	7	5	..	..	..	2
Totals ..		4	4	..	10	6	1	14	11	1	7.1	58.8	3
Smallpox ..	M.	..	..	..	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..		..	..	..	..	..	..	..	..	..	..	..	..
Other Cases ..	M.	9	9	..	191	153	23	200	185	23	..	..	15
	F.	9	9	..	186	152	26	195	187	26	..	..	8
Totals ..		18	18	..	377	305	49	395	372	49	12.4	19.8	23
TOTALS ..		32	32	..	623	525	53	655	610	53	8.09	22.6	45

Enteric Fever.

Six cases of enteric fever were admitted for treatment during the year, 4 cases of typhoid fever and 2 of paratyphoid B. fever. Three of the typhoid cases occurred during the month of March and were in all probability the same infection, although detailed enquiry failed to trace the exact source. One of these three patients died 10 days after admission to hospital. The 4th typhoid case occurred in July, and certain evidence pointed to this case having been infected by drinking contaminated unboiled river water.

The 2 paratyphoid cases were sisters, aged $1\frac{1}{2}$ and 3 years respectively. The former infected the latter during convalescence from the illness. The source of infection in these cases remains a mystery. Both recovered.

Meningococcal Meningitis (Cerebro-spinal Fever).

Only 4 cases of cerebrospinal fever were admitted to hospital during the year, 1 male and 3 female patients. One of these cases died.

Tubercular Meningitis.

3 patients admitted to hospital were found to be suffering from tubercular meningitis. Streptomycin therapy was unfortunately not available. All 3 patients died.

Acute Anterior Poliomyelitis and Polioencephalitis.

As the highest incidence of poliomyelitis and polioencephalitis ever recorded in England and Wales occurred in 1947 it is not surprising that Nottingham had a substantial increase in the number of cases of one or other of these two diseases compared with previous years.

Altogether 26 confirmed cases were treated ; 16 others admitted to hospital suspected to be suffering from the illness were found to have another complaint. The first case occurred in February but no more cases were discovered till July, August, September, October, November and December. The peak month was October when 7 cases came under our care. 5 deaths took place, 4 adults and 1 child. All the fatal cases suffered from the combined acute anterior poliomyelitis and polio-encephalitis form. The Bragg-Paul Pulsator type of Artificial Respirator was required in several instances.

Erysipelas.

Only 4 cases of this infection were admitted for treatment and all recovered.

Acute Gastroenteritis in Infants.

During 1947, 73 cases of acute gastroenteritis were admitted to the special gastroenteritis unit of this hospital (46 males and 27 females, mostly infants aged between 3 and 12 months). There occurred 20 deaths giving a mortality of 27.3%. The syndrome of acute gastroenteritis still presents many unsolved problems in causation, diagnosis and treatment. Nearly two-thirds of the above 73 cases were thought to be *secondary* cases of gastroenteritis, i.e. of Dietetic origin or due to Parenteral Infections (Upper respiratory Tract, Nose, Throat, Ears, etc.). The services of the Ear, Nose and Throat consultant were in great demand as many of these cases developed at some stage of their illness unilateral or bilateral otitis media. This high incidence of otitis media in these infants is most difficult to interpret and much research remains to be done.

Bronchopneumonia.

11 patients sent in suspected to be suffering from infectious complaints were found to have a non-infectious form of bronchopneumonia. 5 cases proved fatal.

Measles.

A total of 68 measles cases were admitted during 1947, the vast majority of these cases suffering from severe complications such as acute bronchopneumonia, otitis media. Three cases ended fatally.

Whooping Cough.

32 cases of whooping cough were admitted for treatment. As in the case of Measles, most of these were admitted on account of serious medical complications.

Service Cases.

Only 14 Service cases were admitted for treatment compared with 55 the previous year.

Sanatorium Ward.

During 1947, 56 female patients were treated in Ward Six for pulmonary tuberculosis. The duration of stay varied from 7 days to nearly 12 months. There were 5 deaths. These patients are under the clinical care of the Tuberculosis Officers who visit daily.

SKIN CLINIC.

The war-time adaptation of the Turkish Baths premises in Upper Parliament Street as a clinic for the treatment of Scabies (Itch) met a great need of the times, and proved an immense success.

Because Scabies is so often associated with other morbid skin conditions, the scope of the clinic was later widened so as to include general dermatological work. The special advantage of this course lies in the fact that some skin conditions can be very successfully dealt with if the treatment is carried out by skilled workers and with continuity ; whereas if left to the patients themselves or their unskilled relatives, the unhealthy conditions tend to persist or to recur in a disappointing manner, even though the proper medicaments are used. Fortunately, a clever and enthusiastic staff has been able to achieve notable results.

Dr. A. D. Frazer, the Medical Director gives the following figures :—

NEW PATIENTS	..	..	..	6,125
Grouped into :—				
Scabies	..	..	..	1,614
Pyogenic	..	..	..	1,586
Pediculi (Lice)	..	..	..	231
Other Skin conditions		..	..	2,694
TOTAL NUMBER ATTENDANCES MADE			..	.. 30,840

The decrease in scabies is shown by the figures from 1943 onwards :
6,070, 3,455, 2,996, 2,650, 1,614.

TUBERCULOSIS.

Dr. J. V. Whitaker, Tuberculosis Officer, reports as follows :—

During 1947 the national economic situation initially necessitated the withholding of consent by the Minister for the merging of the Forest Dene and Greendale House premises. Final consent has, however, now been obtained

and the contract has been let and the appointment of an additional medical officer is now being proceeded with. An additional health visitor has latterly been appointed and the appointment of a radiographer is now being contemplated. These appointments have become urgently necessary by reason of the total volume of work now being undertaken.

In the annual report for the preceding year reference was made to the modern four valve X-Ray plant to be installed at Forest Dene. Delivery of this plant is still being awaited but it is not anticipated that there will be much further delay.

Curative work does in itself constitute one important factor in prevention and the following table gives an impression of the surprising rate at which this work is *still* increasing at Forest Dene :—

Total Number of Pneumothorax and Pneumoperitoneum Refills given at Forest Dene during the First Three Calendar Months of the Year.	
1946	423
1947	654
1948	917

One unusual and peculiar feature of the year's work has comprised the number of medico-legal cases with which the Tuberculosis Officer has been concerned. There have actually been four such cases during the year. Three of these cases were concerned with skeletal or pulmonary tuberculosis and related causal injury under the Workmen's Compensation Act and in two of these cases the Tuberculosis Officer was asked to give evidence in the County Court.

Five per cent of all housing allocations in Nottingham are now granted to "tuberculosis households." An appreciably increased number of these allocations have been made on the large distant housing estates and this has involved considerable additional effort for the health visitors in relation, quantitatively, to the results achieved.

So great is the shortage of sanatorium beds in relation to what is required that every attempt is now being made to conserve these beds as much as possible by making use when practicable of ordinary convalescent homes and also by restricting the advanced *bedridden* case to domiciliary treatment with the assistance if necessary of a district nurse. In the near future and with the help of additional medical staff it is hoped that it will become possible to initiate a scheme of domiciliary collapse therapy for suitable cases. By these methods the shortage of beds should become partially relieved.

Achievements during the past decade include the raising of the number of tuberculosis cases on the City Register from 850 in 1937 to 2,800 in 1948—this latter figure in present circumstances being far more appropriate to the size of the City. The death rate from tuberculous diseases per 1,000 of the population was 0·99 in 1937 and 0·71 in 1946. This last figure is the lowest in the City's records. The ratio of the number of cases of childhood non-pulmonary tuberculosis to cases of adult pulmonary tuberculosis has fallen from 9·1% in December 1940 to 7·1% in December 1947. It is believed that this diminution is to some extent a measure of the solidity of the preventive methods which have been adopted in Nottingham.

Work of the Tuberculosis Clinic—"Forest Dene"—1947.

Number of persons on the clinic register 1/1/47	2,558
New patients examined during the year excluding contacts	1,744
Contacts examined during the year ..	625
Cases returned after having been lost sight of and cases transferred from other areas ..	58
<i>Add—</i>	2,427
	<hr/>
	4,985
Cases written off the register as "recovered"	73
Patients written off as found to be non-tuberculous or notified in error	1,797
Transferred to other areas or lost sight of ..	119
Deaths	205
<i>Subtract</i>	2,194
	<hr/>
Number of persons on the clinic register 31/12/47	2,791
	<hr/>

	Pulmonary	Non-Pulmonary	Total
A. New cases (excluding contacts).			
(a) Definitely tuberculous ..	528	44	572
(b) Diagnosis not completed ..	—	—	—
(c) Non-tuberculous	—	—	1,797
B. Contacts.			
(a) Definitely tuberculous ..	32	—	32
(b) Diagnosis not completed ..	—	—	—
(c) Non-tuberculous	—	—	593
C. Cases written off the register as :			
(a) Recovered	63	10	73
(b) Non-tuberculous including cases notified in error and cancelled	—	—	1,797
D. Number of cases on the clinic register 31/12/47	2,490	301	2,791

	Total.
Number of consultations with Medical Practitioners :	
(a) Personal	?
(b) In writing	2,250
Number of visits by Tuberculosis Officers to homes including personal consultations at homes ..	118
Number of visits by Health Visitors to homes ..	6,028
Number of attendances by patients at the clinic for :	
(a) Examinations	3,881
(b) X-Ray	4,414
(c) Treatment	2,941
Total attendances	<u>11,236</u>
Number of X-Ray films obtained at clinic ..	4,414
Number of X-Ray screen examinations made ..	3,083
Specimens sent to the laboratory	869
Blood sedimentation tests carried out ..	153
Intradermal tuberculin tests carried out ..	49

ANALYSIS OF CASES ON CLINIC REGISTER ON 31st DECEMBER, 1947.

Type.	Pulmonary.				Non-Pulmonary.				Total.	Grand Total.
	Adult.		Child.		Adult.		Child.			
	M.	F.	M.	F.	M.	F.	M.	F.		
Class T.B. Minus ..	905	960	118	106	-	-	-	-	2,089	
Class T.B. Plus ..	119	268	1	13	-	-	-	-	401	
Non- pulmonary	-	-	-	-	88	114	56	43	301	2,791

ANALYSIS OF TREATMENT GIVEN AT FOREST DENE.

Artificial Pneumothorax and Artificial Pneumoperitoneum.

Number of Patients in Attendance on 31.12.47.				Number of Attendances.		Total Attendances.
M.		F.		M.	F.	
55		82		1,156	1,785	2,941

Analysis of Patients admitted to Institutions during the Year 1947.*Newstead Sanatorium :*

Males ..	..	97	} Pulmonary.
Females..	..	96	
Children	..	36	
		<hr/> 229	
		<hr/>	

City Isolation Hospital Sanatorium :

Females..	..	56	Pulmonary.
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City Hospital :

Males	72	} Pulmonary.
Females..	..	49	
Children	..	25	
		<hr/> 146	
		<hr/>	

Males	16	} Non-Pulmonary.
Females..	..	15	
Children	..	13	
		<hr/> 44	
		<hr/>	

Outside Sanatoria :

Males ..	..	3	} Pulmonary.
Females..	..	1	
Children	..	1	
		<hr/> 5	
		<hr/>	

Males ..	..	1	} Non-Pulmonary.
Females..	..	3	
Children	..	8	
		<hr/> 12	
		<hr/>	

Summary of Tuberculosis Statistics.

TUBERCULOSIS DEATH-RATE (NOTTINGHAM).

Ten years' average 1937-46—

Respiratory only	..	..	0.77
All forms of Tuberculosis	..	..	0.92

For 1947—

Respiratory only	..	..	0.65
All forms of Tuberculosis	..	..	0.77

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

Pulmonary :	Males	318	Females	311
Non-pulmonary :	„	27	„	34

DEATHS.

Pulmonary :	Males	121	Females	70
Non-pulmonary	„	19	„	15

NEWSTEAD SANATORIUM.

(Report by Dr. G. O. A. Briggs, Medical Superintendent).

Staffing.

The Staff problem still remains difficult so that the second prefabricated ward has not yet been opened. In fact, only the employment of an increasing number of ward orderlies of both sexes, to compensate for a decreasing number of Nurses, has prevented the closing of wards already opened. The maximum possible use is made of part-time Nurses and a little help is thereby obtained. Also Displaced Persons, mostly from the Baltic States, are used wherever possible as Nurses or Orderlies. A start is being made in the New Year with the training of Male Nurses, under an affiliated training scheme.

Sanatorium School.

A third teacher has been engaged to help with the younger children. It will now be possible to ensure that children who are patients at Newstead receive no appreciable dislocation of their education through their long stay in the Sanatorium.

Cinema Projector.

A Talkie Cinema Projector (16 mm) has been purchased out of the profits of the shop provided for the convenience of the patients, to take the place of the apparatus hitherto kindly lent by the Finance and General Purposes Committee.

Ward Kitchen.

During 1947 steam-operated water-boilers and crockery sterilizers have been installed in the six main ward kitchens. The need for these has been long felt and their value is considerable.

Discharges from the Sanatorium.

Discharges for 1947 were 20 less than for 1946, when they were 33 less than in 1945. This drop in discharges of 53 in two years (281 to 228) is largely accounted for by the gradual piling up at the Sanatorium of chronic untreatable patients. These unfortunate people, when well looked after, frequently live for many years, and since Nottingham has no wards for chronic Tuberculous patients in any other hospital, they are gradually accumulating at Newstead, thus diminishing the number of treatable patients who can be admitted.

Admissions and Discharges.					1947.
Remaining on December 31st, 1946	..	..	..	..	203
Admitted	..	..	..	..	228
Discharged—Classified cases	..	..	..	..	192
Observation cases found to be non-tuberculous	..	..	..	..	11
Died	..	..	..	..	25
Total Discharged and Deaths	..	..	..	..	228
Remaining on December 31st, 1947	..	..	..	..	202

Artificial Pneumothorax.

New cases induced	..	..	..	..	80
Refills	..	..	..	..	3,280

Artificial Pneumoperitoneum.

New cases induced	..	..	..	..	7
Refills	..	..	..	..	143

Other Treatment.

Aspiration	..	..	..	..	67
Bronchoscopy	..	..	..	..	1
Mantoux Test	..	..	..	..	130
Diphtheria Immunization	..	..	..	..	11
Oleothorax	..	..	..	..	5
Other Work	..	..	..	..	16

Thoracic Surgery.—(At the County General Hospital, Workson and Ransom Sanatorium, Nr. Rainworth).

					1947.
Thoracoscopy	..	..	..	..	42
Phrenic Avulsion	..	..	..	..	3
Phrenic Crush	..	..	..	..	22
Thoracoplasty, Stage 1	..	..	..	..	3
Thoracoplasty, Stage 2	..	..	..	..	5
Korrekturplasty	..	..	..	..	1
Bronchoscopy	..	..	..	..	2

Dental Clinic.

Examinations	..	..	..	..	163
Extractions	..	..	..	..	227
Fillings	..	..	..	..	148
Scaling	..	..	..	..	20
Dentures	3
Prothesis	25

Ear, Nose and Throat Clinic.

1947.

Examinations	165
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Ophthalmic Clinic.

Examinations	44
----------------------	----

X-ray Department.

Chest films (Patients)	1,889
Bone and Joint Films	40
Contact films	66
Staff films	291

Total	2,286
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Screenings	3,458
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Contacts.

Total X-Rayed	107
Normal	68
Under observation	29
Healed Pulmonary Tuberculosis	5
Active Pulmonary Tuberculosis	5
Other Disease	—
New Cases	79

Laboratory.**Bacteriology—(T.B.).**

	Positive.	Negative.	Positive Per Cent.
Sputa—direct smears	906	867	51
—cultures	165	858	15
Gastric Juice—cultures	3	29	9·4
Pleural fluids—direct smears	6	26	19
—cultures	17	11	62
Urine —direct smears	3	3	50
—cultures	—	4	—
Pus and other material—			
direct smears	4	19	17
cultures	4	16	20
Fæces —direct smears	—	2	—
—cultures	1	2	33·3

Bacteriology—General.			Positive.	Negative.	Positive Per Cent.
Throat swabs for :—					
Diphtheria	..	..	—	17	—
Vincent's	..	..	—	14	—
Hæmolytic Streptococci	..	..	7	15	32
Other swabs	..	..	3	8	30
Smears—miscellaneous	..	..	6	16	20·8
Cultures—miscellaneous	7	25	22
Penicillin Sensitivity Tests	3	—	100

Serology.

Kahn Tests	—	4	—
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Haematology.

					Total.
Colour Indices	58
Total Red Cell Counts	58
Total White Cell Counts	59
Differential white cell counts	..	..	..	..	59
Hæmoglobin estimations	..	..	..	..	232
Blood Sedimentation Rates	..	..	..	..	1,751
Blood Grouping	..	..	..	..	4
Bleeding time estimations	..	..	..	..	1

Biochemistry.

Blood Sugar estims	..	..	..	..	22
Blood Urea estims	..	..	..	..	2
Serum Calcium estims	..	..	..	..	24
Van den Beigh Reactions	..	..	..	..	1
Urea Concentration Tests	..	..	..	..	4
Fractional Test Meals—Fractions	..	..	..	..	13

Miscellaneous examinations.

Urine —chemical examinations	..	..	..	88
—centrifuged deposits	..	..	..	89
Total number of examinations done during the year				5,536
Biological Examinations (City Hospital ..	..	..	..	64
„ „ (Sheffield Health Dept.)...				60

MASS RADIOGRAPHY.

*Dr. A. E. Beynon, Medical Director, Chest Radiography Clinic,
reports as follows :—*

This has been a very difficult year for Mass Radiography, not only in this City but throughout the Country. At the beginning of the year we were asked to close down for six weeks through the "Fuel Crisis," and, for the last four months of the year, the team and our X-Ray apparatus were resident in Lincoln. 17,076 volunteers were X-rayed during the remainder of the year, which is a most satisfactory number.

STATISTICS.

1st January—31st July, 1947.

Total No. of Volunteers	..	..	..	17,076
Females	..	..	..	9,447
Males	..	..	..	7,629
No. of persons attended for Large films	..	..	..	2,377 (13·920%)
No. of X-ray Screening cases	..	..	..	24
No. of Large Films taken	..	..	..	3,953
No. of persons attended for Serial X-Ray	..	..	..	681
No. of Clinical Examinations and Interviews..	..	..	..	938 (5·493%)
Females	..	..	..	485
Males	..	..	..	453
No. of Sputum Tests	..	..	..	795
Females	..	..	..	331
Males	..	..	..	464
Total No. of Abnormal Cases (excluding Heart Cases).	..	..	..	1,959 (11·472%)
1. Tuberculosis of Lungs	..	..	..	1,177 (6·893%)
(a) Healed lesions	..	1,058	(6·196%)	
Female cases	..	608	(3·561%)	
Male cases	..	450	(2·635%)	

(i) Primary infection	821	(4·808%)
Female Cases ..	459	(2·688%)
Male cases ..	362	(2·120%)
(ii) Adult Infection	237	(1·388%)
Female cases ..	149	(0·873%)
Male cases ..	88	(0·515%)
(b) Active Cases ..	90	(0·527%)
Female cases ..	42	(0·246%)
Male cases ...	48	(0·281%)

Disposal of Active Cases.

Referred to Tuberculosis Officer	72
Female cases	35
Male cases	37
Referred to County Tuberculosis Officer via County Authorities	15
Female cases	7
Male cases	8
Referred to Private Sanatoria ..	2
Male cases	2
Referred to City Hospital ..	1
Male case	1
Observation cases (1947) ..	29 (0·170%)
Female cases	18 (0·1054%)
Male cases	11 (0·0644%)
Observation Cases 1944-46) still attending	66
Female cases	46
Male cases	20

2. Non-Tuberculous Conditions of Lungs ..	782 (4·579%)
Female cases	288 (1·686%)
Male cases	494 (2·893%)

DISPOSAL :—

Cases Referred to City Hospital	20
Female cases	6
Male cases	14

Cases Referred to City Hospital* .	2
(County Patients).	
Female cases	2
Cases Referred to General Hospital	4
Female cases	1
Male cases	3
Cases Referred to Other Hospitals	2
Male cases	2
3. Selected Heart Cases	204 (1·1946%)
Female cases	102 (0·5973%)
Male cases	102

The number of persons attending for large films (13·9%) has shown an appreciable increase (3·6%) which was due to the fluctuating electricity mains supply caused by the fuel cuts, i.e. voltage drop. Fortunately, the incidence of Pulmonary Tuberculosis has *NOT* shown a corresponding increase above the previous average figures.

Ninety cases (48 males, 42 females) of active Pulmonary Tuberculosis were discovered during this period, of which 72 were City cases, 15 County cases, 2 were admitted to private sanatoria, and 1 case was admitted to the City Hospital.

The clinical work (5·4%) contrives to show a steady increase in comparison with previous years and has necessitated the appointment of a full-time Assistant Medical Officer. Over 5 in every 100 volunteers needed a clinical examination or a medical interview.

There can be little doubt of the popularity of Mass Radiography in Nottingham, both among local Medical Practitioners and the volunteers.

Assistant Medical Officer.

Dr. Lorna Heslop was appointed as full-time Assistant Medical Officer to the Chest Radiography Centre, Postern Street, and commenced her duties on September 1st 1947. This appointment was made owing to the steady increase in the clinical work from year to year.

Public Sessions.

Another series of "Public Sessions" were held from 1st October 1946 until March 31st 1947. These special sessions are arranged to give the Housewife, and members of her family above the age of 14 years, an opportunity to have a free chest X-ray examination, without previous appointment. Late evening sessions were held to give the work-people a chance to attend after working hours. These sessions are very popular and are well attended.

This series were well attended for the first three months, but were discontinued, by request of the Electricity Department, for the latter half on account of the Fuel Crisis. This was a misfortune because an appreciable number of work-people found time to attend, through the Industrial Crisis, for the first time, but unfortunately we could not deal with them.

Visit to Lincoln.

The City of Nottingham Mass Radiography team and our Mass Miniature Radiography set left Nottingham on September 3rd 1947 for a three months visit to Lincoln, which proved to be most successful. A total of 12,551 volunteers were X-rayed, (8,508 males, 4,043 females).

The team was as follows :—

Dr. L. Heslop	.. Assistant Medical Officer.
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Technical Staff :

Miss K. Grindrod	.. Radiographer-in-Charge.
Mr. J. Barker	.. Assistant Radiographer.
Mr. L. Bridges	.. Dark-Room Technician.
Mr. N. Shaw	.. Student Dark-Room Technician.
Miss M. Pennington	.. Marshaller.
Miss B. Stephenson	.. Organising Secretary.

Clerks :

Mrs. H. Clarke	
Miss M. Brentnall.	
Miss J. Favell.	
Miss B. M. Garner.	
Miss R. Harker	.. Shorthand-Typist.

During our stay there " Public Sessions " were held for three consecutive days of one week, during which, 2,006 people volunteered, (754 males, 1,252 females) which is easily a record response for our Unit. The greatest number of volunteers X-rayed in one day was 765 (242 males, 523 females). During this period the entire cost of the unit working in Lincoln was borne by the Lincoln Corporation.

Mobile Van.

The Ministry of Health has promised the City of Nottingham, as a gift, a special mobile van for Mass Radiography, which is essentially a beautiful fitted dark-room on wheels, and, at the time of writing this report,

delivery of this van is expected soon. This will mean that we shall be able to make a "flying visit" to much smaller factories than has been practical in the past, and will be welcomed by many industrial firms in this locality.

Acknowledgments.

It is anticipated that on July 5th 1948, our Chest Radiography Unit and the whole of its staff will pass over to the control of the Regional Hospital Board.

It is with this in mind that I would like to express my appreciation, as well as my indebtedness, to the Directors, the Managers, the Works Medical Officers, the Welfare Officers and the key personnel of the various industrial concerns of this City who have supported our Chest Radiography Unit so generously, and so enthusiastically during the difficult years of war, and, during the even more difficult post-war period. I sincerely hope that their loyal support of this excellent Service will continue in the years ahead. A special word of thanks is due to the Editors of the local Press for their support in the past years, and for giving us so much free space in their papers; to the Ministry of Information for showing their Anti-Tuberculosis films in support of our propaganda campaigns, whenever we have called upon them to do so; and to the local branch of the Cinema Exhibitors Association for their helpful publicity in support of our repeated series of Public Sessions.

I would like to take this opportunity of recording my appreciation, and thanks, to the local members of the Medical Profession, both Medical Practitioners and Consultants, for their generous support and magnificent co-operation since this service began in May 1944. I

hope that this splendid spirit of co-operation will continue in the future years as in the past.

May I say—"thank you" to my many colleagues in every branch of the Public Health Service, especially in the Tuberculosis Section, at the City Hospital, and in the Pathological Laboratory, for their helpful support, without which it would have been impossible to promote and expand a new service so smoothly and so well, and in such difficult times.

Finally, I wish to thank each and every member of my staff for their generous and loyal support, and for their constant enthusiasm throughout many trying times. It has been a joyful experience to have worked together with them as a team; The appreciably large number of letters of appreciation which I have received from members of the public, shows that they have done their job thoroughly and well.

VENEREAL DISEASES.

Report by Dr. R. Marinkovitch, Director of the Clinic.

New Cases.

There were 2,929 new cases dealt with during the year at the Glasshouse Street Clinics. Out of this number 1,352 were found to be suffering from Venereal Diseases, and the remaining 1,577 were found to be suffering from conditions other than venereal.

In Table I new cases attending the clinics during the past five years are set out :—

TABLE I.

New Cases.

Year.	V.D.	Non-V.D.	Total.
1943	1,114	1,117	2,231
1944	1,182	1,766	2,948
1945	1,371	2,024	3,395
1946	2,278	2,466	4,744
1947	1,352	1,577	2,929

Venereal Cases.

The term venereal in this country indicates three diseases, i.e. syphilis, gonorrhœa and soft chancre. There were 1,352 cases of venereal diseases dealt with for the first time during the year under review. Out of this number 957 were male patients and 395 were females. In Table II Venereal Cases are set out according to their sexes.

TABLE II.

Sex Incidence among V.D. Patients during 1947.

Diseases.	Male.	Female.	Total.
Syphilis ..	351	205	556
Gonorrhœa ..	572	189	761
Soft Chancre ..	34	1	35
TOTAL ..	957	395	1,352

Syphilis.

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

TABLE III.
Analysis of New Cases of Syphilis during 1947.

Stage	Degree.	Male.	Female.	TOTAL.
ACUTE.	1. Sero-negative primary ..	76	9	85
	2. Sero-positive primary ..	66	33	99
	3. Early Secondary ..	30	14	44
	4. Late Secondary ..	9	42	51
	TOTAL ACUTE STAGE ..	181	98	279
CHRONIC.	5. Endo-syphilis ..	20	42	62
	6. Tertiary and Visceral ..	16	15	31
	7. Neuro-syphilis ..	9	16	25
	8. Congenital syphilis ..	12	17	29
	TOTAL CHRONIC STAGE ..	57	90	147
	GRAND TOTAL ..	238	188	426

It will be seen from Table III that there were 181 male and 98 female patients with acute syphilis, making 279 fresh cases in acute infectious stage. During the year 1946 there were 241 male and 161 female patients making 402 in all.

The incidence of infectious (acute) syphilis according to the sexes during the 17 years in England and Wales as well as in Nottingham are given in Table IV.

TABLE IV.

Acute Syphilis.

Year.	ENGLAND AND WALES.			NOTTINGHAM.		
	Male.	Female.	TOTAL.	Male.	Female.	TOTAL
1931	6,421	2,683	9,104	90	30	120
1932	6,196	2,532	8,728	112	44	156
1933	5,949	2,141	8,090	134	33	167
1934	4,888	2,030	6,918	94	39	133
1935	4,226	1,745	5,971	59	26	85
1936	4,033	1,642	5,675	45	14	59
1937	3,986	1,647	5,633	35	16	51
1938	3,744	1,494	5,238	28	9	37
1939	3,574	1,412	4,986	31	10	41
1940	4,029	1,582	5,611	26	5	31
1941	5,023	2,309	7,332	21	17	38
1942	5,470	3,576	9,046	34	24	58
1943	5,159	4,483	9,642	53	53	106
1944	4,384	4,934	9,318	68	85	153
1945	5,214	5,527	10,741	118	123	241
1946	10,705	6,970	17,675	241	161	402
1947	—	—	—	181	98	279

Chronic Syphilis.

Out of 426 cases of syphilitic infection, 147 cases were in the chronic stage. There is a slight decrease in this stage, the figure in 1946 being 177.

Congenital Syphilis.

During the year there were 12 male and 17 female patients with congenital syphilis. Out of this number 4 male and 1 female infants were under one year of age.

The remainder were over 5 years of age. Compared with the year 1946 there is a slight decrease of congenital syphilis.

The Treatment of Syphilis.

All acute infectious cases are treated with penicillin if they can attend daily for eight days. In addition a course of neoarsphenamine and bismuth preparation is given. During the year 374 male patients and 311 female patients were treated with penicillin in oil suspension.

Gonorrhœa.

During the year there were 710 fresh cases of Gonorrhœa dealt with at the Clinics. Out of this number, 524 were male and 186 were female patients. Compared with the year 1946 there is a considerable decrease of Gonorrhœa. All these patients were treated with Penicillin in Oil, and a certain number of them were given Sulphathiazole treatment in addition to Penicillin.

Soft Chancre.

There were 54 patients with this condition. This is a slight increase in the disease, but it has no significance and is probably due to the greater care in the classification and diagnosis of non-syphilitic lesions of the genital organs.

Intolerance to Neoarsphenamine Treatment.

In Table V. the incidence of Dermatitis and Jaundice is shown :—

TABLE V.

Year.	Number of Syphilis patients attending	Number of patients developing Jaundice.	Number of patients developing Dermatitis.
1943	840	7 (0·8%)	3 (0·4%)
1944	1,138	16 (1·4%)	2 (0·1%)
1945	1,236	21 (1·7%)	4 (0·3%)
1946	1,794	7 (0·3%)	3 (0·1%)
1947	2,030	7 (0·3%)	7 (0·3%)

Defaulters.

In Table VI. defaulters are analysed according to the sex, and the figures are given for the past five years. It will be seen that the general defaulters rate for the year 1947 was 13·9%.

TABLE VI.

Defaulters.

Year.	Number of V.D. Cases attending.			Number of Patients ceased to attend.				Total Defaulters.	
	Males	Females	Total	Males Number	%	Females Number	%	Number	%
1943	1,173	683	1,856	83	7·1	44	6·4	127	6·8
1944	1,377	1,135	2,512	156	11·3	64	5·6	220	8·7
1945	1,288	1,167	2,455	111	8·6	52	4·4	163	6·6
1946	2,267	1,405	3,672	180	7·9	57	4·1	237	6·4
1947	2,074	1,339	3,413	313	15·0	163	12·2	476	13·9

Regulation 33B.

The following is a short report of work done under regulation 33B from 1st January to 31st December 1947. The number of Forms 1 received showed marked decrease from last year, and the number of patients found and examined has decreased.

	Male.	Female.
1. (a) Total number of contacts in respect of whom Form 1 was received	1	25
(b) Number in (a) transferred from other areas	—	2
2. Number of cases in 1 in which attempts were made outside the scope of regulation to persuade the contact to be examined before the latter has been named on a second Form 1	1	14
Contacts found	—	7
Contacts examined or already under treatment	—	13
3. (a) Number of those in 1 in respect of whom two or more Forms 1 were received	—	4
(b) Number included in 3 (a) in respect of whom the first Form 1 was previously reported under 1	—	4
(c) Number included in (3) (a) transferred from other areas	—	—
4. Number of those in (3) (a) who were :—		
(a) Found	—	3
(b) Examined after persuasion	—	3
(c) Served with Form 2	—	—
(d) Examined after service of Form 2	—	—

(e) Prosecuted for failure :—	Male.	Female.
(1) To attend for and submit to medical examination	—	—
(2) To submit to and continue treatment	—	—
(f) Transferred to other areas	—	—

**Lectures on Sex and Venereal Diseases by arrangement with the
Central Council for Health Education.**

No.	Date.	Lecturer.	Audience.	Number present.
1	7.1.47.	Dr. Marinkovitch	Nottingham Pharmaceutical Society.	60
2	7.2.47.	do.	Boy Scouts.	30
3	20.5.47.	do.	Nursing Staff of City Hospital, Nottingham.	60
4	23.5.47.	do.	do.	65
5	6.6.47.	do.	do.	65

CANCER.

The co-operation of the City and County Councils with the Joint Committee of the Cancer Campaign and the General Hospital, which was described in the last Report, has worked well. The work of the Radiotherapeutic Department at the General Hospital (under its new director, Dr. F. H. Cross) has continued with steady progress, aided by the financial grants from the two Local Authorities.

The following figures are extracted from the report of the Radiotherapeutic Centre :—

Out-Patient Clinics.	1944	1945	1946	1947
New patients	681	1,380	1,521	1,376
Follow-up examinations	2,967	3,888	4,701	5,046
Total patients seen	3,648	5,268	6,222	6,422
Treatment Table	1944	1945	1946	1947
Radium treatments and operations	245	353	384	406
Deep Therapy —Attendances ..	?	3,475	5,143	5,146
—Exposures ..	?	6,707	9,482	10,637
Superficial Therapy—				
Attendances	?	1,562	2,018	2,079
Exposures	?	3,702	5,100	4,540
Total attendances	?	5,037	7,161	7,225
Total Exposures	6,697	10,409	14,582	15,177
Mould-room Preparations	—	127	162	122

ULTRA-VIOLET RAY CLINIC.

The clinic in Heathcoat Street has continued as before to provide ultra-violet light and other Ray treatments to patients sent by medical practitioners in the City, and especially to young children referred from the Infant Welfare Centres. At the time of reporting, the destiny of this service, in relation to the changes being brought about by the National Health Service Act 1946, is uncertain. It is not known whether the Regional Hospital Board will accept liability for continuation, or whether the Corporation will still be allowed to do the work.

The following statistics refer to 1947 :—

Total number of patients treated—

Males	216
Females	353

Total number of treatments administered	9,353
Number of paying patients—	
(a) City	252
(b) County	33
	— 285
Free Patients	284

CITY BACTERIOLOGICAL LABORATORY.

This laboratory has for many years met the needs of City and County institutions and medical practitioners for the bacteriological diagnosis of infectious disease, for bacteriological help in tracing sources of infection, for the examination of water, milk and other foods in relation to bacterial contamination, and for serological work in connection with venereal diseases.

As outlined in the last Annual Report, the National Public Health Laboratory Service will relieve the Corporation of responsibility for this work, and the staff and equipment will be transferred. The effective date of transfer is May 1st, 1948.

Dr. Storer, who since 1926, has acted as City Bacteriologist, was due for normal retirement towards the end of 1947, but consented to remain in office until the date of transfer, when Dr. G. B. Ludlam takes over on behalf of the National Service.

The proposal to erect a new laboratory in the grounds of the City Hospital fell through. It is understood that the National Service will fit up a laboratory in the premises until recently used as an Ear, Nose and Throat Hospital in Goldsmith Street. The Corporation will lose by transfer the services of an efficient technical and clerical staff, many of whom have long and valued

association with the Health Department, but it is good to know that they will still be serving the citizens, though under different management.

During the year 31,633 specimens have been examined by the staff, as compared with 33,206 in 1946. For the purpose of comparison the figures of the past four years are set out :—

1. Examinations in connection with Venereal Diseases :—

1944	1945	1946	1947
12,386	16,953	23,781	24,059

2. Examinations under Public Health Acts :—

1944	1945	1946	1947
10,452	11,892	9,158	7,207

3. Clinical pathological work :—

1944	1945	1946	1947
186	281	267	367

PUBLIC MORTUARIES.

The Health Committee is responsible for the mortuaries at Leenside and Gregory Boulevard. The latter is rarely used, as it is more convenient to use the one at Leenside, which is fitted with refrigeration plant.

A more spacious building is needed with better viewing-room accommodation. Plans were prepared for this extension, in association with an improved Coroner's Court. So far it has proved impossible to proceed with this scheme.

In 1947 Leenside was used for 284 bodies and the number of post-mortem examinations was 265. These figures were supplied by Mr. H. G. Smith, the mortuary attendant, shortly before his sudden death in February 1948. He died while at work.

Mr. Smith had held his office since 1930 and provided an example of faithful and efficient devotion to community service of a nature which most people would consider extremely unpleasant. His services are worthy of record.

CERTIFICATION FOR CREMATION.

The Medical Officer of Health and his Deputy have continued to act as medical referees for cremation certification, and in order to cover emergencies the Home Office has permitted the appointment of Dr. J. V. Whittaker (a former deputy referee) as an occasional deputy referee.

The Medical Officer of Health has given evidence before a Home Office Committee on proposals to amend the Cremation Regulations.

In 1947 the referees acted in regard to 1,261 cremations at Wilford Hill Crematorium, compared with 1,029 in 1946.

CARE OF THE BLIND.

The arrangements for the care of the blind, including the Prevention of Blindness Scheme, continue to operate as described in previous reports, except for various allowances. The blind persons on the City register at 31st December 1947 are classified as follows :—

Blind Trainees	..	..	..	..	..	7
Blind Workshop Employees, including blind persons on the staff of the Institution	..	..	..	..	..	57
Home Workers	..	..	..	..	..	6
Unemployable blind receiving assistance	..	..	..	..	..	247
Blind persons not in receipt of any form of financial help from the City Council	..	..	..	..	..	208
Blind Home Teachers	..	..	..	..	..	1
School children	..	..	..	..	..	9

535

The cost of these services for the year ended 31st March 1948 stands at £20,477.

Prevention of Blindness Scheme 1947.

33 new cases have been accepted during the year, and treatment has continued on many cases accepted in the previous years.

Of the 33 new cases accepted, 31 were for cataract extraction, one for iridectomy and capsulotomy, and one for corneal graft.

During the year :—

Received treatment	..	..	..	..	15
Still awaiting treatment	..	..	..	..	12
Found unfit on admission	..	..	..	..	1
Refused treatment	..	..	..	..	3
Admitted Mental Hospital	..	..	..	..	1
Cannot be traced	1
					—
					33
					—

Expenditure : £522 0s. 9d.

Contributed by patients : £61 4s. 6d.

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