

[Report 1951] / Medical Officer of Health, Nottingham City.

Contributors

Nottingham (England). City Council.

Publication/Creation

1951

Persistent URL

<https://wellcomecollection.org/works/y2rpdhpy>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



CITY OF NOTTINGHAM

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR
1951

Nottingham :
DERRY AND SONS, LIMITED, PRINTERS.

PRINCIPAL CONTENTS

	Page
<u>PART I</u>	
Vital Statistics	6
<u>PART II</u>	
Health Centres	12
Maternal and Child Health	15
Home Nursing	34
Immunisation and Vaccination	41
City Ambulance Service	46
Prevention of Illness, Care and After-Care	49
Home Help Service	59
Mental Health	66
<u>PART III</u>	
Nurses Act 1943—Nursing Agencies	78
Nursing Homes	78
Birth Control	78
Nottingham Crematorium	79
Public Mortuaries	81
<u>PART IV</u>	
National Assistance Act 1948—Sect. 47	84
<u>PART V</u>	
Infectious and infective diseases	90
Sanitary Services	98
<u>PART VI</u>	
Housing	116
<u>PART VII</u>	
Food supervision and inspection	120
<u>PART VIII</u>	
Health Committee	140
Health Committee Staff	141
Attendances at Welfare Centres	144
The Tuberculosis Register	145
Measurement of atmospheric pollution	146
Details of sampling of "Other Foods"	147

P R E F A C E

This report, the fourth of my series, breaks with tradition in that it is published as soon after the close of the year as printing allows and before the final statistics can be calculated from the corrected returns of the Registrar General.

This procedure is not expected to find universal support, but it has the merit that a complete review of the previous year's work is available during the framing of financial estimates for each new financial year and that it also brings to those who are interested an account of the previous year while its events can still be readily recalled.

The disadvantage of publishing provisional statistics will be met by the issue, about Midsummer, of a separate sheet of final figures with a gummed edge, for the reception of which provision is made at page 8. In any case it is felt that while comment on the fluctuations of statistics from year to year is of value, the study of trends and comment thereon over a five-year period is of greater value for sound deductions.

★ ★ ★

Without exception the reports of the individual sections show a steady increase in efficiency.

The growth of the "Home Services" during the past year has been exceptional. The work of these services combined with the progress made in the prevention of the spread of pulmonary tuberculosis augurs well for material reduction in the incidence of this disease within a measurable period of years.

A review of the Home Help Service lays emphasis on the foresight of those who conceived this new branch of social work and goes some way to prove that the foundations of a

large and important service of great potential for good have been laid. It is essential, now the initial period is past that the Service be soundly organised on the lines of other permanent public services.

★ ★ ★

As reflected by improved statistics the policy of providing a better type and quality of equipment in the various establishments of the Health Committee following the shortages and depredations of the war years is bringing about a noticeable improvement in the quality of work carried out.

Linked with this policy is the necessity also for better clinic accommodation. An expression of this policy is found in the various stages of the building programme ; work has been commenced on the conversion of buildings at Bulwell for the new City Occupation Centre for 150 mental defectives, plans for the adaptation of The Hollies, Mapperley Road to provide further Mother and Baby accommodation have been submitted for Ministry of Health approval, plans also for a clinic and for residential accommodation for midwives and home nurses at the junction of Wilford Road and Queen's Drive have been approved by the Health Committee, while the first part of a Health Centre for the Bilborough area is represented by a proposal to build during 1952 one wing of the building to provide for the Health Services of the Corporation.

The scheme for Health Centres is modestly beginning to fructify. A block of four new houses is being built with adaptations at Clifton and by April of this year the Centre should be accommodating four medical practitioners who will be working in close company with the Local Health Authority services for the area.

★ ★ ★

Apart from the building of a Health Centre, the development of the Clifton housing estate offers to the City a unique opportunity not only for sociological study but for the bringing together of a balanced community to which, if well guided, many advantages should accrue. In many regards this "satellite" town should be a model for the entire country, for the advantages are even greater than those anticipated in the new towns of Stevenage, Harlow, Crawley, etc. in that the people will be drawn from a single area, i.e. the City of Nottingham, having cohesion and a common loyalty and having already, established local government.

WILLIAM DODD.

January, 1952.

HEALTH DEPARTMENT,
HUNTINGDON STREET,
NOTTINGHAM.

PART I.

VITAL STATISTICS

GENERAL.

POPULATION. 1951 Census	..	..	..	..	306,008
AREA in Acres	..	..	..	..	16,166
Rateable value	..	..	..	..	£2,283,106
Sum represented by a penny rate, 1951-52	..	..	..	..	£8,900
Rates in the £ (1951-52)	..	..	..	..	19/6d.

BIRTHS.

Legitimate	Males 2,528	Females 2,244	..	..	Total 4,772
Illegitimate	„ 187	„ 155	..	..	„ 342
Total live births	..	..	..	..	5,114
Provisional birth-rate per 1,000 of population	..	..	..	..	16·71
Excess of Births over Deaths	..	..	..	..	1,478

Stillbirths.

Legitimate	Males 61	Females 47	..	..	Total 108
Illegitimate	„ 2	„ 4	..	..	„ 6
Total Stillbirths	..	..	..	..	114
Provisional Stillbirth-rate per 1,000 births (live and still)	..	..	..	..	21·81

DEATHS.

All causes.

Males 1,855.	Females 1,781	..	..	..	Total 3,636
Provisional Death-rate per 1,000 of population	..	..	..	..	11·89

Maternal Mortality.

Provisional rate per 1,000 births (live and still)	·38
---	----	----	----	----	------------

Infant Mortality.

No. of Deaths of Infants under 1 year	..	..	..	..	167
Provisional rate per 1,000 relevant live births	..	..	..	..
Illegitimate	..	..	..	..	55
Legitimate	..	..	..	..	31

Specific Causes.

Measles	3
Whooping Cough	7
Diarrhoea (under 2 years of age)	4
Cancer	618
Tuberculosis	111

ANALYSIS OF INFANT MORTALITY.

NOTTINGHAM.

CAUSES 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	85	12	3	5	105	17	22	13	9	166
UNCERTIFIED	1	—	—	—	1	—	—	—	—	1
Insufflation of Stomach Contents	—	1	—	—	1	1	—	1	—	3
Haemolytic Disease of Newborn	2	—	—	—	2	—	—	—	—	2
Small-pox	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	2	—	2
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping-Cough	—	—	—	—	—	2	—	—	1	3
Diphtheria and Croup	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous)	—	—	—	—	—	—	—	—	—	—
Convulsions	—	—	—	—	—	—	—	—	—	—
Laryngitis	—	—	—	—	—	—	—	—	1	1
Bronchitis	—	—	—	—	—	1	1	2	—	4
Pneumonia (all forms)	—	2	1	—	3	8	16	6	2	35
Diarrhoea and Enteritis	—	—	—	—	—	1	—	—	—	1
Gastritis	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—
Suffocation (overlying)	—	—	—	—	—	—	—	—	—	—
Difficulty or Injury at Birth	6	1	—	—	7	1	—	—	—	8
Atelectasis	7	—	—	—	7	—	—	—	—	7
Premature Birth	55	4	1	1	61	—	—	—	—	61
Congenital Malformations	10	4	—	4	18	2	2	1	3	26
Atrophy, Debility and Marasmus	—	—	—	—	—	—	1	—	—	1
Other Causes	6	—	1	—	7	1	2	1	2	13
TOTALS	86	12	3	5	106	17	22	13	9	167

Birth, General Death, Infant and Maternal Death-rates.

NOTTINGHAM.

		Birth-rate	Death-rate	Infant	Maternal
		per 1,000 living		Death-rate per 1,000 births	
1856-1860	..	36.8	27.2	209	—
1861-1865	..	34.8	24.9	192	—
1866-1870	..	31.3	23.8	200	—
1871-1875	..	34.1	24.9	192	—
1876-1880	..	34.6	21.7	175	—
1881-1885	..	36.6	20.9	174	—
1886-1890	..	30.4	17.9	168	—
1891-1895	..	29.5	18.3	174	—
1896-1900	..	28.9	18.5	191	—
1901-1905	..	27.7	17.2	170	—
1906-1910	..	26.1	15.8	152	4.54
1911-1915	..	22.9	15.1	137	3.66
1916-1920	..	19.1	16.0	113	4.66
1921-1925	..	20.4	12.9	90	3.34
1926-1930	..	17.5	13.6	88	3.78
1931	..	17.2	13.6	82	4.1
1932	..	16.4	12.5	80	3.0
1933	..	15.8	13.4	85	3.5
1934	..	15.6	12.3	69	2.4
1935	..	15.7	12.5	81	4.4
1936	..	15.2	13.2	89	4.5
1937	..	16.0	13.4	80	2.8
1938	..	15.6	12.7	71	1.8
1939	..	15.8	13.3	66	1.3
1940	..	16.5	15.5	61	2.7
1941	..	16.0	14.0	80	2.8
1942	..	18.2	13.1	62	2.5
1943	..	19.1	14.3	65	1.38
1944	..	21.7	13.3	56	.85
1945	..	19.7	12.9	53	1.33
1946	..	22.0	12.5	42	1.09
1947	..	23.9	12.3	50	1.26
1948	..	19.8	10.9	44	.49
1949	..	18.9	11.8	38	.51
1950	..	17.4	11.1	31	.37
1951	..	16.71	11.89	33	.38

PART II.

HEALTH CENTRES

MATERNAL AND CHILD HEALTH

HOME NURSING

IMMUNISATION AND VACCINATION

CITY AMBULANCE SERVICE

**PREVENTION OF ILLNESS, CARE AND
AFTER-CARE**

HOME HELP SERVICE

MENTAL HEALTH

HEALTH CENTRES

A Sub-Committee of the Health Committee has been considering since 1947 a scheme for the ultimate provision throughout the City of a number of health centres.

A good deal of initial work has been devoted to the planning of the scheme and to the design of individual centres. The plans which have emerged have been found to conform to the principles suggested by the two major reports on Health Centres—that of the British Medical Association and that of the Central Health Services Council.

The basis of the scheme is one health centre to 15/20,000 of population combining in all but a few instances premises where Local Health Authority services will be sited with those in which general medical and dental services, etc. will be found.

Despite the absence of official authority to proceed with the formulation of schemes and the submission of proposals the Sub-Committee has covered considerable ground during the preliminary steps.

Now with the development of the new Clifton housing estate thoughts of necessity naturally turn to the establishment of medical services in a health centre. This estate—the construction of which commenced in 1951—is designed to accommodate by 1956 some 22,000 people. Sited as it is on 900 acres of virgin agricultural land, the centre of which is $3\frac{1}{2}$ miles from the City centre, and with a green belt which it is intended to perpetuate between the periphery of the City and that of the new housing estate, there are at present no medical

facilities nearer than 2 miles distant. Thus a splendid opportunity uncomplicated by existing interests presents for the early erection of a health centre.

Overwhelming financial considerations inherent in the past year precluded proposals for an *ad hoc* permanent building or for any part of it and so the Committee not to be deterred sought—and with the co-operation of the Housing Committee obtained—a block of four newly constructed houses in which to establish a temporary health centre.

Consultations with representatives of the Executive Council and with individual doctors proceeded and ultimately after many difficult points had been thrashed out agreement was achieved with the result that proposals are now—having been accepted by the City Council—awaiting the approval of the Ministry of Health.

The outlying area of Clifton will be brought within the City boundary on the 1st April 1952 when the Nottingham City & County Boundaries Act, 1951 becomes fully operative.

In considering the arrangements for a health centre it was borne in mind that such a centre must be regarded as a “pilot plant” to be kept within modest proportions and to be readily adjustable. In the first instance the block, with inter-communication and other adaptations, will include in addition to four consulting suites for general medical practitioners, accommodation for a small Maternal & Child Health clinic; a sub-centre for midwives, home nurses, health visitors, home helps and sanitary inspectors; a flat for a resident home nurse and a flat for a resident caretaker. Certain parts of the centre will therefore be used for different purposes at different times.

It may be as the development of the estate proceeds and the population grows that the centre may become crowded. On the score of size, however, nothing will be lost as far as homeliness and privacy are concerned.

The proposal is for four doctors who are practising within two miles of the estate to conduct their surgeries in the Health Centre. Nursing and secretarial assistance will not be provided though provision will be made later if need be. Arrangements are being made for individual suites each containing waiting room, consulting and examination room, while a 24-hourly telephone service will be maintained.

The prospect of *ad hoc* health centres is a distant one but there can be little doubt that experience of great value will be acquired in the type of health centre now proposed.

MATERNAL AND CHILD HEALTH

This has been a year of steady progress and although no major projects came into operation the development of certain services and the recent favourable trends in mortalities have reflected the continuous educational work of the staff.

The initiation of the routine estimation of haemoglobin levels for all expectant mothers attending ante-natal clinics led to the immediate benefit of the early detection of quite severe anaemias not clinically apparent.

In assessing the results over a period of time it may be possible to contribute to the incomplete knowledge of the effects of various biological and social factors on the anaemia of pregnancy.

The number of women who accepted gas and air analgesia steadily increased and was partly the result of the regular attendance of midwives for instruction to mothers at ante-natal clinics which now became possible with normal case loads.

The increase in the number of women attending the ante-natal relaxation classes was encouraging. As it was not possible to obtain the services of a physiotherapist to conduct classes at all the welfare centres a start was made in training midwives in the technique of simple relaxation.

The change in mortality trends first evident in 1950 continued. While the rapid decrease in the deaths of children between the ages of 1 month and 1 year is satisfactory some concern nevertheless must be felt at the increase in the number of neo-natal deaths and still-births.

Dental care for the pre-school child is now evolving. The Senior School Dental Officer set aside, starting in June, one session every three weeks for urgent cases of pain or sepsis. So far 256 children have been treated.

Births. There were 5,114 live births notified, representing a provisional rate of 16·71. The steady fall shown in the birth rate since 1947 is in accord with the national trend.

Year.		Nottingham.	England & Wales.
1942	..	18·15	15·6
1943	..	19·11	16·2
1944	..	21·7	17·5
1945	..	19·7	16·1
1946	..	22·05	19·2
1947	..	23·9	20·6
1948	..	19·82	17·9
1949	..	18·9	16·7
1950	..	17·47	15·8
1951	..	16·71	15·5

There were 342 illegitimate births.

Stillbirths. There were during the year 114 stillbirths which represents a stillbirth rate of 21·81 per 1,000 total births. It is disappointing to record this reverse in the steady downward trend shown in the preceding years.

		Rate per 1,000 total births.	England & Wales.
1942	..	32·22	33
1943	..	34·30	30
1944	..	26·6	28
1945	..	23·9	28
1946	..	22·69	27
1947	..	21·9	24
1948	..	23·3	23
1949	..	19·9	22·7
1950	..	19·5	22·6
1951	..	21·81	22·9

Premature Births. There were 370 premature births, which is 7·24% of the total live births, a figure comparable to that of the previous year.

The policy of admitting to hospital women in premature labour continues, though nevertheless there were 144 babies born prematurely at home. Of these, 17 were transferred to hospital and the remaining 127 were nursed at home.

Infant Mortality. Amongst infants under the age of one year 167 deaths occurred representing an infant death-rate of 33 per 1,000 live births ; a slight increase on the previous year. The illegitimate infant death-rate was 55 per 1,000 illegitimate births compared with the legitimate infant death rate of 31 per 1,000 legitimate births.

		Nottingham.	England & Wales.
1942	..	62	56
1943	..	65	55
1944	..	56	46
1945	..	53	46
1946	..	42	43
1947	..	50	41
1948	..	44	34
1949	..	38	32
1950	..	31	29·8
1951	..	33	29·6

The rise in the infant death-rate is entirely due to an increase in the number of deaths of those under one month. The wastage of infant lives between the ages of one month and a year which caused so much concern began to show—see table—a reduction last year ; a reduction which has been maintained.

	Deaths per 1,000 live births.	
	Under 1 month	From 1 month to 1 year
1947	27·7	22·3
1948	20·5	23·5
1949	16·0	22·0
1950	16·9	13·7
1951	20·7	11·9

The main causes of death of all infants and the proportionate death rates are shown :—

	1947	1948	1949	1950	1951
All Causes.	Total Death Rate.				
	50	44	38	31	33
Individual Causes	Proportionate Death Rate				
Respiratory Disease	13.2	15.9	13.5	7.46	7.8
Diarrhoea and Enteritis	4.3	5.6	6.6	2.35	.2
Congenital Malformations	6.3	4.9	4.0	5.23	5.1
Prematurity	10.6	4.9	5.4	7.19	11.9
Atrophy, Debility, Marasmus and Atelectasis	5.4	4.4	4.3	2.25	1.7
Birth Injury	1.4	1.2	1.4	.93	1.7
Other Causes	8.8	7.1	2.8	5.59	4.6

It will be seen that the death rates from the respiratory and gastro-intestinal infections taken together have shown a further fall.

The educative influence of the Health Visitor in the home should not be overlooked as a factor in the reduction of this group of largely preventable diseases, particularly as adverse environmental factors such as overcrowding and unhygienic conditions continue to operate, apparently unabated.

Neo-Natal Mortality. Deaths of infants under one month numbered 106—a neo-natal mortality rate of 20.73. Of these babies, 81% died in the first week of life compared with 88% in 1950 ; 76% in 1949 and 75% in 1948.

Principal Causes of Neo-Natal Deaths, expressed as percentages of Total number.

	1947	1948	1949	1950	1951
Prematurity	37.8	33.9	31.2	41.76	57.55
Congenital Malformations	16.5	20.6	19.4	25.27	16.98
Atelectasis	13.4	16.5	23.6	12.09	6.6
Combined percentage ..	67.7	71.0	74.2	79.12	81.13

It will be seen that the rise in the proportion of deaths due to these three causes combined continued in 1951.

The absolute increase in the neo-natal death-rate, the increased proportions of deaths due to prematurity, to congenital malformations and to atelectasis, and the high number of deaths in the first week of life must be considered together with the rise in the stillbirth rate. It is clear that more research is required into the factors which influence the premature onset of labour and the death of the child in utero or shortly after birth.

Deaths of Premature Babies. The following table shows the mortality of premature babies born at home and in hospital according to birth weights :—

	BORN AT HOME			BORN IN HOSPITAL		
	No.	Died.	Percent. Mortal.	No.	Died.	Percent. Mortal.
Up to & incl. 2 lbs. 3 oz.	4	3	75	9	6	66·7
2 lb. 3 oz.—3 lb. 4 oz. . .	9	4	44·4	24	12	50·0
3 „ 4 „ —4 „ 6 „ . .	25	7	28·0	48	13	27·1
4 „ 6 „ —4 „ 15 „ . .	26	1	3·8	47	6	12·8
4 „ 15 „ —5 „ 8 „ . .	80	11	13·8	98	8	8·2
	144	26	18·1	226	45	19·9

The death-rates per 1,000 relevant births are therefore 181 for babies born at home and 199 for babies born in hospital.

Maternal Mortality. There were two deaths of women ascribed to child bearing and pregnancy which represents a maternal mortality rate of 0·38 per 1,000 live and stillbirths.

— DOMICILIARY MIDWIFERY SERVICE. —

Staff. At the end of 1951 the domiciliary midwifery staff was up to strength with 36 full-time midwives and 1 midwife engaged whole-time on premature baby nursing.

With a fall in the birth rate from 17·47 to 16·89 the number of confinements conducted by City midwives fell to 2,493—a decrease of 65 on the 1950 figure. The case load per midwife has therefore fallen within the scope of the Rushcliffe Committee's recommendations.

A doctor was booked for maternity medical services by 809 women but in only 331 cases was the doctor actually present at delivery, the midwife acting as a maternity nurse. The proportion of unbooked cases has remained remarkably constant in recent years. There were 39 such cases in the year which represents 1·5% of the total home deliveries.

In addition to the nursing of patients delivered at home, 128 women who were confined in hospital on account of unexpected abnormality were returned home after delivery for nursing by the midwife originally booked.

Refresher Courses. Post graduate refresher courses were attended by six midwives and two others attended a special course at Lordswood Maternity Home, Birmingham on "The Preparation for Motherhood"; a course intended to assist midwives in instructing the mothers in simple relaxation exercises and in imparting the necessary instruction.

District Training of Pupil Midwives. District training was completed by 40 Part II pupil midwives from the Firs Maternity Hospital. There were 16 approved district teachers available for this training.

Hospital Bookings for Social Reasons. The demand for hospital booking continued and 428 mothers—being 17·5% of the total hospital confinements—were confined in hospital for social reasons.

In many cases home conditions were totally unsuitable for confinement while in some instances, where conditions were suitable, permission for confinement at home was refused by the owner or tenant of the house.

Gas and Air Analgesia. The number of women who availed themselves of this analgesia increased : 44%—compared with 35% last year—of the women delivered by City midwives were assisted by gas and air.

Maternity Emergency Service. The Obstetric Flying Squad from the City Hospital continues to render valuable service for emergency treatment in the home and was summoned for :—

Retained placenta	17 cases
Post-partum haemorrhage and shock ..	6 „
Incomplete abortion	1 „
Ante-partum haemorrhage	2 „
Eclampsia (an unbooked emergency) ..	1 „
	—
	27 „
	—

Consultant Clinic. Despite a falling birth-rate the number of women referred by Medical Officers of the City clinics to the weekly Consultant Clinic at Edwards Lane Welfare Centre steadily rose. In 1949 the birth-rate was 18·96 and 524 women were referred compared with 1951 when 646 women attended. The value of this specialist service is evident.

Mass Miniature X-Ray Examination. The number of women referred to the Chest Radiography Centre was 2,608.

The high proportion of women who failed to take advantage of this opportunity caused concern in recent years and it is satisfactory to record that the proportion of defaulters showed a substantial drop last year.

Dental Care : Expectant Mothers. The arrangements made with the General Dispensary continued whereby one session a week was devoted to mothers. The number of women who took advantage was 355, which represented 13% of the mothers attending the ante-natal clinics ; an improvement on 1950 when only 10% attended.

Blood Examination. On 1st January the estimation as a routine of the haemoglobin level in the blood of all expectant mothers attending the City ante-natal clinics was instituted in addition to other blood examinations. These estimations which are carried out at the Nottingham General Hospital are of great assistance in the early detection of anaemia. The incidence and the degrees of anaemia among pregnant women discovered by this procedure is being carefully studied but it may be several years before firm conclusions can be drawn.

Home Care of Premature Babies. The service proved of great value. The special equipment enabled the babies to be successfully nursed in their own homes often despite adverse conditions. Not the least important aspect of this service is the opportunity it provides for training the mothers in baby care.

Another midwife was trained at the Premature Baby Care Course at the Sorrento Maternity Home, Birmingham, in order to relieve the whole-time "Premature Baby" midwife for off-duty and holidays.

Mortality and Morbidity. There were two maternal deaths during the year. One woman died at home seven hours after delivery from obstetric shock in spite of all efforts to revive her and the other woman died in hospital from sepsis following abortion.

The Puerperal Pyrexia Regulations 1951 which came into operation on 1st August, widened the definition of a notifiable pyrexia so that the number of notifications increased during the year to 52 ; there were 16 notifications in 1950.

Notified cases of Ophthalmia Neonatorum showed a decrease of 22 on the previous year. There was no impairment of vision in any baby.

— GENERAL STATISTICS. —

Work of the City Midwives.

Deliveries (single and still-births).

No. of cases delivered as midwives	..	..	2,162	
No. of cases delivered as maternity nurses	..	..	331	
			—	2,493

Visits to Mothers.

Ante-natal	..	..	..	..	15,663	
Post-natal	..	..	..	..	46,855	
Special	..	..	..	..	1,886	
					—	64,404

Supervision of Midwives.

Visits to midwives and inspections of midwives' records and equipment	..	..	..	..		180
Inspection of midwives in nursing-homes	..	..				13

Special visits in connection with the following :—

Ante-natal conditions	..	..	..		119
Post-natal conditions	..	..	..		40
Still-births ..	..	..	..	..	12
Puerperal Pyrexia	..	..	..	..	27
Premature Babies	..	..	..	..	7
Skin conditions	..	..	..	..	9

REQUIREMENTS OF CENTRAL MIDWIVES BOARD.

Midwives.

Notifying intention to practise	..	..	..		150
Practising at the end of year	..	..	..		113
Ceased to practise in this area	..	..	..		37

Distribution in Active Practice.

Domiciliary Service	..	..	..		37
City Hospital	..	..	..		27
Firs Maternity Hospital	..	..	..		13
Women's do.	..	..	..		11
Highbury do.	..	..	..		11
Nursing-homes and Nursing Co-operations	..				7
Private Practice	..	..	..	..	7
					—
					113

Midwives' Notifications to Local Supervising Authority.

Still-births—acting as midwives	22
acting as maternity nurses	7
Deaths of infants—acting as midwives	13
acting as maternity nurses	8
Institution of artificial feeding—	492
Domiciliary cases	122
Hospital cases	370
Liability to become a source of infection	45

Medical Aid Calls to Doctors from Midwives.

	City Midwives	Private Midwives	Nursing- homes	Total
For Mother	656	1	16	673
For baby	167	—	5	172

Aid was sought for the following conditions :—

Mother.

Ruptured perineum.. ..	329
Pyrexia	64
Abnormal presentations	12
Prolonged labours	62
Ante-partum Haemorrhage	34
Post-partum Haemorrhage	26
Retained Placenta	26
Abortion and Miscarriage	31
Phlebitis	15
Still-births	6
Premature Labours	8
Obstetric Shock and Collapse.. ..	6
Other conditions	54
	673

Infants.

Prematurity	18
Jaundice	6
Deformity	16
Skin conditions	7
Eye Discharges	10
Other conditions	64
Sent to Eye Infirmary for advice, etc.	51
	172

Admitted to City Hospital direct from City Midwives.**Mothers.**

Premature labours	15
Ante-partum Haemorrhage	5
Other Causes	5
	<hr/> 25

Infant.

Prematurity	1
---------------------	---

Maternal Mortality.

Death in domiciliary confinements ..	1	Obstetric Shock
„ hospital (abortion)	1	Sepsis

Puerperal Pyrexia.

Cases Notified	Arising in		Nursed at Home	Admitted to Hospital	Notified Cases: Age Groups			
	Hospital	Home			15-20	20-25	25-35	35-40
52	9	43	34	9	10	22	18	2

Ophthalmia Neonatorum.

Cases notified :—

Institutional confinements	3
Domiciliary „	23

Of the 26 notified cases three were treated in hospital and the others at home to whom the ophthalmic nurse paid 102 visits. Other eye conditions necessitated 3,194 visits.

HEALTH VISITING.

Staff. The year opened with 23 health visitors and though the numbers fell for a time due to resignations there were 26 in December, the number having been increased in August by 6 new health visitors joining the staff from the City scheme for assisted training at the University of Nottingham.

The average case load of the Health Visitor in December was 970 children under the age of 5 years. This is nearly double the recommended case load so that it is not possible to arrange adequate home visiting for all children under the age of 5 years. It has therefore been the policy during the last 18 months to concentrate home visiting on the susceptible children under the age of 1 year. It can be seen that this policy has proved the right one by the reduction in the death rate between one month and a year to half of that in 1949. Nevertheless, the situation cannot be regarded as satisfactory while there is inadequate home visiting between 1 and 5 years; a reflection which is seen in the low attendance at 'Toddlers' Clinics. Moreover the depleted staff of health visitors thus overburdened has been unable to carry out duties extended by statute to the whole family or to meet the very particular needs of the aged.

Home Visits.

Primary visits	..	..	..	5,029
Revisits under 1 year	..	..	..	27,421
„ 1 — 5 years	..	..	..	42,311
Other visits	..	..	..	725
Total No. of home visits				75,486
“ No Access ” visits				15,004

Although there were fewer babies born, 4,748 more visits than in 1950 were paid to children under the age of 1 year. There is accordingly a reduction in the number of visits to children between the ages of 1 and 5.

Welfare Centres. There were no alterations in the routine clinic activities and specialised sessions at the 12 Welfare Centres.

Centre Attendances. Although the number of individual children attending the Infant Clinics increased the total number of attendances fell, which reduced slightly the congestion at these clinics and the average attendance is therefore lower.

A review of attendances showed that approximately 69% of the children under one year attended a Welfare Centre but between the ages of 1 and 5 years the percentage fell to an annual average of 37%.

Ante-Natal Relaxation Class. The relaxation classes held twice weekly since December 1950 continued at Radford and Huntingdon Street Welfare Centres. The classes, which are conducted by a part-time physiotherapist, are designed to teach expectant mothers the technique of muscle relaxation which exerts so profound an influence at the time of labour. At the same time simple illustrated explanations which do much to dispel the fears springing from ignorance or "old wives' tales", are given of the succeeding events of labour and the processes of parturition.

The classes are open to all expectant mothers attending the ante-natal clinics but only 338 women took advantage of this training. It must be remembered however that this is a pioneer service in Nottingham and the numbers attending these classes will undoubtedly increase as the benefits become appreciated. The service, however, cannot be regarded as satisfactory until classes can be provided at each Welfare Centre.

CONSULTATION CLINICS.

Children's. This new service provided by a weekly session at Huntingdon Street proved of value for difficult cases of early disorder where much time and patience is often required to unravel underlying causes. A total number of 143 children was referred.

Ear Nose and Throat. At this clinic held monthly at Edwards Lane Welfare Centre the consultant examined 243 children and made recommendations as under :—

For operation	..	..	..	161
No treatment	..	..	..	34
For review	..	..	..	9
Referred to private doctor, hospital, etc.				39

Orthopædic.

The number of children referred to the Cripples' Guild for treatment was 752.

The main conditions were as follows :—

Knock-knees, flat feet and bow legs	..	602
Congenital deformities	..	118
Paralysis	..	6
Rickets	..	9
Other conditions	..	17

— DAY NURSERIES. —

Places. In the 9 day nurseries there are 135 approved places for children up to 2 years of age and 205 places for those from 2-5 years of age. Experience has shown that the number of children on the register can be increased by 10% without exceeding the approved daily occupancy and as a result it has been possible to accede to requests from doctors, probation officers, hospital almoners and N.S.P.C.C. officers for urgent short-stay admissions. Each nursery continues to have a waiting list of priority cases.

Priorities for Admission. At the end of the year the children attending the nurseries were in the following categories :—

Mother sole breadwinner	33%
Family income insufficient	32%
Parents disabled, in prison or suffering from chronic illness..	13%
Living under bad housing conditions	11%
Mothers in essential employment e.g. nurses and teachers ..	7%
Temporarily accommodated by special request	4%

Nursery Closure. Bells Lane, Bulwell and Pierrepont nurseries were closed for periods of 6-8 weeks for redecoration and structural alterations during which time the children were either accommodated in other nurseries or cared for by relatives.

Sickness. Outbreaks of infection during the early months of the year affected most of the nurseries and the incidence of colds and bronchitis depleted the attendances during the winter months.

The numbers of cases are given :—

Measles	76
Whooping Cough	25
Mumps	25
Chickenpox	11
Scarlet Fever	1
Glandular Fever	1

Attendance. The attendances during 1951 were 2,846 less than in 1950 due partly to the closure of the three nurseries for structural alterations and redecorations and partly to the fact that during October, November and December several mothers were working on short time. In some instances mothers whose children were offered vacancies in a nursery were unable to obtain employment.

Attendances in the 9 nurseries were as follows :—

Age Group.	Average daily attendance.	Total No. of Places.
0 — 2 yrs.	.. 92·5	135
2 — 5 „	.. 167·9	205

Charges. Following a circular from the Ministry of Health authorising charges to be made in nurseries to cover the cost of preparation of food in addition to the actual cost of the food, the charges were increased in January 1951 to 1/- per day for children under 6 months and 2/- per day for children over 6 months. In 36 cases of hardship a remission of charges from 2/- to 1/- was applied for and granted.

Approval of Training Nurseries. In September Arnold Road Nursery was approved by Inspectors of the Ministries of Health and Education for the training of nursery students, thus bringing the total number of nurseries approved for training to 7.

Nursery Training Centre. Also in September 42 new students started training at the Nursery Training Centre, bringing the total number of students to 84. These students who are drawn from the City, parts of the County, from Long Eaton, Loughborough and Ilkeston spend two days each week at the Training Centre and three days in nurseries and nursery schools. A

Medical Officer from the Health Department and the Supervisor of Day Nurseries each give part of four days a week to the training of these students.

In September, 23 students took the examination of the National Nursery Examination Board :—

Successful	20
Failed	3
Successful later	1
Obtained other work	2

NURSERIES AND CHILD MINDERS' REGULATIONS ACT 1948.

There were no applications for registration as Child Minders during the year. Supervisory visits were paid regularly to the 15 registered daily minders and at the end of the year only 1 woman was actually taking children for daily care.

Private Day Nurseries. The only private day nursery in the City is attached to the Bairns-wear Factory and provides daily care for 50 children in satisfactory premises. The attendances were drastically affected by the reduction in the work available to women and since the beginning of September the daily attendances ranged between 5 and 10 and several members of the staff had to be suspended.

— MOTHER AND BABY HOME. —

No. 1 QUEEN'S DRIVE.

This Home provides accommodation for eight unmarried mothers with their babies and during the year 22 expectant mothers were admitted. The average period of stay was 16 weeks and the mothers and babies were kept until satisfactory employment and accommodation—either with relatives or in lodgings—were found. Every effort is made to encourage the mothers to keep their babies and last year there were four adoptions. Four girls left the Home before their babies were born, three of them having been accepted back into their families and one girl to be married. The health of the mothers and babies throughout the year was satisfactory.

The results of the work carried out are summarised below :—

Mothers in the Home 1.1.51	..	..	..	8
Mothers who returned home with their babies	..			5
„ „ went into lodgings	„	„	..	7
„ „ returned home undelivered	..			3
„ „ left to get married	..		..	1
„ „ went to work and baby sent to residential home	..		..	2
Babies adopted	..	..	..	4
				<hr/> 22
Mothers remaining in the Home 31.12.51	..			8

THE HOLLIES, No. 8 MAPPERLEY ROAD.

A review of the situation in Nottingham and discussions with the Southwell Diocesan Board of Moral Welfare have shown the need for an increase of the long-stay accommodation. A well-situated house with a pleasant garden has been acquired in Mapperley Road, and plans approved for its conversion into an additional Home where there will be accommodation for six mothers with their babies and two expectant mothers.

HOME NURSING SERVICE

The Minister of Health approved the transfer of the Service from the Nottingham District Nursing Association to the Corporation with effect from the 20th August, 1951. On this date the agency arrangements ceased and the Health Committee commenced to operate the Service directly.

A token ceremony held on 26th September at the Council House marked the occasion and afforded an opportunity for the Health Committee to welcome the Home Nursing Sisters and to thank the Voluntary Committee for their past service. It was at this meeting that Mrs. Frank Seely, President of the Association, fittingly likened the Home Nursing Service to a torch, in the words—"We pass to the local health authority the Torch to be kept permanently lit".

The Wollaton and Trowell District Nursing Association on 5th July transferred the responsibility for Home Nursing in Wollaton Village to the Nottingham District Nursing Association so that the Corporation now is responsible for the Service in the entire City.

The Queen's Institute of District Nursing accepted the Service for Affiliation to the Institute from 1st July 1951—and automatically the Service was accepted in membership with the Institute after the transfer to the Corporation.

The year has seen many improvements, all of which have increased the efficiency of the service given. An increase in the amount of work done is shown in the tables : more patients have received more visits and nursing care over a longer period has been given to a larger number of patients. Compared with 1950, when the number of patients remaining on the register at

the end of each month was approximately 600, this year 800 have remained. To this number an increasing number of new patients has been added, making an average of 1,200 patients nursed each month. This in part is caused by many more aged persons being nursed in their homes, due partly to insufficient hospital accommodation but also because better facilities are being made available for the home nursing of sick persons.

Chemotherapy, including the continued use of Streptomycin, is also responsible for the increased amount of work, as is too the amount of pre-operative and post-operative treatment given; thereby assisting in freeing hospital beds for sick persons hitherto requiring hospital treatment. Another contributing factor is the increase in staff, enabling the nursing sister to give better care to sick persons as well as being able to visit more frequently.

Again this year a high proportion of the work is requested by general practitioners—approximately 85%, the remaining 15% being requested by Hospitals, Welfare Officers, the Home Help Organiser and occasionally Voluntary Organisations and the Health Department.

Motor transport and the installation of more telephones have considerably helped the nurses to carry out their duties more thoroughly and with less fatigue. The provision of waterproof uniforms mackintosh coats has also contributed to their efficiency and comfort and—not to be ignored—to the pleasure of those whom they visit. The public are distressed to see a nurse enter their homes soaked with rain, especially too when they are tired from cycling up hills.

Since February, it has been possible for the nursing sisters to have a complete day-off weekly, but long hours have needed to be worked on the remaining days and Sundays. With increasing numbers of staff these hours are gradually decreasing, but they

still remain high due to a high sickness rate amongst the nurses themselves. It is expected that the reduction of working hours as more staff are appointed will lower this sickness rate.

The teaching and advising of patients and relatives on how to avoid the spread of infection, home accidents and the elementary nursing care of sick persons is an important part of the Home Nursing Sister's duties which, when carried out, minimises the work required of them. Unfortunately, this has to be the first duty to be omitted when the nursing sisters are for any reason very busy. Too, the acknowledged healing value to the mentally ill patient of having a "good listener" is lost by the hurried visit of a too busy nurse who is thinking of the number of persons still waiting for her attention.

Recruitment of further staff, however, is required before all the nursing care needed can be given, but this in turn depends on improved conditions for staff—which would provide an incentive for continuous recruitment to replace nurses who have terminated their duties. District training facilities and hostel accommodation for nurses would undoubtedly improve recruitment.

Student nurses from the City Hospital have visited with the nursing sisters of the Home Nursing Service and have been much impressed by the work carried out. The assistance given in this way to the training of hospital nurses fosters the good relationship which already exists between the hospitals and the many other Statutory and Voluntary bodies.

The Deputy Superintendent attended a post-graduate course for Senior and Junior Administrators organised by the Queen's Institute of District Nursing at Roffey Park on 15th to 20th October.

New equipment has been obtained—including the supply of barrier outfits for the nursing of tuberculous patients and other infectious conditions such as intestinal infections, erysipelas, measles with bronchitis complication, scarlet fever pending confirmed diagnosis, chicken pox and puerperal pyrexia. Where this special equipment is used, the time spent at each nursing visit is increased, but much satisfaction is obtained by the nursing sister who is now able to apply, with confidence, the technique for the prevention of the spread of infection. A further value is that it impresses upon patient, relatives and contacts the need to observe the instructions given by the staff of the Chest Centre and by the Home Nursing Sister.

The Report of 1950 recorded difficulties caused by insufficient bed linen, sleeping attire, etc. A limited supply of drawsheets and gowns for loan to incontinent patients has been made available and has given comfort to the patient and encouragement to the nurse. Experience is already showing that further supplies on these lines will be needed. Added to all the facilities previously available, the supply of sheets and gowns ensures to the patient as efficient a service in the patient's own home as he or she would receive in hospital, especially where necessary, arrangements can be made also for the laundering of these articles.

Patients are frequently found to be sitting on a chair or lying on a couch due to the fact that they have no bed or bedding, and often there is no bowl or other equipment with which to carry out nursing care. However, in all cases the condition has been remedied by loans from the Health Department or by grants from the National Assistance Board to purchase equipment. In exceptional cases immediate help has been received from National Assistance Board Officers in reply to a telephone communication,

hence many patients who hitherto of necessity would have been admitted to hospital are now cared for in the familiar surroundings of their own homes.

Many distressing conditions have been referred to the Superintendent for nursing care and though so many times on the first visit it has appeared to be an almost impossible task, in all cases—by the perseverance of the nursing sister and the facilities available—it has been possible successfully to carry out the recommendations of the medical practitioner.

There is still one great need, again dependent on the human element—which can by no other means be supplied and which depends upon the services of the good neighbour. Many elderly patients convalescing from acute illness are destined to chronic invalidism or senility because there is no-one to attend to them getting up or going back to bed. It is difficult to re-educate the muscles and limbs of old people who have remained in bed for a long period. Much patience and time is required to assist these persons in getting up for increasing periods each day and it is also necessary in cold weather to have some one responsible for maintaining the temperature of their room. To this end, the co-operation of the St. John and Red Cross Nursing Aids has been invaluable, but more of this kind of help is required from neighbours or friends. The Nursing Aid voluntarily care for one or more patients according to the time available—sometimes giving a weekly bath or, on other occasions, visiting patients in the evening for the purpose of undressing them, helping them to bed, attending to the fire, etc. Another condition which retards the recovery of the aged and those who live alone is the absence of an adequate diet. A good Meals Service would do much to hasten the recuperative stage, after which time the patients could care for themselves.

Loan of Nursing Equipment

Structural alterations and repairs at 13 Regent Street have improved the facilities for cleansing and storing of nursing equipment and appliances and the appointment of a part-time member of St. John Ambulance Brigade for cleansing and preparing for use, under supervision, nursing appliances and equipment, has considerably assisted the administrative staff and ensured adequate cleansing, sterilisation, and care for all equipment. As can be judged by the amount of appliances and equipment now in use and the number of times each article is used, the cleansing and clerical work incurred has tremendously increased and the number of enquiries for equipment is steadily mounting. It is essential that equipment should be available when a bearer comes to Regent Street for it, as so often a patient is dependent on someone calling either on their way to or from work or at weekends. For figures see page 57.

The tables show the various conditions nursed and the results recorded indicate that patients can adequately and comfortably be nursed in their own homes for pre-operative and post-operative care :—

THE YEAR'S WORK.

	1950	1951
Number of patients on the register, 1st January ..	642	826
Number of new patients attended	3,429	3,980
	<hr/>	<hr/>
Total number of patients attended	4,071	4,806
Number remaining on register, 31st December ..	826	927
	<hr/>	<hr/>
Number of patients taken off the register ..	3,245	3,879
Total number of nursing visits	127,734	173,124
Total number of supervision visits by administrative staff	—	2,015

Patients' illnesses were classified as follows :—

Respiratory	..	..	..	..	825
Due to senility	..	..	..	..	700
Tuberculosis	..	..	..	..	533
Digestive	..	..	..	..	510
Circulatory and Cardiac	..	..	..	..	460
Burns, scalds, injury, etc.	..	..	..	..	400
Nervous and Cerebral	..	..	..	..	325
Carcinoma	..	..	..	..	307
Rheumatism, Arthritis	..	..	..	..	215
Diabetic	..	..	..	..	194
Urinary	..	..	..	..	114
Reproductive	..	..	..	..	112
Ulcer of leg	..	..	..	..	95
Infectious fevers	..	..	..	..	16
					<hr/> 4,806

Age Groups.

Under 5 years	..	..	..	..	1.5%
5 — 16 years	..	..	..	..	2.5%
16 — 45 years	..	..	..	..	12.0%
45 — 60 years	..	..	..	..	20.0%
Over 60 years	..	..	..	..	64.0%

Nursing visits were discontinued for the following causes :—

Patients convalescent	..	..	..	1,857	1,542
Treatment completed	..	..	..	316	710
Treatment discontinued	..	..	..		274
Patients admitted to Hospital	..	..	..	492	661
Patients died	..	..	..	580	647
Other causes—left the district, etc.	..	..	..	—	45
				<hr/> 3,245	<hr/> 3,879
				<hr/> <hr/>	<hr/> <hr/>

IMMUNISATION AND VACCINATION

There was no change in the procedure adopted in carrying out the duties imposed under Section 26 of the National Health Service Act. Vaccination against smallpox and immunisation against diphtheria are the only procedures approved, but active consideration is now being given to introducing—in the light of recent research—innoculation against whooping cough.

IMMUNISATION AGAINST DIPHTHERIA.

Pre-school children and those attending primary or nursery schools were dealt with separately. At 6 centres, 101 sessions were held for pre-school children with an average attendance of 63·6.

The arrangements for school children were carried out by a travelling team visiting large schools whenever the number of consents for immunisation was sufficient, at the same time serving other small schools in the area ; nursery schools, and—if requested—any private schools. A total of 102 sessions were held with an average attendance of 40.

The immunising agent used in all cases was Alum Precipitated Toxoid (A.P.T.) provided through the Public Health Laboratory Service. No Schick testing was carried out.

The number of children who completed immunisation during the course of the year and who, at the time of completion, were still under the age of one year, was 2,421 representing 47% of children born during the same period. This result is an improvement of 6% on the corresponding figure for the previous year.

Analysis of Immunisations carried out 1947-51

	PRIMARY IMMUNISATIONS.				RE-INFORCING INJECTIONS.	
	Pre-School Children.	School Children.	At Welfare Centres.	*By General Practitioners.	At Welfare Centres.	*By General Practitioners.
1947 ..	3,732	843	4,575	—	7,217	—
48 ..	5,493	1,188	6,579	102	6,358	—
49 ..	4,695	778	5,120	353	2,844	14
50 ..	4,106	544	4,175	475	2,156	34
51 ..	3,907	860	4,026	741	3,267	80

* Includes only those cases for which a General Practitioner has rendered a record card to the Health Department—applicable only since 5th July 1948.

Present Immunisation State

Nos. of children fully immunised :

Born.	Age.	No.	Born.	Age.	No.
1937 ..	14	3,425	1945 ..	6	3,508
1938 ..	13	3,553	1946 ..	5	4,160
1939 ..	12	3,601	1947 ..	4	4,637
1940 ..	11	3,285	1948 ..	3	3,832
1941 ..	10	3,217	1949 ..	2	3,605
1942 ..	9	3,584	1950 ..	1	3,118
1943 ..	8	3,770	1951 ..	0—1	321
1944 ..	7	4,100			<u>51,716</u>

The child population fully immunised :

Age 0 — 1 year	..	..	..	6%
„ 1 — 5 years	..	..	..	66%
„ 5 — 15 „	..	..	..	84%
„ 0 — 15 „	..	..	..	73%
Total Child Population	..	..	..	71,120

Progressive totals of children fully immunised at 31st December annually.

	0—5 years.		5—15 years.		0—15 years.	
	No.	Percent.	No.	Percent.	No.	Percent.
1947 ..	11,490	44	32,311	78	43,801	65
1948 ..	13,714	55	33,685	83	47,399	70
1949 ..	14,664	53	34,792	84	49,456	72
1950 ..	15,467	55	35,220	82	50,687	71
1951 ..	15,513	55	36,203	84	51,716	73

The improvement in the percentage of children immunised before reaching the age of one year is important, but far too many children still remain unprotected. The under 5 group is not fully protected either, showing as a group a lower percentage than that for the 5-15 years group or that for the entire child 0-15 years population. The tendency for parents to risk their children and to defer immunisation until they have actually started school must be corrected.

The Effect of Immunisation

Year.	No. of cases of Diphtheria.	No. of cases in immunised persons.	*Deaths from Diphtheria.
1941	455	13	13
1942	269	14	11
1943	152	15	5
1944	82	11	2
1945	110	26	8
1946	44	11	5
1947	9	1	1
1948	10	—	3
1949	1	—	—
1950	—	—	—
1951	—	—	—

*All occurred in the non-immunised.

The overall picture though not complete is, as far as it goes, satisfying ; for three years no deaths have occurred and for two years there has been no confirmed case. Greater testimony to the effectiveness of immunisation there could not be, nor a stronger indication of the essential need for maintaining a high level of protection throughout the child community.

Association between Immunisation and Poliomyelitis ?

A possible association between poliomyelitis and immunising injections received considerable comment in the press and it was thought that this publicity might lead to a fall in, or a

suspension of, diphtheria immunisation ; neither occurred. Instead an upward trend in the number of immunisations carried out was recorded.

Nevertheless, each case of poliomyelitis—25 in all—was investigated with the object of finding out whether diphtheria immunisation or any other injections influenced the onset or the site of the disease. In no case was there any history of injections within the period of five months prior to the onset of the disease.

VACCINATION AGAINST SMALLPOX.

The same six centres used for diphtheria immunisations in the under fives were used for vaccination purposes, the sessions of which there were 100 with an average attendance of 20 being held at different times. The health visitors made the primary approach to the parents and on receipt of a consent form signed by the parent, arrangements were made at the centres for vaccination.

The total number of vaccinations carried out increased, both for children under one year and for other age groups. There was no report of any complications from vaccination.

Summary.

	Number of cases vaccinated in 1951.						
	Age at 31.12.51.					By General Practi- tioners.	Under Health Dept. Arrange- ments.
	Under 1 yr.	1-4 yrs. incl.	5-14 yrs. incl.	15 yrs. & over.	Total.		
Primary Vaccination	2,135	128	74	208	2,545	668	1,877
Re- Vaccination	—	5	30	547	582	463	119

Infant Vaccination.

In non-epidemic times the vaccination of infants is one of the objects of the Local Health Authority. Primary vaccinations under the age of one year fell considerably when the compulsory effects of previous legislation was removed by the National Health Service Act, 1946, but since that time, gradual improvement has occurred.

	Number of Primary Vaccinations under 1 year of age.	Percentage of births during same period.
2nd half year, 1948	627	20·3%
1949	1,956	34·4%
1950	2,003	38·3%
1951	2,135	41·8%

In epidemic times contacts in all age groups must be vaccinated, but in order to create a basal immunity without complication, infant vaccination must be persisted in.

CITY AMBULANCE SERVICE

A summary report of the fourth year of the service is written by Mr. Ben England, M.I.Mech.E., M.Inst.T.

Management of the Service. The Ambulance Service continues to be controlled by the Health Committee, but the management is in the hands of the General Manager of the City Transport Department who, as General Manager of the City Ambulance Service, is responsible direct to the Health Committee.

Salaries Staff. This comprises an Ambulance Superintendent, a Deputy Ambulance Superintendent, a Control Clerk, four Control Assistants, and a shorthand typist.

Employees. The employee who had been recalled to the Army returned to duty early in December. The number of driver-attendants fluctuated between 60 and 65 and at the 31st December 56 male driver-attendants, 3 female drivers and 2 male attendants were in the employment of the Service.

Ambulances. As reported in my report for 1950, five new ambulances on Humber Pullman Mark II chassis were ordered; these vehicles were delivered during the year. Two of these five new vehicles were used as replacements for old vehicles, and the remaining three have been taken as additional vehicles. This makes an ambulance fleet of 22.

Sitting-Case Cars. The number of sitting-case cars was increased from three to four by the purchase of a second-hand vehicle from another Corporation Department.

Garage Accommodation. It was found possible to discontinue the use of the trade garage formerly in use for the accommodation of the vehicles.

New Ambulance Station. Mention was made in my previous report that it was hoped, in the course of a few years, to have one large station and the Guildhall Station.

At their meeting on the 20th February 1951, the Health Committee approved for the new ambulance station, a site on Beechdale Road near its junction with Western Boulevard.

Two-Way Radio. The Committee approved my recommendation for the installation of a two-way radio scheme. By this medium it is expected that certain economies and greater efficiency will be achieved. The orders have been placed and it is hoped that the apparatus will be working by February or March 1952.

Emergency Calls. No major disaster occurred during the year now under review.

Additional staffing arrangements were made during the Festival of Britain weeks, and fortunately were, in many instances, found unnecessary.

Civil Defence. With the approval of the Health Committee, Civil defence volunteers have undertaken duties at the ambulance stations and have assisted in manning our vehicles. A special demonstration by the Civil Defence Corps was arranged for the Festival of Britain week and Ambulance section volunteers were trained and took part.

Mileage, Patients, and Outpatients. This year has proved no exception to the rule that the number of patients and the mileage increases annually. During 1950 the service conveyed 62,858 patients a distance of 321,673 miles, while in 1951 the figures were 68,896 patients and 343,150 miles.

Long-Distance Journeys. Every effort is made to send patients by train when they have to be taken on long journeys, and the staff of British Railways has always been most co-operative.

Progress. The Service has run with smooth efficiency during the year, and I record my appreciation for the hard work of my Ambulance Superintendent, Mr. A. K. Hicks, the administrative staff and the employees, for their contribution towards this essential service to the public.

Summary. At 31st December the Ambulance Service comprised the following :—

Salaried staff in the grading scheme	..	..	8
Driver-attendants and two attendants	..	..	61
			<hr/>
TOTAL PERSONNEL	..	..	69
			<hr/>
Ambulances .. .. .	..	..	22
Sitting-case Cars .. .. .	..	..	4
			<hr/>
TOTAL VEHICLES .. .. .	..	..	26
			<hr/>
Ambulance Stations .. .. .	..	..	4

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

TUBERCULOSIS.

The care of the tuberculous continued to be carried out within the National Health Service by the Corporation as Local Health Authority and the Regional Hospital Board.

For purposes of curative care the City boundaries no longer existed ; the Chest Centre at Forest Dene through its specialist medical staff undertaking the care of patients from the City and from surrounding areas of the County alike.

It was more fully realised during the year that integration of the closest character is essential between the preventive and curative teams and considerable progress to this end was made. The recording of this latter fact together with the anticipation of far-reaching results from joint efforts is perhaps one of the most satisfying elements in this report.

Rehousing. In January the Estates Committee agreed to increase the allocation of houses to tuberculous patients from $7\frac{1}{2}\%$ to 20%. Adequate housing being the greatest single asset in the prevention of tuberculosis it was not surprising that the increased allocation led to considerable effort in reviewing the waiting list and deciding on the priority to be given to each case. This work was carried out by the Medical Officer of Health and the Staff Care Conference and resulted in the rehousing of 135 tuberculous families.

Bacille-Calmette-Guerin Vaccination. Arrangements for B.C.G. vaccination of familial contacts were put into operation late in 1950, the initial testing, X-ray examination and the

actual vaccination with subsequent follow-up being carried out at Forest Dene Chest Centre. The year's work covered the vaccination of 374 tuberculosis contacts.

Work of the Staff Care Conference. The Staff Care Conference, consisting of the Senior Chest Physician, the Senior Tuberculosis Health Visitor and the Tuberculosis Almoner continued to meet weekly at the Chest Centre, Forest Dene.

Special needs arising from tuberculosis are met through Corporation Care Funds administered by the Conference. A small voluntary fund also provided help occasionally in cases where the use of Corporation funds would not be appropriate.

The same needs tend to recur—i.e. loan of beds so that patients may sleep alone ; provision of bedding ; cheap milk ; laundry and domestic grants, etc.

Summary of the type and number of cases assisted :

Milk at reduced price, (2d. per pint)	..	..	188
Provision of bedding	..	..	101
Loans of beds and mattresses	..	..	60
Domestic Help	..	..	70
Clothing	..	..	4
Payment of fares to visit relatives in Sanatoria	..		2
Laundry grants	..	..	7
Occupational therapy	..	..	3
Removal expenses	..	..	2
Wireless installation	..	..	1
TOTAL	..	..	438

All patients were assessed on the Health Department scale.

The Work of the Almoner. New interests were brought to the almoner by the start of B.C.G. vaccination for tuberculosis contacts. Where segregation was not possible arrangements

were made for boarding out, but there was a lack of foster parents ready to accept these children and arrangements were made in only six cases.

On recovery from tuberculosis a large number of patients were referred to the Employment Exchange for suitable work. More men completed periods of training—particularly in clerical work—but there was still reluctance on the part of employers to take men with a history of tuberculosis.

A few patients were referred to the British Red Cross Society for Occupational Therapy and a number continued with such work after being taught in the Sanatorium particularly where their bent has been towards leatherwork. In three difficult cases where the patient was bedfast the Occupational Therapist from Basford Sanatorium went to their homes to help them and payment was made from Care Funds.

Help in the home was often necessary and although helpers for the tuberculous were still difficult to obtain because of the fear of infection 47 patients were referred to the Home Help Section and helpers were provided in 21 cases.

Visits are part of the almoner's duty and 240 visits were paid to patients in their own homes while every three weeks a visit was paid to Newstead Sanatorium and calls were made at Basford Sanatorium where necessary. As City residents are admitted to Ransome and Kilton Hill Sanatoria, a link was maintained with the County Almoners who visited there.

Other social problems which arose and which were not the direct result of tuberculosis were dealt with through appropriate agencies.

VENEREAL DISEASES.

The work of the Almoner. This almoner works at Amberley House where emphasis is placed on the regular attendance of female patients until treatment is complete, especially in cases of early syphilis in pregnant women and children. The number of patients attending for treatment was 1,068 females and 93 boys—a decrease on previous years though the numbers have not fallen to the pre-war level.

Total patients attending :	1949	..	..	1,470
	1950	..	..	1,389
	1951	..	..	1,161

Pregnant women attending the clinic :

Treated for syphilis	..	..	..	91
„ „ gonorrhoea	..	..	..	5
„ „ soft-sore	..	..	..	1
Attendance for non-venereal conditions	..			29
				— 126

The fact that 40% of the pregnant women were not married to the putative fathers gives an indication of the social problems concerning which there was close co-operation in many cases with the Maternal & Child Health Department and with the Southwell Diocesan Moral Welfare Workers.

All infected pregnant women were encouraged to bring their babies to the clinic within three months of birth for examination and blood test and only one woman refused.

The identifying of persons who have been in contact with an infective case and the persuasion of the “contact” to attend a clinic for examination and treatment, if necessary, forms part of the almoner’s work though it is thought best wherever possible for the infected patient herself to persuade the “contact” to attend for examination. Of the 63 new cases of early syphilis and gonorrhoea in females, 45 of the male contacts were known

to be attending either the male clinic or other centres for treatment. Of the remainder 11 women stated they did not know who or where their contacts were, 5 women refused to ask their contacts to attend and 2 contacts refused to attend.

In the cases of latent syphilis—cases infected over 1 year—the mother is persuaded where expedient to bring for examination any children who might have been infected before birth and 189 children attended :—

Details :

Congenital syphilis	..	..	..	74
Acquired syphilis	..	..	..	1
Vulvo-vaginitis	..	..	..	1
Ophthalmia Neonatorum	..	..	..	1
Satisfactory routine tests	..	..	..	112

There is no compulsion for a patient to attend for treatment and it is only by persuasion that difficult patients continue attending until the doctors consider they are fit for discharge. The result of the work may be judged by the fact that only 32 (2·9%) patients—the lowest figure since 1939—ceased to attend the clinic before the period of treatment and observation was completed and 36 patients who had ceased to attend in other years were persuaded to re-attend the clinic.

Defaulting patients are followed up either by letter or by a visit. During the last four years an average of 10% of the patients have been visited annually and in the past year 513 default visits were made to 124 patients. While over 90% of the visits were successful in that the patient was persuaded to resume attendance some patients repeatedly defaulted, necessitating one or more visits. Those who were working were visited at various times between 9 a.m. and 9 p.m. in an endeavour to find them at home.

In addition, visits were made to those persons regarding whom this section concerns, on matters of a medico-social nature : 48 to patients in the City Hospital and 26 to or on behalf of patients.

GENERAL MEDICO-SOCIAL WORK.

In this work which is conducted jointly by the two almoners, there was again an increase ; 53 cases were carried over from 1950 and 266 new cases were referred, making a total of 319, being persons in the main referred by general practitioners and hospital almoners.

In a few cases the problems were solved in one or two interviews, but in the majority the circumstances were such that long-term guidance perhaps over a period of years will be necessary. Many of the patients being bedfast or homebound the work entails a great deal of home visiting : 529 visits were made to all parts of the City.

In this work the accent is more on "care and after-care" than on "prevention"—most of the patients referred had illnesses of a chronic nature such as arthritis, paralysis, diseases of the nervous system, cardiac diseases and cancer. The almoners formed a team with other health workers who with general medical practitioners adjusted any social and economic factors impeding restoration to health, thus enabling patients to live as fully as their disability allowed.

There was close co-operation with statutory and voluntary agencies. Out-work has been arranged for 7 homebound persons ; weekly grants were obtained from the National Society for Cancer Relief for 10 persons ; a voluntary society paid for two book rests to be made for patients with badly

crippled arthritic hands. Help was also given by the W.V.S. with clothing, by the Red Cross with food parcels and through the Old People's Welfare by weekly visits. There was still a shortage of volunteers to take people out in wheel chairs—several voluntary organisations have helped—but there are many people who were unable to go out for months.

CONVALESCENCE.

Convalescence should not be confused with an annual holiday—the applicant should have had an acute illness and should be able after convalescence to return to work, to house duties, or—in the case of children—to school.

Of a total of 138 patients referred convalescence was arranged for the following :—

<i>Referred from</i>		<i>Type of Case.</i>	
General Practitioners	81	Surgical—	
Hospital Medical		Pre-operative	.. 2
Officers	7	Post-operative	.. 25
Chest Clinic ..	12	Medical Cases	.. 63
School Health Service	2	Tuberculosis	.. 12
	<hr/> 102		<hr/> 102

Some Regional Hospital Boards take patients into convalescent homes on a general practitioner's recommendation and as many Nottingham people preferred to go to Skegness, the Carey and Seely Houses—convalescent homes of the Sheffield Regional Hospital Board—were used extensively. In these cases no financial responsibility falls on the Health Committee.

Of the 20 cases where payment was made by the Health Committee, patients were assessed on the Health Department scale : 5 paying part cost, the remainder being "nil" assessment.

Return travelling expenses were also paid in 11 instances.

Patients were admitted to the following Homes :—

General Cases.

Sheffield R.H.B.	Carey & Seely Houses, Skegness ..	63
„	Burley-on-the-Hill, Oakham ..	1
	Evelyn Devonshire Home, Buxton ..	5
	Nottingham & Notts. Cripples' Home, Mablethorpe	4
	Claremont House, Matlock ..	3
	Boar Bank Hall, Grange-over-Sands ..	2
	Children's Home, Charnwood ..	2
S.E. Metropolitan R.H.B.	Metropolitan Home, Bexhill-on-Sea ..	2
„	Merlyn Home, Eastbourne ..	1
„	Thomas Lye Home, Brighton ..	1
	Home of Rest, Rosley	2
	Stubben Edge Hall, Ashover ..	1
	Hunstanton Home	1
	St. Joseph's, Bournemouth ..	1
	Semen Home, Ilkley	1
	—	90

Tuberculous Cases.

	Maitland House, Frinton	2
S.W. Metropolitan R.H.B.	High Salvington, Worthing ..	2
„	St. Catherine's, Isle of Wight ..	1
Leeds R.H.B.	Hornsea	2
„	The Grove, Ilkley	1
	Mother & Baby Rest Home, Abergele	1
Liverpool R.H.B.	North of England Children's Home, Southport	1
S.E. Metropolitan R.H.B.	St. Joseph's, Broadstairs	1
	Stubben Edge Hall, Ashover ..	1
	—	12
		<hr/> 102 <hr/>

The ages of the patients varied from 15 months to 90 years and the length of stay was from 1 to 4 weeks ; the average being 2 weeks.

LOAN OF NURSING EQUIPMENT.

Small items were loaned free from the Home Nursing Service at 13 Regent Street, while large items for which a quarterly charge was made were delivered direct from the Health Department. There is a store of both kinds of equipment at the Chest Centre for loan, free of charge, to tuberculous patients.

For those who find difficulty in meeting the charge an assessment of their means is made on the Health Department scale. Of the 146 large items loaned, no charge could be made in 25 cases.

Summary of equipment loaned :—

From the Home Nursing Service :				1950.	1951.
Mackintosh sheets	..	..	..	146	365
Air rings	..	..	..	166	357
Bed pans (enamel)	..	..	..	183	337
Syringes 5 c.c. (for use with Streptomycin)				—	204
Urinals	..	..	..	37	155
Bed rests	..	..	..	43	108
Bed pans (rubber)	..	..	..	14	53
Cradles	..	..	..	8	40
Barrier outfits	..	..	..	—	24
Draw sheets	..	..	..	—	14
Feeding cups	..	..	..	9	9
Crutches	..	..	..	6	6
Syringes 2 c.c.	..	..	..	—	3
TOTAL				612	1,675

From the Chest Centre, Forest Dene :					
Bedsteads	..	..	..	31	48
Air rings	..	..	..	13	45
Mattresses	..	..	..	29	35
Bed rests	..	..	..	10	27
Bed pans	..	..	..	13	20
Wheelchairs	..	..	..	—	8
Mackintosh sheets	..	..	..	4	5
Bed tables	..	..	..	—	4
Urinals	..	..	..	—	4
Air beds	..	..	..	—	1
Commode chairs	..	..	..	2	—
TOTAL				102	197

From the Health Department :				1950.	1951.
Invalid chairs	..	..	..	54	79
Commode chairs	..	..	..	15	22
Mattresses	..	..	..	10	13
Bedsteads	..	..	..	8	11
Air beds	..	..	..	10	10
Bed tables	..	..	..	4	7
Spinal carriages	..	..	..	4	4
TOTAL				105	146
GRAND TOTAL				819	2,018

ULTRA VIOLET RAY CLINIC.

A summary of the work carried out is given in the following tables :—

Analysis of Cases.

No. of cases remaining under treatment from 1950	235
New Cases	399
Total number of cases treated..	634
City Patients	614
County do.	20
	634
Number of Adult Patients (Male)	156
„ „ „ Patients (Female)	246
„ „ Patients 5 — 15 years	30
„ „ „ 0 — 5 years	202
	634
No. of Cases discharged or ceased to attend	420
No. of Cases under treatment at 31.12.51	214
	634

Number of Treatments :

Total Number of Treatments given	11,976
Average Number of Treatments per patient	18.89

HOME HELP SERVICE

The acknowledged value of the Service as judged by the reports received from various quarters during the past two years has led the Health Committee to encourage its growth. As "Home Help" has grown in geometrical progression so too has its reputation, so that during the past year there was an unexpected degree of expansion.

The rate of expansion at the time of making estimates for the financial year 1951-52 proved to be a fallacious guide : not only did the expansion from April to July exceed the anticipated rate, but from September to December the rise was so steep as to lead to a rise in the weekly wages bill of £215—the average weekly wages, September £550 ; December £765.

As the value of this new service has been repeatedly demonstrated, its growth, accompanied by rapidly rising costs, was inevitable. The Corporation started the service in 1945 and it has been realised since that after a period a review would be required.

The financial rise shown above called for a careful stocktaking and the results together with the conclusions drawn therefrom are now published.

REVIEW OF THE YEARS 1949-50.

Type of Cases Receiving Assistance.

Illness : Acute	(a)	65 years and over	..	..	16%
	(b)	Under 65 years ..	..	..	22%
Chronic	(a)	65 years and over	..	..	11%
	(b)	Under 65 years ..	..	..	11%
Maternity	..	..	..	..	17%
Aged Infirm	..	..	..	..	15%
Tuberculosis	..	..	..	..	5%
Social Cases	..	..	..	..	2%

Source of Recommendations.

Friend or relative	..	..	..	..	..	56%
Doctors	..	..	..	..	..	11%
Hospitals and Almoners	..	..	..	..	..	10%
Home Nursing Service	..	..	..	..	..	7%
National Assistance or Welfare Department				..	..	7%
Others	..	..	..	..	..	9%

Amount of Help Given.

Daily, full time — 40 hours per week	..	..	..	25%
Daily, part time — 15	..	..	..	42%
Three half-days — 9	..	..	..	13%
Two half-days — 6	..	..	..	15%
One half-day — 3	..	..	..	5%

The Benefit to the Community.

Number of instances where :

A worker is enabled to continue at work	..	..	..	46%
It is estimated that a potential hospital bed was being either "saved" or its usage reduced	..	..	..	47%
Hostel accommodation would be needed for an old person or Children's Home accommodation needed for young children	..	..	..	24%
A school child is enabled to continue at School	..	..	..	4%

More than one effect operates in some cases.

Help given by relatives.

The first question asked of all applicants is whether there are, living in the home or near, any relatives—e.g. daughters, grandchildren, married sons with wives, etc. who could render help. In many cases where such relatives exist persuasion results in the giving of help by them and in the cases where relatives live at a distance every effort is made to get in touch with them and thus secure their help.

Much effort is expended by the Service in getting relatives to help. There is a limit however, and it must be remembered that there is no legal obligation since the Poor Law disappeared for relatives to contribute to the upkeep of parents.

There is also the fact that applications for help are not likely to be made by people if relatives are at hand to help. Many relatives live away and are not near enough to come in each day, but many are induced to come during the week-ends when the Helper is not available.

With old people a difficulty arises ; many of them are quite eccentric and refuse the help of relatives. This eccentricity has often alienated the old people from their relatives who, as a result, are not ready to help. Very often old people do not know where their relatives live.

Waiting List.

The waiting list can be taken to reflect the actual urgent need of the community over and above what is already being met, because no case is placed on the list unless the need has been estimated. Only cases where there is a proven need are accepted.

Priority for help is given as follows :—

- First .. Maternity cases. This is because they are booked in advance, because a husband has to be maintained in work and because there are often children in the house.
- Second — Acute illness.
- Third — Aged sick living alone.
- Fourth — Other cases.

Abuse of the Service.

The fact that the waiting list is so large, that there are so many desperate circumstances from which to choose those to be helped and the fact that all the staff make their utmost endeavours to select the right cases does in itself reduce the possibility of a large degree of abuse.

It cannot be claimed that there is no abuse of the Service, but from what has been said regarding the assessment of need and from the result of the analysis, it can be said that from the

information given to the Home Help Service, there is no known abuse. There is always the human element and it would be surprising if a number of cases was not being helped unnecessarily. It appears that this percentage is extremely small.

Financial Assessment.

Assessment is based on a scale drawn up two years ago and agreed with the City Treasurer. This scale which is related to that in operation for National Assistance was developed because it was regarded at the time of preparation—and since confirmed—to be more advantageous to applicants than either the National Assistance Board scale or the scale drawn up for National Health Service purposes by the Association of Municipal Corporations.

Analysis of Assessments.

Cases paying full cost	..	..	..	..	..	31%
„ „ part cost	..	..	..	..	..	17%
„ „ nothing	..	..	..	..	..	52%

Night Care Service.

This Service which was started as a pilot scheme in 1951 has been strictly controlled and only urgent cases, 12 in all, were helped ; always on a doctor's request. It supplied a desperate need and should be extended. Help was given between the hours of 10 p.m. and 8 a.m. when there was no-one who could possibly look after the person at night.

The charge was 10/- nightly ; needs and assessment were scrutinised in exactly the same way as applications for daily help. Altogether 190 nights have been covered at a total cost in wages of £85 of which about £61 has been recovered.

THE FUTURE OF THE SERVICE.

The purpose of the review is to establish guidance for the future ; guidance which must be equated from the cost of the Service, its benefit to the public, and its potential for economy.

A claim that an outstanding social service is being rendered, that production is materially assisted where workers' homes are affected and that the Hospital Management Committees are effecting an actual economy where beds are "saved", is established. Further, the Welfare Services Department is, through the Home Help Service, being spared costly expenditure.

The Hospital need may not be so great when further beds can be provided and similarly the Welfare Services Department may require less assistance when more hostels are ready. It is patent however that the Service is in itself an economy in that it costs at the most £4 per week per person assisted, whereas Hospital beds cost £10-£15 per week. Not only is there actual economy effected but the important social fundamental operates, of keeping people within their homes and families together.

It may be asked—why in the past three years has this position become so plain and in so acute a form ? The reply is found in the almost revolutionary change in social conditions during and since the war, the effect of major social legislation becoming effective in 1948 and in the steadily rising proportion of the aged in the population.

It is this latter factor which demands careful study and on which the future (expenditure) of the Service must be based.

Can a financial ceiling be placed upon the Service ? . . . and if so . . . Can a community afford, morally or financially, to allow those who meet misfortune unexpectedly to make their own inadequate provision ?

The effect of imposing an arbitrary ceiling which financial considerations alone would appear to dictate would in fact be that the national cost of services to the aged (in particular) would inevitably rise. Old people who are not provided for by Local Health Authorities must be cared for by some other public body and public opinion would demand that old people—ill or living alone in difficult circumstances—should be admitted to Hospital.

Here the cost, as already pointed out, is much greater and when once admitted to hospital they are likely to remain since they will not, in many circumstances cannot, return to their former environment.

This, in fact, is the soundest argument for the continued expansion of the Service provided that safeguards against abuse are continued; which safeguards gain efficiency as the Service grows.

Again on financial grounds the continued growth of the Service should be permitted where cases of tuberculosis and maternity are concerned. There is no doubt that not only are substantial sums being saved by the sparing of Hospital beds, but that the problem of tuberculosis is now capable of alteration by action which should be pressed. The efficacy of home treatment, combined with the probability of the wide-scale application of B.C.G. vaccination, holds the attractive possibility that tuberculosis both as an economic and social matter can be dealt with within the next decade and a half as effectively as diphtheria has been dealt with in the past decade.

The choice has to be made. This service which has a tremendous potential for good and which is building up a tradition of its own merits strong backing.

Shall it continue in its present form or must it be restricted?

RETURN FOR 1951.

Date.	No. of Home Helps.	Cases being assisted		Waiting List.	Weekly Wages Bill. £
		General.	Tuberculous.		
1.12.50	219	412	15	120	432
1. 3.51	242	447	20	236	452
1. 6.51	275	482	24	322	524
1. 9.51	292	524	30	291	551
1.12.51	396	678	30	247	737

No. of Helpers at 31st December, 1951.

Full time	..	..	..	..	..	50
Part time	..	..	..	..	..	300
Casual	..	..	..	..	..	60
Total						410

Result of Applications.

Help supplied	..	..	..	..	..	1,024
Awaiting help (carried forward to 1952)	..	..	..	..	..	200
Advance maternity bookings	..	..	..	..	..	46
Not qualifying	..	..	..	..	..	50
Cancelled or arranged own help	..	..	..	..	..	199

Total applications received 1,519

Payments and Assessment.

				Payments Made.			Total.
				Full Cost.	Part Cost.	Nil.	
Old Age Pensioners :							
Chronic illness, etc.	..	..	..	97	28	385	510
Acute illness	..	..	..	22	8	94	124
Discharged from hospital	..	..	..	3	—	12	15
Sickness	..	..	..	185	56	207	448
Maternity	..	..	..	114	72	59	245
Tuberculosis	..	..	..	3	13	32	48
Blindness	..	..	..	5	—	13	18
Discharged from hospital	..	..	..	29	12	43	84
Care of children	..	..	..	2	2	6	10
Insanitary houses	..	..	..	—	—	9	9
Total	..	..	..	460	191	860	1,511*

*Includes 487 cases receiving help on 1st January, 1951.

Hours Worked.

Weekly average	6,630
----------------	----	----	----	----	----	-------

MENTAL HEALTH SERVICE

Administration

The Health (Mental Health) Sub-Committee consists of the Chairman, Vice-Chairman, and four members of the Health Committee. Meetings are held on the fourth Wednesday in each month.

The complete co-operation with the Regional Hospital Board, which has been a feature of the Mental Health Service in Nottingham since its inception, continued. The Physician-Superintendent of Mapperley Hospital, under the joint user arrangement, acts as adviser on psychiatric matters to the Health (Mental Health) Sub-Committee, and continues to perform the clinical work in mental deficiency. Three mental health social workers employed by Mapperley Hospital are seconded for duty in the Corporation's Mental Health Department, and work under the direction of the Mental Health Officer as an integral part of the team. All patients discharged from Mapperley Hospital or from Aston Hall Mental Deficiency Colony to the City of Nottingham, are supervised by the social workers of the service, and a number of patients from other hospitals are similarly supervised.

No duties are delegated to voluntary associations. The Nottingham Association for Mental Health to whom an annual grant is made, does not undertake case-work but confines itself to activities in that part of the Mental Health field not covered by legislation.

MENTAL ILLNESS

Training of Staff

In the absence of any recognised scheme of training the Corporation, in common with other local health authorities, has recruited officers, untrained and inexperienced in Mental Health,

to man the service and has therefore had to devise its own standards of training. As vacancies occur among the Mental Health Workers, a new person is appointed on a trainee basis for a minimum period of twelve months. Full advantage has been taken of a series of short courses held at the University of Sheffield, to one of which all the mental health workers have been. Apart from this, the training is carried out largely within the Department by lecture and discussion with senior members of the staff and by working in close association with each of the experienced officers in turn. The background knowledge of mental illness which is so essential to the proper carrying out of their functions, has been gained by attendance at the lectures delivered by the medical staff of Mapperley Hospital to nurses working for their final examinations. This method has been quite successful, but is not regarded as perfect. Publication of the Mackintosh Report has been welcomed, and it is hoped that the recommendations contained therein will, before long, lead to a recognised training and high professional standards. The work undertaken by the Mental Health Social Worker is of such delicacy and importance that it is essential that it should not be entrusted to the untrained.

Community Care

After-care is extended to all patients leaving the mental hospital, with the exception of those where there is a medical recommendation that after-care is unnecessary. In many cases after-care begins while the patient is still in hospital. The mental health social workers have free access to the hospital, and between them maintain a number of fixed appointments with the psychiatrist in charge of the various sections of the hospital. They are introduced by the psychiatrist to people who will shortly be leaving the hospital, and the social needs of their cases are fully discussed. In certain cases, the actual date of

discharge will depend upon the success of the social worker. There are cases where the psychiatrists consider it advisable that work should be available from the time of discharge, and the mental health worker endeavours to arrange this. In other cases marital disharmony may be held to be the precipitating cause of the breakdown and a social worker is called in to assist the psychiatrist in the task of reconciliation and in preparing a happier environment for the patient's return. Immediately following discharge, the mental health social worker maintains close and friendly contact with cases at the convalescent stage, gradually reducing the number of visits as it is seen that the patient is regaining independence and less outside support is required. In many cases there is no specific task which needs to be performed by the mental health worker, but their visits are found to assist materially in the process of readjustment to community life, and in acting as a "safety valve" through which can escape the fears and worries that the mentally sick so often hesitate to confide to friends and relatives and which, if not released, might prove to be the seeds of further breakdown.

The Work of the Duly Authorised Officer

A "round the clock" service is maintained for the purpose of emergency admissions to hospital, in cases of sudden acute breakdown. Since the inception of the service in Nottingham, all the mental health workers have combined the functions of a Duly Authorised Officer, and the Duty Officer System is used. Each mental health worker in turn does a twenty-four hour spell of duty as duly authorised officer, being stationed in the office during normal office hours, and available by telephone at home outside these hours, and at weekends. Duties are changed daily. A duty rota is published weekly and distributed to police, hospitals, ambulance service, and other points of public enquiry. The general medical practitioners of the City have become fully

acquainted with the service, and with their help a smoothly running service has been developed. Usually, a general practitioner having a case to report ascertains from the police which officer is on duty on that day, and then speaks to the officer about the case. In Nottingham, at the request of the physician-superintendent of Mapperley Hospital, Summary Reception Orders are never applied for initially. In all cases where admission is essential and the person cannot be persuaded to enter hospital voluntarily, the duly authorised officer makes use of powers under Section 20 of the Lunacy Act, 1890. Of the patients reported to the duly authorised officer 40% are eventually persuaded to become voluntary patients. This speaks well for the technique of explanation and persuasion that the mental health workers have developed.

MENTAL DEFICIENCY

Ascertainment

Work under the Mental Deficiency Acts has proceeded uninterruptedly since the Act came into force in 1914, and the general routine is well established. The main channel of ascertainment is the local education authority. The ascertainment of defectives in the child population is so good that only a small percentage of cases come to light from any other source. There still come to light, however, odd cases of elderly defectives who had left school before the Act came into force or who left during the 1914-18 war when services were necessarily curtailed and were therefore not ascertained. They have been cared for by relatives throughout the years, and it is only as the relatives caring for them become too old to manage any longer that these cases come belatedly to notice. Though few in number, these cases present an extremely difficult problem.

They almost always come to light because it is no longer possible to care for them at home, and institutional care is an urgent requirement.

The Aged

In common with the ageing defectives already ascertained the relatives of whom find it a sufficient burden to care for themselves, the aged are an almost insuperable problem. They are far beyond the trainable age and there are few mental deficiency institutions which welcome such patients even when vacancies are reasonably obtainable. At the present time it is practically impossible to find institutions for them. They are the type of case which was often dealt with quite adequately under the provisions of Section 24 of the Lunacy Act in the Poor Law Mental Wards, until the repeal of that Section and the closure of those wards.

Institutional Accommodation

It cannot be too strongly emphasised that the work under the Mental Deficiency Acts is being crippled and brought into disrepute by the shortage of accommodation for defectives. Waiting lists grow longer week by week—new names are added to the lists faster than old cases are dealt with. The total waiting list of defectives in their own homes, requiring admission to an institution, on the 31st December, 1951, was 115. Of these, some 52 are juveniles, all ineducable, in some cases of extremely low grade, and are all almost beyond care under ordinary home conditions. Among them are cot cases completely incontinent, and noisy epileptics whose screams have a cumulative effect on the nerves of the mother in particular and in some cases are complained about by disturbed neighbours. The strain of caring for such children has led several mothers to the Psychiatric Out-patient Clinic, while there are cases where the children are

dealt with for short periods as voluntary patients under 16 in order that the mother may be given a chance to recuperate, and so avoid a complete breakdown. The number of such cases is increasing, and the nervous health of the mothers is steadily growing worse. **If some vacancies cannot soon be provided for these juvenile cases, there is the ever-present danger of open scandal.** The local health authority is brought into disrepute because the general public do not yet realise that the provision of institutional accommodation is **not** a local health authority responsibility.

Supervision of Mental Defectives

Since the establishment of the National Assistance Board, the local health authority has given up the responsibility for the financial support of defectives under supervision, and therefore it has not been necessary to have recourse to the Guardianship provisions of the Mental Deficiency Act. The number under Guardianship is slowly decreasing as some cases are discharged and others die, and it is likely in the future that only occasional cases will be dealt with in this manner.

Supervision continues to be the main activity of the local health authority under the Mental Deficiency Acts. Every endeavour is made to provide close supervision for each ascertained defective, whether "subject to be dealt with" or not, regular visits to the home being the basis of the work. Four visits a year are aimed at, though there are bad cases where much more frequent visiting is required, and equally, there are cases where home care and conditions are so good that only a very occasional visit of enquiry is necessary. This steady routine home visitation is quite unspectacular, and cannot be said to have any dramatic result. Nevertheless, looking back over a period of years, there can be seen a steady improvement in the general

care and environment of the defective population, and there is no doubt that one of the most potent influences has been the steady persistence of the mental health workers. In addition to endeavouring to influence the home conditions, more positive steps are taken to benefit the defectives. A number each year are placed in employment directly as a result of the efforts of the mental health workers. Where defectives are unemployable, the mental health worker assists in obtaining any allowance to which they are entitled. Those in work are assisted with the many problems of life which prove so difficult to the weak-minded. It is quite usual to find defectives who can earn a reasonable living, but are quite incapable of planning the use of the money when they receive it. The mental health worker often enables these people to keep solvent, and sees that they provide themselves with adequate clothing, etc., instead of frittering away the money.

Defectives who live in lodgings present a very real problem, since it is rare to find landladies who are willing, in effect, to act as guardians. In these cases, not only do the social workers assist them in caring for their money, but they also watch to see that they keep themselves personally clean and sufficiently well dressed to avoid their being turned out of their lodgings.

Training of Mental Defectives

Within the limits imposed upon it by its overcrowded state, Rosebery House Occupation Centre continues to do excellent work. The accommodation available would be excellent for a maximum number of 45, but at the moment there are 67 names on the register. There is, in consequence, insufficient space for free activity, and everyone concerned with the Centre is anticipating the opening of the larger City Occupation Centre. This project has now taken definite form, and in the early autumn the

Ministry of Health awarded a starting date. Further delay was caused by the inability of the original contractors to undertake the work when the starting day had been awarded, but satisfactory alternative arrangements were made, and the work of conversion was actually in hand before the end of the year.

The new Centre is being created by the conversion and additions to the old City Small-pox Hospital. Present building difficulties do not augur well for an early completion of this work ; September 1953, is the estimated opening date. When completed, the new Centre will have places for 150 trainees.

The continued shortage of institutional accommodation means that the Occupation Centre must cope with many cases who would properly be in an institution. Two alternatives have to be faced ; either to leave these children at home running wild and becoming delinquent, or admitting unsuitable cases to the Occupation Centre. If their presence is not actively detrimental to others, they are admitted to the Occupation Centre, where they are trained and are in a good environment under supervision for some part of each day. It means, however, that there are a certain number in the Occupation Centre where the full co-operation of the parents cannot be gained, and where the home conditions are below desirable standards. Such children are frequently sent to the Centre in a dirty condition, both of body and clothing. Recently this became so bad that working conditions were intolerable for the staff.

A female attendant was engaged for three hours daily, to cleanse these children at the Occupation Centre.

Dr. K. O. Milner, Physician-Superintendent of Aston Hall, continued to visit the Occupation Centre regularly to conduct routine medical examination.

LUNACY AND MENTAL TREATMENT ACTS.

Persons reported to be in need of admission to hospital during 1951.

			Under 65 years.		Over 65 years.		Totals.
			M	F	M	F	
<i>Reported by :</i>							
Police	..	..	55	31	12	27	125
General Hospitals	..		30	44	16	22	112
Medical Practitioners			61	110	36	70	277
Relatives	..	..	33	39	7	12	91
Others	..	..	20	22	15	32	89
TOTAL			199	246	86	163	694

Disposal :

Admitted Hospital :

Under Sec. 16 ..	—	2	2	2	6
Under Sec. 20 ..	73	89	18	36	216
As a Voluntary Patient ..	48	52	31	42	173
	121	143	51	80	395
For Community Care	25	49	12	32	118
Not accepted ..	53	54	23	51	181
TOTAL ..	199	246	86	163	694

MENTAL DEFICIENCY ACTS, 1913/1938.

New Cases reported during 1951 :

	M	F	Total.
Subject to be dealt with—			
<i>Reported by Local Education Authority :</i>			
Section 57(3) Education Act, 1944 ..	19	15	34
Section 57(5) „ „ „ ..	9	10	19
<i>Reported by other sources</i>	6	9	15
Not at present subject to be dealt with—			
Cases for whom the Local Health Authority may subsequently become liable	8	16	24
	42	50	92

Disposal of Cases :

	M.	F.	Total.
Admitted to Institutions (under Order)	1	1	2
Placed under Statutory Supervision ..	31	33	64
Placed under Voluntary Supervision	8	16	24
Died or left the area	2	—	2
	42	50	92

**Cases ascertained prior to 1951
who became the subject of an
Order during the year :**

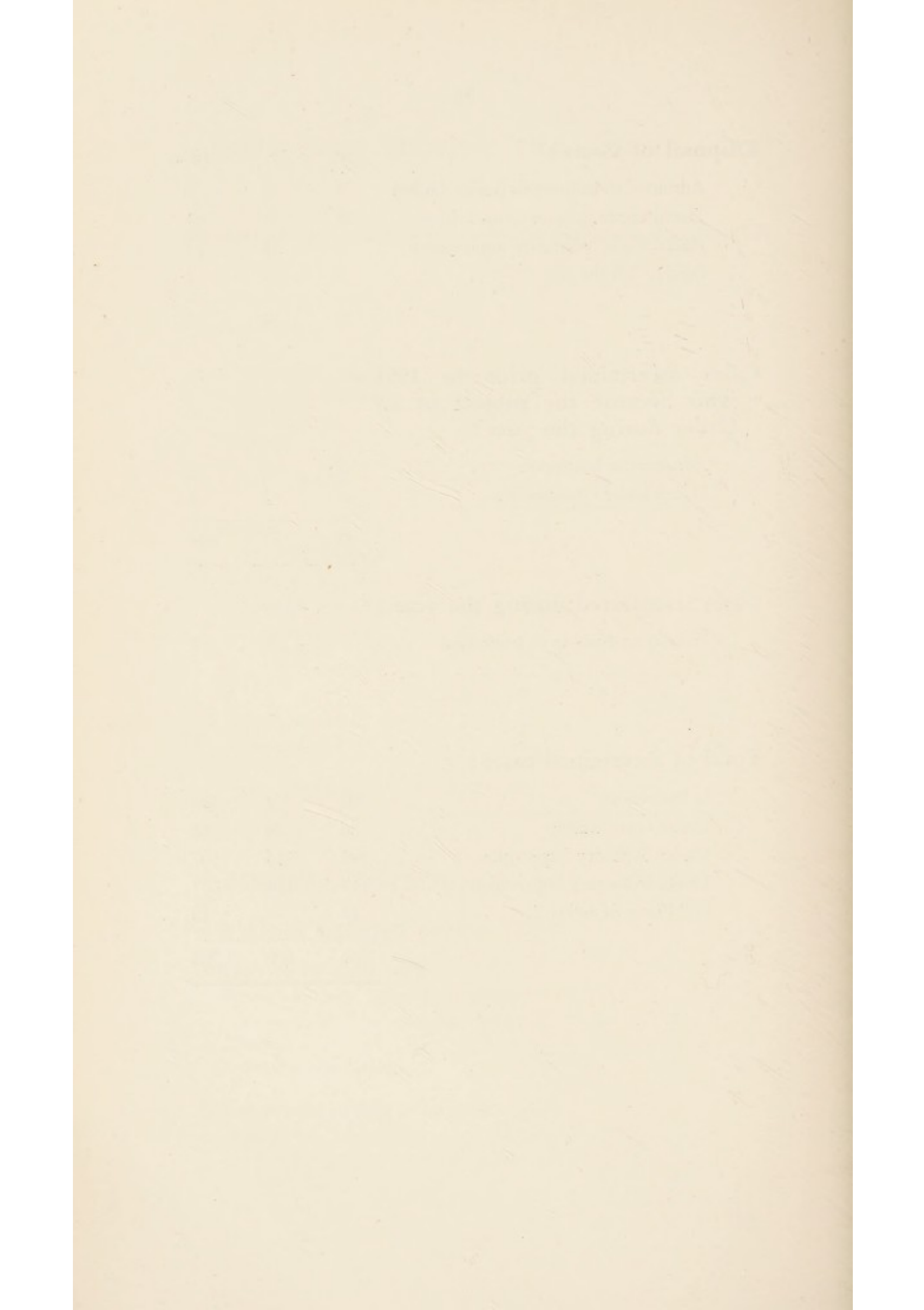
Admitted to Institutions	5	6	11
Placed under Guardianship	—	1	1
	47	57	104

Cases transferred during the year :

From Guardianship to Institution ..	1	1	2
-------------------------------------	---	---	---

Total of ascertained cases :

In Institutions	203	229	432
Under Guardianship	36	29	65
Under Statutory Supervision ..	293	214	507
Under Voluntary Supervision ..	159	128	287
In " Places of Safety "	13	—	13
	704	600	1,304



PART III.

NURSES ACT 1943—NURSING AGENCIES

NURSING HOMES

BIRTH CONTROL

NOTTINGHAM CREMATORIUM

PUBLIC MORTUARIES

NURSES ACT 1943—NURSING AGENCIES

The two nursing agencies which have been granted annual licences since 1945 continued to operate.

Both agencies were inspected in accordance with the Nurses Act 1943 and the Nursing Agency Regulations 1945 and in each instance the conditions were satisfactory in all respects and the licences renewed.

Between them, the agencies have at their disposal for private nursing, 42 State Registered Nurses, 13 State Certified Midwives, 11 State Enrolled Assistant Nurses and 1 Mental Nurse.

NURSING HOMES

At the end of the year there were 11 nursing homes on the register providing 29 maternity beds and 42 others. In addition to regular visits of inspection by medical officers the maternity nursing-homes were visited in connection with the supervision of midwives.

BIRTH CONTROL

The voluntary organisation, the Nottingham Women's Welfare Centre continued its work as in previous years, and the Corporation continued the arrangement which has existed since 1935 whereby selected married women who need advice on medical grounds are referred to the Centre from the Maternal and Child Health Clinics or from the Chest Clinic. The Centre is assisted by the Corporation by grant in accordance with the Ministry of Health Circular 1208, 1931.

From the Chest Centre 24 women were referred for advice and all of them attended. A total of 144 women was referred from the Maternal and Child Health clinics and of these 98 attended at the Centre ; an acceptance rate of 68%. Of a total of 1,255 cases dealt with at the Centre, 129 were referred by private practitioners and the remainder attended by their own arrangement.

It is interesting to note the impression gained by the organisers of the Centre that a large number of women attend for advice because of housing difficulties. Many are living in rooms or living with other families in small houses and are discouraged from increasing their families under such conditions, particularly as many of those living in rooms are likely to be evicted should children be born.

The Welfare Centre moved during the year from its premises in Shakespeare Street to more suitable and roomy accommodation at the Nottingham General Dispensary in Broad Street.

The Centre serves not only the City but a considerable area around ; two sessions each week are held, one in the afternoon and one in the evening, so that it is conveniently possible for any requiring advice at the Centre to attend.

NOTTINGHAM CREMATORIUM

There continued to be an increasing demand for cremation. The figures for the year have been analysed and are given below, with the object of showing the trend of the demand for cremation over the past 7 years.

Year.	All Cremations.		Cremation of City Residents.		
	Number of Cremations.	Increase over previous year.	Number of Cremations.	Increase over previous year.	Percentage of those cremated to total deaths.
1945	833	20%	328	27%	9.6%
1946	1,029	32%	447	36%	12.5%
1947	1,261	23%	473	6%	13.1%
1948	1,420	13%	559	18%	17.2%
1949	2,000	41%	759	36%	21.3%
1950	2,402	20%	917	21%	26.9%
1951	2,856	19%	1,051	15%	30.2%
					(estimated).
Total	.. 11,801		4,534		

Of all cremations carried out at Wilford Hill Crematorium over the past 7 years, only slightly over 38% were in respect of City residents. The following figures give the analysis of the residence of those persons cremated during 1951.

Place of Residence.				Number of Cremations.
Nottingham	..	..	..	1,051
Nottinghamshire (excluding West Bridgford)				717
West Bridgford	..	..	..	156
Other areas	..	..	..	932
				2,856

The year 1951 showed the largest number of cremations ever undertaken at Wilford Hill, and during February 362 cremations were carried out ; the largest monthly figure recorded since the Crematorium was opened. It was largely due to the direct and indirect effects of the influenza epidemic in January and February 1951 that this large number was recorded.

PUBLIC MORTUARIES

The majority of cases dealt with at the Leenside Public Mortuary are under the jurisdiction of His Majesty's Coroner, for of the 634 bodies taken to the mortuary, 627 were Coroner's cases ; 383 post-mortem examinations were carried out.

The mortuary on Gregory Boulevard which has not been used for many years was finally closed and will be used for other purposes by the General Works and Highways Department.



PART IV.

NATIONAL ASSISTANCE ACT 1948—SECT. 47

NATIONAL ASSISTANCE ACT 1948

From time to time persons were reported to the Health Department from varying sources for consideration under the National Assistance Act, 1948, Sect. 47, with the object of compulsory removal to hospital.

A practice has been developed of each case being investigated carefully by two senior members, including a doctor, of the Health Department staff, and experience has shown that only rarely is it necessary to resort to compulsory action. Stress is placed on retaining the patients at home by the use of the "Home" services under the control of the Health Department, or if removal is essential by obtaining the patient's consent to the removal rather than resorting to statutory action. All cases remaining at home are visited until conditions have improved to such an extent that there is no immediate danger of returning to the conditions found originally. This method of approach is reflected in the year's figures.

Details of Cases reported.

Age range of cases :	58-85 years.
No. of cases requiring statutory action ..	1
No. of cases voluntarily removed to hospital ..	5
No. of cases voluntarily removed to a home for aged	1
No. of cases remaining at home	3
	<hr/>
	10

It was necessary to supply home help in 4 instances, though none of the cases reported during the year required continued visits.

Of the cases reported in 1950, supervision of 4 persons continued of whom :—

- 1 was voluntarily removed to hospital.
- 1 no longer requires visits.
- 2 are still visited to prevent a recurrence of the original condition.

During the course of the year, of the 10 cases reported and arrangements made, 4 subsequently died ; a fact which emphasises that the conditions with which the provisions of Sect. 47 were designed to deal as emergencies, often arise where extreme age or feebleness exists.

The position at the end of 1951 was as follows :—

- 2 cases still in hospital.
- 2 cases still need periodic visits at home.

The details of the only case where statutory action was necessary :—

Case	Sex	Age	Circumstances of Case.	Action Taken.	Outcome of Case.
I.T.	F.	58	Reported by district sanitary inspector. The room in which I.T. lived was extremely filthy. There was so much rubbish, sand, grit and dust that it was impossible to sit down. I.T.'s own condition was appalling. Her hair was matted ; her scalp encrusted with dirt and her face and hands so black that they looked as if they had been polished. She was perfectly fit and able to look after herself being in no way incapacitated.	Consequent upon refusal to be cleansed a Court Order was granted for her removal to hospital—to be detained there up to seven days or until such time as her person and clothing were cleansed. I.T. did not appear in Court. She was visited at her home and a copy of the warrant read out to her. She was then quite willing to go.	Taken by ambulance to hospital. Meanwhile the landlady had the room cleaned up in order to give I.T. a fresh start.

The details of the other 9 cases dealt with and in which statutory action was not necessary :—

Case.	Sex	Age	Circumstances of Case.	Action Taken.	Outcome of Case.
J.B.	M.	73	Reported by the district sanitary inspector. J.B. is almost totally blind. He rents one small room which contains a single bed and one chair. He spends most of his time in bed. The room was drab and dusty. His meals are cooked by the owner of the house. A Home Help who already visits the house volunteered to give some assistance.	As J.B. is requiring more care and attention than he is at present receiving he was advised to go into a Home.	J.B. went voluntarily into a local Home for the Aged.

Case.	Sex	Age	Circumstances of Case.	Action Taken.	Outcome of Case.
A.S.	M.	82	Reported by a Welfare Officer. A.S. lives in one room. The rest of the house is occupied by sub-tenants who assist A.S. to keep the house clean. There was a dusty, drab appearance about the house and it did not smell very fresh. A.S. does his own cooking and washing and keeps himself very clean.	He refused the offer of a Home Help but would be willing to have one at a later date should he feel the need for one.	A.S. is active and doing quite well for his years. It was therefore decided not to continue visiting.
Mr. S. Miss S.	M. F.	75 80	Reported by a private doctor who was called in by a niece. Both brother and sister lived the life of a recluse. It was difficult to gain admittance even by appointment. The house revealed the sad story of two people who had in their earlier days enjoyed wealth and all its comforts but who being now aged were not able to cope with a house of such dimensions. The rooms were well furnished but thick dust and fluff lay over everything. They lived in a large room in the basement. This room was in a state of chaos. Miss S. lay huddled on a dirty bed. Her hair was unkempt and she looked neglected. Mr. S. suffered from rheumatism and had great difficulty in getting about. An odour of faeces pervaded the room.	(a) The family doctor was notified. (b) The district nurse was asked to call. (c) Arrangements were made for a Home Help.	Before any action to relieve the domestic situation could be taken Miss S. was removed to hospital where she died. Mr. S. went to hospital and he too died three months later.
Mr. W. Mrs. W.	M. F.	80 85	Reported by family doctor. Mr. W. employs himself by chopping sticks and selling them to eke out his pension. Every room was stacked with boxes ready for chopping. Mr. W. is a very active man. Mrs. W. being infirm spent most of her time in bed.	As Mr. and Mrs. W. were very happy together it was decided not to remove Mrs. W. but to send a Home Help to clean up the home and to ask the Home Nursing Service to supply a nurse to attend to Mrs. W.	Four months later a fire broke out in the bedroom and Mrs. W. was removed to hospital. During her absence the house was cleaned up by the Home Help. Mrs. W. is now back in her own home. The district nurse calls and the Home Help visits periodically so that further supervision will not now be necessary.

Case.	Sex	Age	Circumstances of Case.	Action Taken.	Outcome of Case.
Mrs. B.	F.	78	Reported by neighbours. The rooms were drab and untidy. The bedroom which she occupied was filthy ; there was no floor covering. Mrs. B. slept on a bare mattress ; there were no bedclothes ; she wrapped herself in an old coat. A son and his wife lived in the rooms above but they did not give any assistance.	As Mrs. B. was aged and in need of care and attention she was advised to go to hospital.	Mrs. B. went into hospital voluntarily.
Mr. L.	M.	79	This case was reported by the Mental Health Section. Mr. L. suffered from a chronic urinary infection and Mrs. L. wished to have him removed to hospital. When visited Mr. L. was asleep in bed ; the bedroom was neglected and filthy with wet sheets and soiled mattresses lying around. The rest of the house was clean. Mrs. L. being a woman of 50 years old was quite capable of looking after her husband.	Neither the patient nor his circumstances came within the terms of Section 47 of the National Assistance Act 1948. The family doctor was informed.	Mr. L. died shortly after these investigations.
E.A.	F.	78	Reported by district sanitary inspector as living in very insanitary conditions. An offensive odour pervaded the room. E.A. slept on a camp bed which was filthy. She appeared to be quite active.	Arrangements were made to make a Home Help available. About a month later when re-visited E.A. was found to be ill in bed with no one to care for her. She was removed to hospital the same evening.	Since reported to have died.

No experience has been gained as yet in the new procedure for the compulsory removal of persons from their homes as set out in the National Assistance (Amendment) Act, 1951.

PART V.

INFECTIOUS AND INFECTIVE DISEASES

SANITARY SERVICES

INFECTIOUS AND INFECTIVE DISEASES

The number of cases of notifiable infectious disease which occurred during 1951, together with the final figures for 1950 for comparison, are tabulated :—

Disease.	1951. Number of Cases in Quarters.				Total.	1950. Total.
	1st	2nd	3rd	4th		
Measles	3,758	1,049	135	67	5,009	2,303
Whooping Cough ..	439	292	357	258	1,346	1,424
Scarlet Fever	72	66	58	101	297	397
Pneumonia	207	24	18	37	286	168
Dysentery	53	30	8	7	98	200
Puerperal Pyrexia ..	8	10	15	19	52	16
Erysipelas	12	8	4	15	39	50
Ophthalmia Neonatorum	8	8	9	1	26	48
Poliomyelitis :						
Paralytic	—	2	8	6	16	32
Non-Paralytic ..	—	—	7	2	9	9
Encephalitis :						
Infective	1	—	1	—	2	3
Post Infectious ..	4	—	5	—	9	2
Food Poisoning ..	—	4	3	2	9	27
Cerebro-Spinal Fever ..	—	1	4	—	5	11
Typhoid Fever	—	—	2	—	2	—
Paratyphoid Fever ..	—	—	—	1	1	3
Diphtheria	—	—	—	—	—	—

The only radical changes in the numbers of cases are those for measles which show a great increase and those for dysentery which show a considerable fall.

Comments follow on certain infectious diseases :—

Food Poisoning. Food poisoning was not a cause for concern and the notified cases were fewer than the previous year. It is well known that notification is unsatisfactory but even so no cases or outbreaks other than those notified came to notice. In the two instances where the transmitting agent was detected it was found that, in accord with the usual experience, made-up dishes were responsible.

There was only one outbreak which involved two persons living in the same house. The organism was *Salmonella typhi-murium* and the suspected food was cream cake which had been left unconsumed for several days. It was not possible to obtain any of the cake for bacteriological examination and a diagnosis was made from a faecal specimen.

Single cases. Seven cases occurred in which only one person was affected the organisms responsible being :—

<i>Salmonella typhi-murium</i>	..	..	..	2
„ <i>lomita</i>	..	..	..	1
„ <i>thompson</i>	..	..	..	1
„ <i>dublin</i>	..	..	..	1
<i>Staphylococcus aureus</i> and a sporing aerobic bacillus				1
<i>Salmonella</i> -like—not identified	..	..		1

Except in two instances it was not possible to obtain any of the food suspected for bacteriological examination. The case infected by *Salmonella thompson* was probably infected by cockles, although subsequent samples of cockles from the same source proved negative. The case infected by *Staphylococcus aureus* and a sporing aerobic bacillus was proved to have been due to the agency of pork-pie which was not infected during manufacture but after it had reached the consumer.

Enteric Fever. Two cases of Typhoid Fever were confirmed though neither case was infected in this country. Both arrived in Nottingham from abroad during the incubation period and were admitted to hospital shortly after the symptoms were detected.

Case 1 was infected in Cyprus and there is no record of the typing of the organism while case 2 was infected in France or Spain and the type of organism was VI—phage Type C. Careful observation was kept on both cases and their contacts and necessary disinfection carried out ; no secondary cases developed.

A case of Paratyphoid Fever developed in the Children's Hospital and was diagnosed after a considerable number of the contacts had been discharged home. The organism responsible was *Salmonella* Paratyphoid B VI—phage Type 1. No secondary cases developed.

A City resident was infected and developed Paratyphoid Fever in Lincolnshire and it was thought that she would become a chronic carrier of the organism. Careful follow-up of the case indicated however that the carrier state cleared up after discharge from hospital. The organism was *Salmonella* Typhoid B VI—phage Type 2.

Diphtheria. For the second year no case of diphtheria occurred. Six cases were suspected and notified as such but on hospital investigation they proved to be other conditions.

The absence of diphtheria here and the improvement in the immunisation state give ground for satisfaction and a reasonable confidence that diphtheria has now been largely conquered, though vigilance and continuing pressure are needed to improve still further the immunisation state.

Scarlet Fever. The number of cases has fallen to below 300 and this, together with the mildness of the condition and the very few complications which arise makes Scarlet Fever for the present one of the less important infectious diseases.

Meningococcal Meningitis. There were only five cases to record. The importance of this disease has receded considerably in the past decade as modern therapeutic methods have caused a decrease in the mortality.

Acute Anterior Poliomyelitis and Polioencephalitis. The number of cases which occurred is shown in age and sex distribution :—

AGE				MALES.	FEMALES.
0 — 5 yrs.	..	..		4	5
5 — 10 „	..	..		2	2
10 — 15 „	..	..		—	2
15 — 25 „	..	..		2	2
25 yrs. and over	..	..		3	3
TOTAL				11	14

The occurrence of 25 cases in the whole year cannot be considered to be of epidemic proportions.

Since the disease became more prevalent in the British Isles in 1947 there has been a tendency for it to occur sporadically between epidemic periods so that the past year is considered, as far as Nottingham is concerned, to have shown only a slight increase over the number of cases which might be expected during a non-epidemic period.

The majority of cases occurred in subjects over the age of 5 years confirming the tendency of recent years for the disease to affect older age groups ; there was no marked difference in the sex distribution.

There was one death ; a man of 24 who died from acute bulbar polioencephalitis.

SEASONAL INCIDENCE.

MONTH.	No. OF CASES.	MONTH.	No. OF CASES.
JANUARY	—	JULY	3
FEBRUARY	—	AUGUST	6
MARCH	—	SEPTEMBER	6
APRIL	1	OCTOBER	3
MAY	—	NOVEMBER	1
JUNE	3	DECEMBER	2
		TOTAL	25

Acute Dysentery. The high incidence of dysentery has fallen ; 200 cases in 1950 as against 98 in 1951. The figure, however, is higher than that experienced prior to 1950—a period when in common with the country as a whole Nottingham had a large number of cases.

The disease was mild during 1951 and in all cases was Sonne dysentery with the exception of one case of Flexner dysentery. An interesting feature of Sonne dysentery which has been noticed throughout the country and which was reflected by the Nottingham cases is the fact that it appears to be predominantly a winter disease, the majority of cases occurring in the first quarter of the year. In the past intestinal infections have been expected to be more common in the summer.

Measles. An epidemic year with an incidence more than double that of 1950.

Whooping Cough. There was little change in whooping cough. Most cases were treated at home but a proportion developed complications which necessitated admission to hospital.

The crippling resulting from some of the complications of pertussis, the fact that it has a considerable mortality and the distressing nature of the disease make it the most urgent problem in the field of infectious diseases to be tackled by preventive medicine.

Influenza. Influenza, except when it causes influenzal pneumonia, is not a notifiable disease but its effect on the community was seen in the early months of the year when it approached epidemic proportions. Many areas were affected far worse and at an earlier date than Nottingham. The increased incidence was noted in the first few days of January, the peak was reached during the first week of February and thereafter the epidemic waned during the next 4-5 weeks. Its severity was reflected in the large number of deaths of old people with whom the epidemic dealt severely whereas previously the younger age groups have been largely affected.

The table below shows the progress of the epidemic, and is compiled from the returns of the local offices of the Ministry of National Insurance, from the Notification of Infectious Diseases and from Death Returns.

	Nottingham (& District-part) Area*		City of Nottingham*			
	Weekly Sickness Claims.		Notifs. of pneumonia.	Deaths attributed to conditions associated with influenza.		
	Average No.	Approx. percent. due to influenza bronchitis, etc.		Influenza.	Bronchitis.	Pneumonia.
JANUARY ..	2,813	63	36	19	65	48
FEBRUARY ..	2,492	60	146	71	76	84
MARCH ..	1,176	44	25	9	58	44
APRIL ..	1,136	19	8	—	26	24
MAY ..	898	11	13	—	16	19
JUNE ..	874	11	3	—	11	13
JULY ..	781	8	5	—	11	15
AUGUST ..	681	7	7	—	4	14
SEPTEMBER	941	8	3	—	3	13
OCTOBER ..	1,315	17	10	1	5	12
NOVEMBER	1,143	18	16	—	6	14
DECEMBER	936	17	8	—	2	18

*The two areas are not identical.

Venereal Disease. For the first time since 1939 the number of new cases of syphilis in Nottingham was below the pre-war level though the numbers of new cases of gonorrhoea have been below the pre-war level since 1949.

City of Nottingham New Cases.

	1939	1944	1945	1946	1947	1948	1949	1950	1951
Syphilis ..	70	194	263	384	306	270	210	121	63
Gonorrhoea ..	292	456	468	757	448	352	245	267	199
TOTAL ..	362	650	731	1,141	754	622	455	388	262

The summary shows how venereal disease rose during and shortly after the war ; a rise which was not unexpected and which was similar to previous rises historically recorded in large social upheavals. The peak year for Nottingham was 1946 when 1,141 new cases of syphilis and gonorrhoea were diagnosed and treated at the Special Treatment Centre.

This centre treats not only City cases but also serves a large surrounding area and a table showing all new cases diagnosed and treated since 1944 and the sex distribution in 1951 follows :

Nottingham and District New Cases.

	1944	1945	1946	1947	1948	1949	1950	1951		
								M.	F.	Total.
Syphilis :										
Primary ..	72	144	255	183	139	71	25	9	6	15
Secondary ..	77	87	136	88	90	53	27	4	6	10
Congenital ..	38	28	32	29	31	31	18	4	2	6
Other Stages	96	104	156	126	125	129	116	31	46	77
Gonorrhoea ..	704	795	1,210	710	550	421	376	243	51	294
Chancroid ..	9	10	28	34	20	8	8	11	2	13
TOTAL ..	996	1,168	1,817	1,170	955	713	570	302	113	415

As with City cases the peak year was 1946.

The table shows that :—

1. Despite intensive propaganda of recent years new cases of syphilis diagnosed only in the later stages of its development constituted a very large percentage of the total new cases,

2. The attendance of males in the acute stage of the disease—e.g. gonorrhoea and primary syphilis—far exceeds that of females,
3. Females predominate in the tertiary stages of syphilis,
4. The wave of venereal disease prevalent during the years of upheaval has apparently settled to the level expected during pre-war years.

The disparity shown in 2 and 3 has applied for the past 8 years and confirms the clinical fact that the discovery of early syphilis in the female is a more difficult task than in the male.

Contacts or Carriers of Infectious Diseases. The authority given under the Ministry of Health circular 115/48 authorising the Medical Officer of Health to certify contacts or carriers of infectious disease for sickness benefit was only used for one case and covered a period of six weeks. The person concerned was a dysentery carrier and his occupation was that of a baker.

It was not necessary to use statutory powers for the exclusion from work of any food handler suffering from, a carrier of, or a contact of any infectious disease.

SANITARY SERVICES

Continued progress can be reported in the sanitary services ; in food supervision and inspection, in the hygiene of food premises, and in the prevention of pollution of the atmosphere by smoke and grit. The detailed information and tables of this part of the report show more the activities of the Sanitary Inspectors' Section.

In housing, progress was made in the displacement of the occupiers from houses in the Sneinton Elements Clearance Area where one hundred and five unsatisfactory houses will be demolished as soon as the occupants are displaced. Emphasis must be given to the fact that the housing position is still a matter of concern here as throughout the kingdom, and only those houses that are too dilapidated, insanitary and incapable of repair can be eliminated. In the latter cases, not only do the tenants of the houses require rehousing but often sub-tenants and their families also, due to the fact that members of the tenant's family have grown up and married and have continued to live with their parents. A firm line, however, was taken with the comparatively small minority of occupiers who grossly overcrowd their houses for the sake of financial profit.

The powers given to a Local Authority to serve and enforce notices requiring the abatement of nuisances or the remedy of defects of house property is limited to those defects which would affect the health of the inhabitants if allowed to continue. Very often in the course of inspections of property advice is given to the landlords on other matters, with the object of remedying defects in their early stages which, whilst not a danger to health, affect the fitness of the house. This latter type of defect is essentially the responsibility of the landlords as to whether they are remedied or not. If they choose not to act, a gradual deterioration of the fabric of the house sets in and may finally produce dilapidation and decay.

Responsibility for the provision of dust bins has in recent years, been a matter of concern to local authorities throughout the country. The Public Health Act, 1936, enables the local authority to serve notice on either the owner or the occupier requiring dustbins to be provided for dwelling-houses. In two cases during 1951 the decision of the Nottingham Corporation to serve such notices on landlords was challenged and was the subject of appeal to the magistrates, who decided in favour of the appellants. The Corporation appealed to Quarter Sessions against the decision, and the Recorder allowing the appeal, held that the responsibility should rest on the landlord.

Conditions under which food is stored, prepared and sold continued to receive close attention and considerable improvements have been recorded. The risk to consumers of food that is not hygienically prepared, handled etc. was impressed on food traders and their employees, with the result that the standard of food shops, making-up premises etc. was constantly being improved. Generally speaking, food traders were very co-operative and readily agreed to carry out improvements suggested, as to the construction and re-decoration of the premises, supplies of new equipment, the provision of adequate washing facilities and overalls for staff.

Greater co-operation of the public is now needed to ensure that foodstuffs receive scrupulous care to prevent contamination after they are purchased.

SANITARY CIRCUMSTANCES OF THE CITY.

The work of administering the various Acts is summarised :—

Number of Inspections.

First Visits	..	..	..	17,071
Re-Visits	..	..	..	31,161
				<hr/>
TOTAL	..	..	..	48,232

Informal Notices.

TOTAL NUMBER SERVED	11,313
Outstanding at 1.1.52 .. 3,230	
Outstanding at 1.1.51 .. 2,625	
	<hr/> 605
TOTAL NUMBER COMPLIED WITH	10,708

Nuisances, Statutory Contraventions, etc.

	Nuisances etc. found.	Nuisances etc. remedied
Houses—filthy	52	58
Houses—verminous	2	2
Licensed Premises—cleansing and improve- ment of	4	—
Drains—clearance of	123	134
Drains—repair of	410	360
Panterpits—abolition of	2	1
Additional Water-closets—provision of	1	—
Water-closets—clearance of	190	191
Water-closets—repair of	2,190	2,226
Closets—cleansing of	7	1
Courts, Yards and Passages—paving of	—	—
Courts, Yards and Passages—cleansing of	3	10
Courts, Yards and Passages—repair of	344	301
Nuisance from pigs	2	9
Nuisance from fowls	8	4
Nuisance from other animals	9	18
Nuisance from Food Premises	—	1
Nuisance from Accumulations of Refuse	32	50
Dustbins—provision of	1,505	1,309
Miscellaneous Nuisances	374	294
Tents, Vans and Sheds	33	33
Houses—let-in-lodgings	64	53
Factories (with mechanical power)	157	150
Factories (without mechanical power)	2	2
Bakehouses	—	1
Workplaces	10	11
	<hr/>	<hr/>
TOTAL	5,524	5,219

Defects in Houses.

					Defects found.	Defects remedied.
Roofs	..	..	..	..	2,094	2,029
Walls	..	..	..	..	2,418	2,110
Floors and Ceilings	..	..	..	..	1,331	1,334
Windows	..	..	..	..	1,587	1,418
Fireplaces	..	..	..	..	1,052	1,054
Coppers	..	..	..	..	140	143
Sinks provided	..	..	..	..	46	34
Sinks—repair of	..	..	..	..	174	187
Defective water pipes and fittings	..	..	..	..	102	97
Defective rainwater conductors	..	..	..	..	1,215	1,127
Others	..	..	..	..	829	795
TOTAL					10,988	10,328
Number of Defective Houses dealt with					..	5,735

Statutory Notices.**Notices under Public Health Act, 1936.**

				Served.	Complied With.
Section 39	Drainage	..	..	399	362
Section 44	Inadequate Closet				
	Accommodation	..	..	9	6
Section 45	Closets	..	..	14	9
Section 46	Closets in Workplaces	..	..	1	1
Section 56	Paving of Courts, Yards and				
	Passages (Dwelling-houses)	..	..	191	162
Section 75	Dustbins	..	..	924	763
Section 83	Dirty houses	..	..	5	6
Section 92 (a)	Houses	..	..	104	100
Section 92 (b)	Others	..	..	11	6
Section 287	Notice of Entry	..	..	15	15

Notices under Nottingham Corporation Act, 1923.

Section 64	Paving of Courts, Yards and				
	Passages (Other Premises)	..	..	1	—
Section 73	Repair of water-closets	..	..	214	203

Notices under Nottingham Corporation Act, 1935.

Section 19	Cleansing and repair of drains, water-closets and soil pipes	1,542	1,521
------------	---	----	----	-------	-------

Notices under Housing Act, 1936.

Section 9	..	..	..	1,943	1,760
TOTAL				5,373	4,914

Consequent upon the failure of owners to comply with statutory notices, the Corporation ordered work on private contractors and recovered expenses incurred in 1,065 cases ; the summary shows the amount recovered under the appropriate Acts :—

		£	s.	d.
Nottingham Corporation Act, 1923.	Section 73 ..	57	13	9
Nottingham Corporation Act, 1935.	Section 19 ..	540	17	1
Housing Act 1936	Sections 9 and 10 ..	1,318	18	6
Public Health Act, 1936	Section 56 ..	404	12	11
Public Health Act, 1936	Section 39 ..	159	16	11
Public Health Act, 1936	Section 45 ..	4	0	0
		<hr/>		
		£2,485	19	2
		<hr/>		

In addition, the cost of new dustbins supplied by the Corporation in cases where owners or occupiers had failed to comply with notices served and where steps were taken to recover this amount was £814. 19s. 6d.

PUBLIC HEALTH ACT, 1936

ATMOSPHERIC POLLUTION

Observations of industrial chimneys in the City were continued and the number of observations and their outcome, including structural work, is summarised :

Observations and Notices.

Half-hourly observations of chimneys	1,351
Minutes dense smoke emitted.	2,135
Average minutes of dense smoke per chimney	1·616
Intimation notices served	93
Advisory visits (including verbal cautions)	413
Statutory notices served	22
Complaints investigated	136
Cases where work was executed for smoke and/or grit nuisance abatement	56

Work carried out by Owners.

Chimney stacks erected or extended	8
Chimney stacks dismantled	7
Boilers converted from hand to mechanical stoking ..	6
Boilers converted from hand to oil or gas firing..	1
Mechanical stokers overhauled	5
Mechanical stokers renewed	6
New boilers installed	13
Steam locomotive replaced by diesel engine	1
Grit arresting apparatus installed	2
Grit arresting apparatus overhauled	1
Additional baffles fitted	2
New grit arrestors ordered	3
Regular flue cleaning and reduction of draught	1

The estimated cost to the owners of this work is £69,600.

Smoke Nuisance

A Bye-law regulating the emission of black smoke from industrial chimneys adopted by the City Council came into operation on the 1st August, 1951, and prescribes that the emission of black smoke for a period of more than **two minutes** in any period of thirty minutes shall be deemed to constitute a nuisance unless the contrary is proved.

Monthly Average Emission of Dense Smoke per Chimney :—

January .. 1.95 minutes	July .. 1.49 minutes
February .. 1.93 „	August .. 1.16 „
March .. 2.28 „	September .. 1.05 „
April .. 1.49 „	October .. 1.21 „
May .. 1.60 „	November .. 1.61 „
June .. 1.76 „	December .. 1.87 „

The maximum was recorded in January, February and March, which are normally the coldest months and the figures reflect peak boiler loads and the general use of heating apparatus. The high figure for March was due to the prolonged winter weather and the use of incorrect fuels in heating plants.

The overall figures for smoke emissions continue to show a reduction and in general it has been found that fuel users have become much more “fuel conscious”. Several nuisances were

again found to arise from the burning of bituminous coal in installations designed only for the use of coke or other smokeless fuel, and the use of such installations as incinerators for rubbish. Cases were also found where coke allocations had been replaced by coal and representations were made to the Ministry of Fuel and Power in this connection.

Many industrial plants in the City were again operated with difficulty owing to supplies of inferior or unsuitable fuels, the shortage of plant replacements and the continued lack of suitable skilled labour for stokehold duties. Sufficient advantage is still not taken of the facilities available at the Nottingham and District Technical College where courses are organised for the training of boiler-room staff.

Fume Nuisance

A burning spoilbank at a colliery developed into a serious fume nuisance and the advice of the Alkali Inspectorate of the Ministry of Local Government and Planning was sought. Water spraying was tried without success and the nuisance was finally overcome by the abandonment of tipping on the burning heap. A new tipping site was found and the fire has now become dormant.

Measurement of Atmospheric Pollution

The following six stations each equipped with a deposit gauge and lead peroxide apparatus which measure the amount of deposited solid matter and sulphate respectively operated as from 1st July :—

Basford (Noel Street Baths)
 Bulwell (Bulwell Clinic)
 City Centre (Huntingdon Street)
 Mapperley (Mapperley Reservoir)
 Meadows (Queen's Drive Recreation Grounds)
 Wollaton (Wollaton Park)

Results are prepared and communicated monthly to the Fuel Research Station of the Department of Scientific and Industrial Research at Greenwich, where they are tabulated and published with the results of observations from other local authorities co-operating in the scheme of measurement.

Readings for the months July to December, 1951, are shown on page 146.

WATER SUPPLY

The water supply has been satisfactory in quality and quantity and practically all houses in the City are supplied direct from the mains. Even in Nottingham, though, a few houses in remote situations still lack piped water supplies.

The City Water Engineer arranges for the frequent sampling—at least monthly—of raw and treated water from all pumping stations. 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 and Health Departments both to safeguard the purity of the water supply and to reduce waste to a minimum.

SWIMMING BATH WATERS

Of the nine swimming baths owned and controlled by the Corporation, six are indoor and three open air. Water samples from each baths were taken at intervals during the year chiefly during the summer months; during the winter season, only five of the bath are open to swimmers. Of the thirty samples of bath water taken and submitted to the City Analyst for chemical

and bacteriological examination, only three were adversely reported upon, whilst the remainder were found to contain the requisite amount of free chlorine and to be, therefore, satisfactory.

The Baths Superintendent was notified of the unsatisfactory analyses, and subsequent sampling showed that the faults had been rectified.

The Baths Committee's staff make routine tests of water when the baths are in use, the samples taken by sanitary inspectors being intended as checks to ensure that the water as shown by careful analysis contains free chlorine in recognised permissible amounts.

FACTORIES ACT, 1937

The following tables refer to work carried out in connection with Parts I and VIII of the Act, and which come within the purview of the Local Authority :—

PART I.

Inspections for purposes of Provisions as to Health.

Premises	No. on Register	Inspections Made	Written Notices Served	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	313	39	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities ..	2,293	786	157	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	—	—	—	—
TOTAL	2,606	825	159	—

Details of Defects.

Nature	DEFECTS				Prosecutions Instituted
	Found by Sanitary Inspectors	Referred by H.M. Inspectors	Remedied	Referred to H.M. Inspectors	
Want of cleanliness ..	5	—	2	—	—
Overcrowding ..	—	—	—	—	—
Unreasonable temperature ..	1	—	—	—	—
Inadequate ventilation ..	—	—	—	—	—
Ineffective drainage of floors ..	1	—	2	—	—
Sanitary Conveniences :					
(a) Insufficient ..	9	—	2	—	—
(b) Unsuitable or defective ..	136	62	139	—	—
(c) Not separate for sexes ..	—	—	3	—	—
Other offences against the Act (not including offences relating to Outwork) ..	8	—	3	—	—
TOTAL ..	160	62	151	—	—

PART VIII.

Outwork.

Number of visits made to outworkers' premises was 2,002, and the number of outworkers on the August list as required by Section 110 (1) (c) of the above Act was as under :—

Nature of Work.	No. of Outworkers.
Wearing Apparel :	
Making etc., Cleansing and Washing ..	802
Lace, lace curtains and nets	1,038
Household linen	13
Brass and Brass articles	29
Nets other than Wire Nets	212
Paper Bags	3
Making of Brushes	2
Carding, etc., of Buttons	41
Making of Powder Puffs and Novelties ..	2
Weaving of Textile Fabrics	9
	<hr/>
	2,151

There were no cases of default in sending lists of outworkers to the Corporation, and therefore no prosecutions for failure to supply lists. Further, there were no instances of work in unwholesome premises, so that no notices were required to be served and no prosecutions instituted.

WORKPLACES (including Offices)

Action to remedy contraventions of the Public Health Act, 1936, in respect of workplaces where persons were employed was taken as follows :—

Unsuitable or defective sanitary accommodation	..	19
Uncleanly conditions	.. .. .	1

SHOPS ACT, 1950

Inspections made by the Shops Act Inspector :

First Visits	.. .. .	1,483
Re-visits	.. .. .	142
		<hr/>
		1,625
		<hr/>

Health and Comfort of Shopworkers

Details of action under the provision of the Shops Act, 1950 :

Details.	Notices Served.	Notices Complied with.
Want of heating	7	4
Want of ventilation	—	1
Want of adequate artificial lighting	3	4
Want of facilities for washing	10	27
Want of facilities for taking meals..	2	1
Sanitary accommodation :		
Insufficient, unsuitable or defective	31	38
Not separate for sexes	—	—

Details.			Notices Served.	Notices Complied with.
Repair of walls, floors and ceilings	..	..	9	32
Repair or cleansing of drains	..	..	1	2
Repair or cleansing of yards	..	..	1	1
Removal of offensive accumulations	..	..	2	2
Miscellaneous nuisances	..	..	2	7
Absence of forms required under the Shops Act	..	..	38	30

Closing Hours of Shops

The General Closing Hours are not later than 9 p.m. on the late day (Friday in Nottingham) and not later than 8 p.m. on other days of the week, except during the four winter months—November to February—when the General Closing Hours are not later than 7.30 p.m. on the late day and 6 p.m. on other days. Numerous transactions are, however, permitted after these hours. It was found during the year that the closing hours were generally well observed and that the majority of shopkeepers do not now remain open as late as the Shops Act allows. It is apparent that there is a desire for the closing of shops at an earlier evening hour.

No relaxation of the closing hours was permitted during the pre-Christmas period and from observations made on Saturday evening, 22nd December and on Christmas Eve, it was apparent that no such relaxation was necessary and that the public had completed their shopping early ; on both evenings, the streets were quiet after 6 p.m.

Nine shops found to be open after the closing hour were visited. In two of them a customer was making a belated purchase ; the others were completely deserted and the proprietors, when the infringement was pointed out to them, were only too anxious to lock up and get away.

Classification of Shops

A recent complete survey of shops within the City revealed the following :—

Booksellers	12	Jewellers	32
Boot and Shoe Shops ..	127	Market Stalls	325
Butchers	343	Men's Outfitters	81
Cafes	152	Milk Bars	4
Chemists	106	Motor & Motor Cycles ..	23
China and Pottery	13	Music	10
Coal Dealers	223	Off-Licences	363
Confectioners	174	Paints & Wallpaper	31
Corn and Seed Merchants ..	22	Petrol Filling Stations ..	159
Cycle Dealers	53	Photographers	22
Departmental Stores	13	Public Houses	397
Dairies	60	Radio & Television	62
Drapers	207	Sanitary Ware	17
Electrical Supplies	24	Sports Outfitters	12
Florists	18	Stationers, Newsagents ..	208
Fried Fish	280	Sugar Confectioners	565
General Stores	1,118	Tailors	62
Grocers	610	Tobacconists	114
Hairdressers	283	Toys	62
Health Stores	3	Watches, Clocks, etc. ..	42
Herbalists	18	Wet Fish	105
House Furnishers	103	Women's Outfitters	141
Ironmongers	94		

Total = 6,893

For the sake of interest, the above table is reproduced in descending numerical order :—

General Stores	1,118	Radio and Television	62
Grocers	610	Tailors	62
Sugar Confectioners	565	Toys	62
Public Houses	397	Dairies	60
Off-Licences	363	Cycle Dealers	53
Butchers	343	Watches, Clocks, etc. ..	42
Market Stalls	325	Jewellers	32
Hairdressers	283	Paints and Wallpaper	31
Fried Fish	280	Electrical Supplies	24
Coal Dealers	223	Motor and Motor Cycles ..	23
Stationers, Newsagents ..	208	Corn and Seed Merchants ..	22
Drapers	207	Photographers	22
Confectioners	174	Florists	18
Petrol Filling Stations ..	159	Herbalists	18
Cafes	152	Sanitary Ware	17
Women's Outfitters	141	China and Pottery	13
Boot and Shoe Shops	127	Departmental Stores	13
Tobacconists	114	Booksellers	12
Chemists	106	Sports Outfitters	12
Wet Fish	105	Music	10
House Furnishers	103	Milk Bars	4
Ironmongers	94	Health Stores	3
Men's Outfitters	81		

Total = 6,893

Kiosks

There are in the City, including those in the two railway stations, twenty-three kiosks, selling newspapers, tobaccos, refreshments and ices.

Mobile Shops

There are fifty-seven mobile shops selling a variety of goods from ice-cream to greengrocery.

YOUNG PERSONS EMPLOYMENT ACT, 1938

Inspections made for the purposes of this Act :—

First Visits	..	..	..	..	38
Re-visits	..	..	..	..	—
					—
					38
					==

HOUSES-LET-IN-LODGINGS

Houses-let-in-lodgings constitute a very serious problem. There are 172 such houses registered under the Bye-laws, but many more may be in existence in the City since there is no obligation on the part of the occupier to register such premises until required to do so by the Local Authority. Consequently, many lodging houses are established without the knowledge of the Health Department. Many are unsatisfactory, as the accommodation provided in most cases was intended for use by one family and not, as now obtaining, by numerous families.

The Bye-laws regarding the cleansing and decoration of such premises during the month of April were enforced where necessary.

COMMON LODGING HOUSES

Two establishments are now in use as common lodging houses, namely the Municipal Hostel (Sneinton House), erected to provide accommodation for male lodgers displaced from unfit lodging houses in clearance areas, and the Salvation Army Hostel in Aberdeen Street. The Municipal Hostel is planned on modern lines and each bed has a private cubicle. The Aberdeen Street Hostel was adapted in a disused factory building where many beds are available in dormitories or in private cubicles. Both houses are well conducted and are in great demand.

CANAL BOATS

The canals and other navigable waters within the City have been visited on fifteen occasions during the year and twenty-one boats were inspected. Visits were made at various times during the hours laid down by the Act, and the Inspector was at all times allowed free access to the cabins of the boats inspected.

The number of women carried on the boats inspected was three and there were three children.

One notice was issued against owners of a boat in connection with the lettering and numbering. 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 no new boats registered during the year ; the total number of boats now in use and registered by this Authority is forty.

KNACKERY

The knackery situated in the Nottingham Corporation's Eastcroft Depot, London Road, is under constant supervision, but the amount of slaughtering taking place is now very small.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

This Act, which came into force on the 1st November, 1951, requires (a) the registration of all premises where filling materials of specified types are used in manufacturing bedding, toys, baby carriages and other articles of upholstery, and (b) the licensing of premises in which rag flock is manufactured or stored for distribution to registered premises. The registration of premises used for reconditioning upholstery is not required by the Act.

The Chief Sanitary Inspector and four members of his staff were appointed Authorised Officers for all purposes of the Act.

Sixty-three visits were made to upholstery premises and four samples of filling materials were taken and submitted to a prescribed analyst for testing. All samples complied with the requirements prescribed by the Regulations.

The following table shows number of licences issued and registrations effected :—

Upholstery premises registered	33
Licences to store rag flock	4
Licences to manufacture rag flock	—

MEASURES AGAINST RODENT AND INSECT PESTS

During the year 1,377 infestations by rats and 1,007 infestations by mice were dealt with by the Department : 4,006 properties being surveyed and 13,601 visits made.

In co-operation with the Infestation Control Division of the Ministry of Agriculture and Fisheries, an experiment was carried out in the City regarding the use of "Warfarin", a blood anti-coagulant for the destruction of the common brown rat. In this experiment, 371 rats are known to have been destroyed.

The services of the trained operatives are available, on request, to occupiers of premises and land within the City and for work in private dwelling-houses the Corporation provides a free service. Modern methods of baiting, poisoning, gassing and trapping are used in the destruction of rats and mice and contact insecticides with D.D.T. are used in the disinfection of verminous houses. Smoke tests were applied to 288 drainage systems which appeared likely to give rise to rat nuisances and the City Engineer's Department co-operated with the Sanitary Inspectors' Department by treating the City's sewerage system for the destruction of rats.

Specimens of rats and mice were submitted to the Public Health Laboratory for examination in order to ascertain if they were carriers of organisms responsible for diseases, food poisoning etc., and the results tabled below show that 6.5% of the rat carcasses examined carried salmonella organisms emphasising the need for strict control and early reporting of rat infestations.

	Rats	Mice
Carcasses examined	81	18
Carcasses in which no pathogenic organisms were found	71	—
Carcasses from which organisms of the Salmonella group isolated	10	—

PART VI.

HOUSING

HOUSING

The following show the action taken in respect of unsatisfactory housing conditions :—

Inspection of Dwelling-houses.

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts) ..	11,313
	(b)	Number of inspections made for the purpose ..	15,480
(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 ..	1,961
	(b)	Number of inspections made for the purpose ..	5,494
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	18
(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	5,974

Informal Action.

Number of defective dwelling-houses rendered fit in consequence of informal notices by the Local Authority or their Officers	3,975
--	-------

Action under Statutory Powers.

1. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.

(a)	Number of dwelling-houses in respect of which notices were served requiring repairs	1,943
(b)	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
	1. By owners	1,583
	2. By Local Authority in default of owners ..	177

2. Proceedings under the Public Health Acts.

(a)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ..	694
(b)	Number of dwelling-houses in which defects were remedied after service of formal notices—	
	1. By Owners	498
	2. By Local Authority in default of owners ..	126

3. Proceedings under Sections 11 and 13 of the Housing Act, 1936.

(a) Number of dwelling-houses in respect of which demolition orders were made	17
(b) Number of dwelling-houses demolished in pursuance of demolition orders	4

4. Proceedings under Section 12 of the Housing Act, 1936.

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

Housing Act, 1936—Overcrowding

The number of overcrowding cases brought to the notice of the Health Department during the year was seventy-nine, involving 100 families and 585 persons ($490\frac{1}{2}$ units).

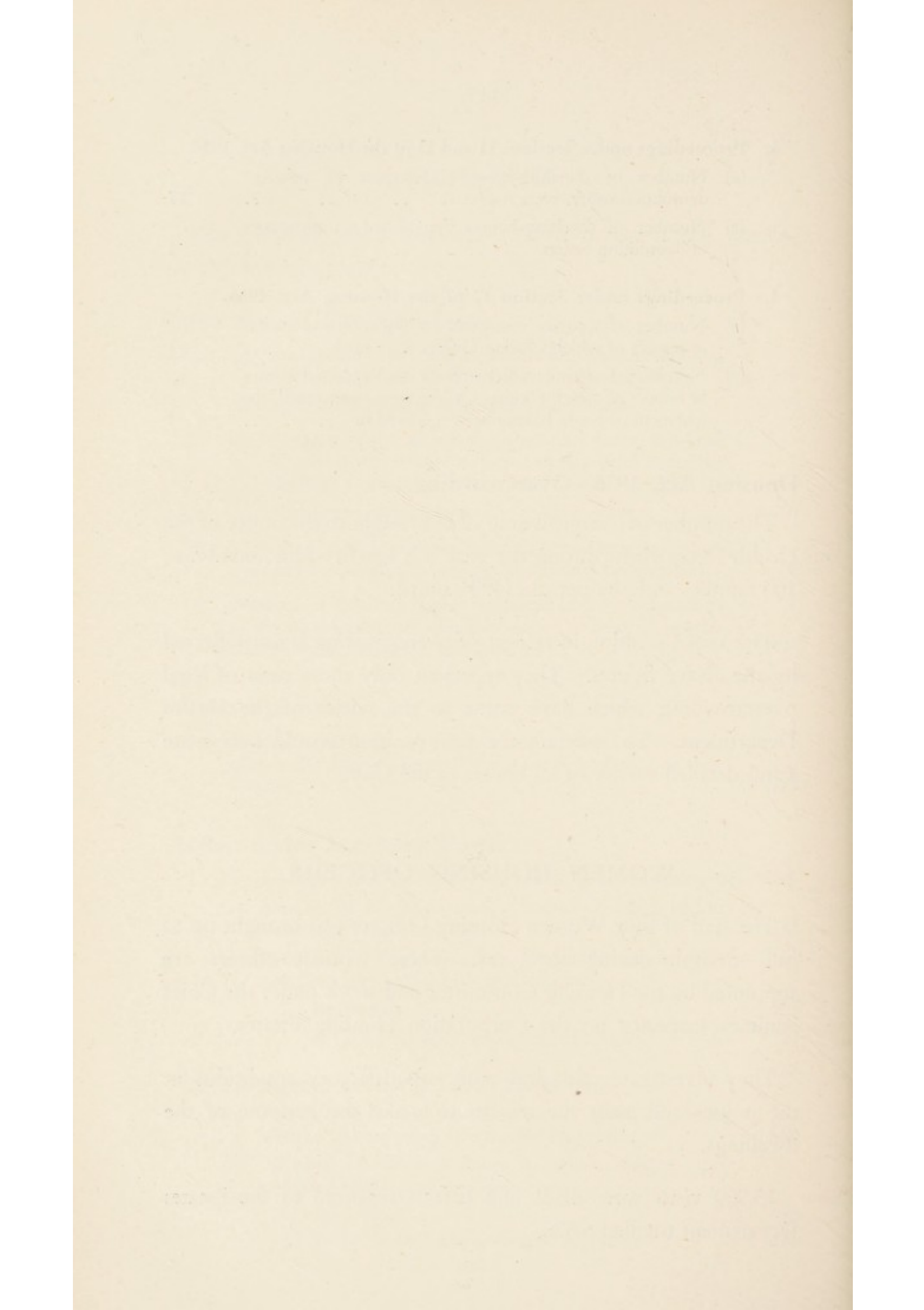
The actual position in respect of overcrowding is not reflected by the above figures. They represent only those cases of legal overcrowding which have come to the notice of the Health Department. To ascertain the true position would necessitate a full detailed survey of all houses in the City.

WOMEN HOUSING OFFICERS

The staff of four Women Housing Officers was brought up to full strength during the year. These women officers are appointed by the Housing Committee and work under the Chief Sanitary Inspector on the Corporation Housing Estates.

They investigate and deal with unsatisfactory conditions in the houses and assist the tenants to make the best use of the dwellings.

13,909 visits were made and defects reported to the Estates Department totalled 6,520.



PART VII.

FOOD SUPERVISION AND INSPECTION

FOOD SUPERVISION AND INSPECTION

FOOD SAMPLING

The following were taken :—

Formal Samples	..	350	Analysed by Public Analyst.
Informal Samples	..	652	do.
Informal Milk Samples		503	Tested by Inspectors.
		<hr/> 1,505 <hr/>	Total

Formal Samples found not genuine.

Action taken.

Pork Sausage—deficient in meat 4·7%	Cautionary letters to seller and manufacturer.
Pork Sausage—deficient in meat 1·8%.	Cautionary letter to manufacturer.
Pork & Beef Sausage—deficient in meat 13·10%.	Prosecution—Fined £3, costs £3. 3s. 0d.
Potted Meat—contained 8·50% dry starchy matter.	Cautionary letter.
Ice Cream—deficient in fat content.	Cautionary letter to manufacturer.
Double Cream—deficient in milk fat content.	Cautionary letters to manufacturer and seller.
Tea Cream—deficient in milk fat content.	Cautionary letter to manufacturer.
Pork Sausage—deficient in meat 1·55%.	Cautionary letter to manufacturer.
Pork Sausage—deficient in meat 5·80%.	Cautionary letter to manufacturer.
Potted Beef—contained excess starchy matter 1·6% and excess moisture 10·8%.	Prosecution—Fined £1, costs £4. 4s. 0d.
Brisling Paste—(imported)—did not contain more than 43·0% of fish.	Referred to Town Clerk and Ministry of Food.

	Action taken.
Dripping—contained 8·60% of free fatty acids and had an unpleasant odour and taste.	Prosecution—Seller fined £10 costs £4. 2s. 0d.
Vinegar—wrongly described, should have been sold as a Non-brewed condiment.	Cautionary letter to seller.
Ice Cream—deficient in milk solids 1·30% and deficient in sucrose 2·0%.	Cautionary letter to manufacturer. Further sample satisfactory.
Iodised Table Salt—containing only 394 micrograms per ounce of iodine.	Referred by Town Clerk to Ministry of Food (Food Standards & Labelling Division).
Lemon Curd—contained only 3·85% fat and only 0·24% of citric acid.	Cautionary letter to manufacturer and referred to Town Clerk of place of manufacture.
Dessert Red-Currant Spread—low in soluble solids.	Referred to Ministry of Food (Food Standards and Labelling Division). Manufacturers withdrew this article.
Dripping—contained 9·80% of free fatty acids, odour and taste rancid.	Prosecution. Fined £3 and £1. 1s. 0d. costs.
Compound Glycerin of Thymol, B.P.C.—deficiency in glycerin content.	Cautionary letter to packers and sellers. Stocks withdrawn from sale.
Pork Sausage Meat—deficient in meat.	Cautionary letter to manufacturer.
Dry Mincemeat (imported)—contained only 1·96% of fats.	No action. The Minister of Food had during the period of analysis, ordered imports to cease.
Pork Sausage—deficient in meat 8·9%.	Followed by formal sample.
Pork Sausage—do. 6·9%.	do.
Beef Sausage—do. 7·7%.	do.
Potted Meat—contained 5·62% dry starchy matter.	do.
Brisling Paste (imported)—contained less than 40% fish.	do.

	Action taken.
Mint Sauce—contained 62 parts per million of copper. Metal cap corroded.	Cautionary letters to manufacturer and seller. Stocks withdrawn and destroyed.
Jonathon Apples—arsenic found on peel.	Apples returned to importers by arrangement with the Port Authority.
Assorted Chocolates—contaminated with mineral oil.	Surrendered to Food Inspector for destruction.
Dripping—contained 3.04% of free fatty acids and had unpleasant odour and taste.	Followed by formal sample.
Fruit Salad—contained unsound fruit.	Surrendered to Food Inspector for destruction.
Figs—infested with mites—unfit for human consumption.	Retailer visited by Inspector. 20lbs. stock surrendered for destruction.
Lemon Curd—small deficiency in fat content.	Verbal warning by Inspector. Followed by formal sample.
Lemon Curd—small deficiency in fat content.	do.
Pork Sausage—deficient in meat 14.3%.	Followed by formal sample.
Pork Sausage—deficient in meat 5.70%.	do.
Pork Sausage—deficient in meat 5.60%.	do.
Potted Meat—excess starchy matter 6.44%.	Cautionary letter regarding description.
Iodised Table Salt—deficiency in iodine content.	Followed by formal sample.
Tomato Sauce—contained 51.5 parts per million of copper.	15 7/12 dozen bottles surrendered by wholesale packers for destruction.
Apples (Imported from Italy)—peel contained excessive amount of arsenic.	Apples returned to wholesalers at Covent Garden and Local Authority informed.
Ice Cream—deficient in milk solids and sucrose.	Followed by formal sample.
Ice Cream deficient in milk solids.	do.

		Action taken.
Potted Meat—contained 7.7% excess moisture.		Followed by formal samples.
Tinned Cherries—unfit for human consumption.		Stocks surrendered for destruction.
Dessert Red-currant Spread—unsatisfactory by standards supplied to similar articles.		Followed by formal sample.
Fruit Creme Sandwich—contained only 5.71% fat.		Visit to manufacturers by Inspector and suggestions offered re use of word "creme."
Dripping—contained 5.54% free fatty acids and had unpleasant taste.		Followed by formal sample.
Vinegar—vinegar "eels" (nematodes) present.		Stocks destroyed and containers sterilised
Compound Glycerin of Thymol B.P.C.—deficient in glycerin content etc.		Followed by formal sample.
Pork Sausage Meat—low meat content.		do.
Compound Liquorice Powder—deteriorated in stock—unfit for human consumption.		Six cartons surrendered to Inspector for destruction.
Salad Dressing in Powder Form—old stock in deteriorated condition.		Sellers' stocks exhausted. Verbal warning by Inspector.
Tripe—contained sulphur dioxide 345.24 parts per million.		Followed by formal sample.

Contravention of Labelling of Food Order, 1950.

Vinegar.	This article being a non-brewed product was wrongly described as "vinegar."	Cautionary letter to purveyor.
Dessert Red-currant Spread.	Fats and soluble solids content were low by comparison with standard for fruit curd and label did not bear a statement of contents.	Referred to Ministry of Food (Food Standards and Labelling Division). Manufacture ceased.

Results of sampling of MILK and ICE CREAM—see pages 128—133.

Details of sampling of "OTHER FOODS"—see page 147.

Unsound Food.

The following quantities of foodstuffs were surrendered on account of unsoundness :—

Bacon	..	..	..	173 $\frac{3}{4}$ stones
Biscuits	..	..	..	131 $\frac{1}{2}$ "
Bread	..	..	..	6 "
Canned Goods	..	..	..	8,123 "
Cream Substitute	..	..	..	13 "
Cakes	..	..	..	29 "
Cereals	..	..	..	4 "
Cheese	..	..	..	282 "
Chitterlings	..	..	..	92 $\frac{1}{2}$ "
Coconut	..	..	..	6 $\frac{1}{4}$ "
Confectionery (Sweets, Chocolates, etc.)	..	..	..	51 $\frac{3}{4}$ "
Cooked Meats	..	..	..	7 "
Cooking Fat	..	..	..	20 $\frac{3}{4}$ "
Dates	..	..	..	20 $\frac{1}{2}$ "
Dried Fruits	..	..	..	33 $\frac{1}{2}$ "
Dried Herbs	..	..	..	3 $\frac{3}{4}$ "
Dried Milk	..	..	..	44 $\frac{1}{4}$ "
Eggs, Tinned	..	..	..	11 "
Eggs, Shell	..	..	..	88 "
Egg Substitute	..	..	..	2 $\frac{1}{2}$ "
Fish Cakes	..	..	..	1 $\frac{1}{2}$ "
Fish	..	..	..	1,830 $\frac{1}{2}$ "
Fish, Shell	..	..	..	1,898 $\frac{1}{4}$ "
Flour	..	..	..	418 $\frac{1}{4}$ "
Fruit	..	..	..	238 $\frac{1}{4}$ "
Fruit Juice	..	..	..	25 "
Glycerine Substitute	..	..	..	64 "
Ice Cream	..	..	..	6 $\frac{1}{2}$ "
Jams, etc.	..	..	..	49 $\frac{3}{4}$ "
Jellies	..	..	..	1 $\frac{1}{4}$ "
Lentils	..	..	..	24 "
Meat Pies	..	..	..	3 "
Miscellaneous	..	..	..	36 "
Poultry	..	..	..	18 "
Pea Flour	..	..	..	6 $\frac{1}{2}$ "
Pickles	..	..	..	5 $\frac{3}{4}$ "
Potato Powder	..	..	..	12 "
Puddings	..	..	..	5 "
Rabbits	..	..	..	450 "
Sauces	..	..	..	6 $\frac{1}{4}$ "

Carried forward 14,244 $\frac{1}{4}$ stones

			<i>Brought forward</i>	14,244½ stones
Sausages	..	..	..	37 ..
Soya Flour	..	..	..	2 ..
Sugar	..	..	..	2¾ ..
Vegetables	..	..	..	21½ ..
Yeast	..	..	..	103 ..
				<hr/>
				14,410½ stones
Meat surrendered (see details, page 126)	..	..	..	85,013 stones
				<hr/>
Grand Total of all foodstuffs surrendered	..	..	..	99,423½ stones
				<hr/>
				621½ tons approx.

All surrendered food suitable was utilised for animal feeding purposes.

THE MEAT SUPPLY

The following slaughterhouses were occupied and used by the Ministry of Food for the slaughter of animals for human consumption :—

The Public Slaughterhouse, Cattle Market.
 Egerton Street Slaughterhouse—Nottingham Co-operative Society Ltd.
 Egerton Street Slaughterhouse—J. S. Beardall.
 Church Street Slaughterhouse, Old Basford — The Cinderhill Co-operative Society.
 (Opened 12.9.51—Closed 28.11.51).

Meat Inspectors were on duty during the hours of slaughter and all carcasses and offals were inspected.

Meat Inspectors' Visits.

To private slaughterhouses in use	..	864
To other premises	.. ..	1,808

In addition, daily routine visits of inspection were made to the wholesale and retail markets.

Animals Slaughtered for Food :—

Bulls	..	..	..	..	641
Bullocks	..	..	..	..	8,770
Cows	..	..	..	..	9,989
Heifers	..	..	..	..	9,084
Calves	..	..	..	..	15,893
Sheep	..	..	..	..	57,895
Goats	..	..	..	..	4
Pigs	..	..	..	..	17,671
TOTAL	..	..	..	..	<u>119,947</u>

Meat Surrendered as being diseased, unsound, unwholesome or unfit for human consumption.

SURRENDERED VOLUNTARILY.**HOME KILLED MEAT.**

				stones	
Beef	..	..	..	39,903½	
Mutton and Lamb	..	..	..	487½	
Pork	..	..	..	2,645½	
Veal	..	..	..	227½	
Offals	..	..	..	41,692½	
				<u>84,956 stones</u>	

IMPORTED MEAT.

Beef	..	..	..	41½	
Mutton	..	..	..	11½	
Offals	..	..	..	3½	
				<u>57 stones</u>	

Total 85,013

531½ tons approx.

The total number of whole carcasses condemned 1,004

The total number of carcasses in which some part or organ was affected and condemned 21,839

TOTAL 22,843

NO MEAT WAS SEIZED.

Ante-Mortem Inspection. Animals arriving at the slaughter-houses were subjected to ante-mortem inspection by the Food Inspectors. Whenever possible, bovines are inspected whilst on the move down the runway leading to the lairs and the Inspectors visit the lairs from time to time during hours of slaughter.

Animals showing abnormal conditions are noted and special attention is given to their post-mortem examination. Animals appearing to be in an abnormal condition owing to disease, injury, etc. are slaughtered without delay. If deemed necessary, specimens are sent for examination to the Public Health Laboratory.

Prosecution. Three butchers charged with being in possession of, for the purpose of sale, meat unfit for human consumption, were found guilty of the offences and two were each fined £20 and one was fined £25, a total of £65.

Meat Transport. Close attention is given by the Food Inspectors to the arrangements for transporting meat from the slaughter-houses to shops and other premises in the City. Transport organisations in the City have been requested to provide hanging rails or hooks to the roofs of all vehicles attached to the Nottingham depot and approximately two thirds of all home killed meat leaving the Nottingham slaughter-houses is now carried clear of the vehicle floors. Moreover, movable rails or runners about 18 inches apart and about 6 inches high have been fixed to the floors of the vehicles thus forming a gangway or "walk" and preventing meat which cannot be hung to the roof, from coming into contact with the areas of the floor which are walked on by the operatives when loading or unloading.

Offals are carried in special metal containers and mostly in a vehicle specially fitted and used for the delivery of offals. The transport arrangements now operating in Nottingham are in advance of those in many parts of the country.

CARCASES INSPECTED AND CONDEMNED.

	Cattle excluding Cows.	Cows.	Calves.	Sheep Lambs Goats.	Pigs.
Number Killed	18,495	9,989	15,893	57,899	17,671
Number Inspected	18,495	9,989	15,893	57,899	17,671
<i>All Diseases Except Tuberculosis.</i>					
Whole Carcases condemned ..	25	54	74	96	89
Carcases of which some part or organ was condemned ..	5,307	5,383	13	2,564	588
Percentage of the number inspected affected with disease other than Tuberculosis ..	28·8	54·4	54	4·5	3·7
<i>Tuberculosis only.</i>					
Whole Carcases condemned ..	85	538	8	—	45
Carcases of which some part or organ was condemned ..	2,228	4,599	1	—	1,156
Percentage of the number inspected affected with Tuberculosis	12·5	51·3	·05	—	6·6

THE MILK SUPPLY.

REGISTRATIONS.

Although the conditions under which milk was produced, stored, treated and distributed were regularly examined to ensure that the statutory requirements applicable to the trade were complied with, the percentage of sampled milk tested for tubercle bacilli and found positive, rose from 5·4 to 8·1%, and the adulterated milks rose from 6·1 to 9·5%.

The following details applied at 31st December, 1951 :—

Processing Establishments	..	..	..	5
Other Dairies	..	..	..	33
Dairymen operating from wholesalers' dairies	..			21
Dairymen operating from dairies outside the City				14
Milk Distributors (shopkeepers)	..	..	..	532

LICENSING.

Designated Milks.

Licences granted under the provisions of the Milk (Special Designation) (Raw Milk) Regulations, 1949 and Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 :—

Dealers' licences to pasteurise milk	..	..	..	6
„ „ „ sterilise milk	..	..	..	5
„ „ „ sell tuberculin tested milk	..	..		44
„ „ „ sell pasteurised milk	..	..		238
„ „ „ sell sterilised milk	..	..	..	518
Supplementary licences to sell tuberculin tested milk			..	8
„ „ „ „ pasteurised milk			..	8
„ „ „ „ sterilised milk	..	..		5

MILK SAMPLING.

BACTERIOLOGICAL EXAMINATION.

Examination for Tubercle Bacilli.

Of 102 samples obtained 89 showed negative results on biological testing. Four samples were not reported upon owing to technical difficulties at the laboratory.

Among those negative to the test were 11 samples of designated milks.

Of the remainder, 9 samples having positive results were notified to the Medical Officers of Health of the producers' areas, the affected animals were identified and slaughtered under the Tuberculosis Order, 1938.

The positive results shown in previous years were as follows :—

1951	..	..	8.10 per cent.
1950	..	..	5.40 „
1949	..	..	1.66 „
1948	..	..	1.72 „
1947	..	..	5.08 „
1946	..	..	2.70 „

Tuberculin Tested Milk—Raw.

A total of 29 samples was procured and all of these complied with the prescribed standards.

Accredited Milk.

No accredited milk was sold as such in the City during the year.

Pasteurised Milk—including Tuberculin Tested Pasteurised Milk.

Of 521 samples sold under licence and subjected to the Methylene Blue Test, 6 were unsatisfactory. To test the efficiency of pasteurisation these samples were also subjected to the Phosphatase Test and 516 were proved to have been correctly heat-treated.

Sterilised Milk—including Tuberculin Tested Sterilised Milk.

A total of 199 samples processed under licence were taken and all found satisfactory.

CHEMICAL EXAMINATION.

Milk samples—formal and informal—analysed by the Public Analyst.

1951	No. of Samples.	Average Percent of Fat.	Average Percent of Solids not Fat.
January	32	3·611	8·792
February	40	3·357	8·796
March	15	3·596	8·821
April	22	3·482	8·555
May	23	3·478	8·674
June	23	3·507	8·905
July	33	3·542	8·770
August	29	3·587	8·498
September	14	3·807	8·900
October	32	3·709	8·920
November	34	3·906	8·829
December	13	3·853	8·761
AVERAGE	—	3·602	8·767
The Standard for Milk is "Fat" 3·0% and "Solids not Fat" 8·50%.			

Of the 503 informal samples of milk tested by the Inspectors during the year by the Gerber process, 48 or 9·54% were found to be adulterated. The figures for 1950 were 30 and 6·19%.

ACTION TAKEN ON UNSATISFACTORY MILK SAMPLES.

Samples taken formally and found not genuine.		Action taken.
1 sample	(a) deficient in milk fat 8% (b) deficient in milk solids other than milk fat. 4%	{ Letters from Town Clerk to producer and Milk Production Officer.
4 samples	(a) deficient in milk fat. 3% (b) do. 10% (c) do. 8% (d) do. 16%	{ Four churns out of a consignment of 11. Followed by "Appeal-to-Cow" samples. do.
1 sample	(a) deficient in milk fat. (b) deficient in milk solids other than milk fat.	{ Original sample. Sold by dairy-man bottler. do.

Samples taken formally and found not genuine.			Action taken.
4 samples	(a) deficient in milk solids other than fat. (b) do. (c) do. (d) do.	Follow-up samples at farm on collection.	Letters from Town Clerk to producer and Milk Production Officer.
2 „	(a) deficient in milk solids other than fat. (b) do.	From farmer's churn on delivery at processing dairy.	do.
6 „	(a) deficient in milk solids not fat. (b) do. (c) do. (d) do. (e) do. (f) do.	do.	do.
2 „	(a) deficient in milk fat. (b) do.	do. 2 churns out of a consignment of 5.	do.
1 sample	deficient in milk fat 18%	One of two churns in consignment.	do.
1 „	deficient in milk fat.	One churn out of 3.	Letters from Chief Sanitary Inspector to producer and Milk Production Officer.
3 samples	(a) deficient in milk solids other than fat. (b) do. (c) do.	Farmer's churns on delivery at processing dairy.	do.
3 „	deficient in milk solids other than fat. (b) do. (c) do.	do.	do.
3 „	deficient in milk solids other than fat. (b) do. (c) do.	Three churns out of four.	do.

1 sample	Samples taken formally and found not genuine.		Action taken.
	deficient in milk solids not fat.	sample from caterer.	
			Other samples from same source were satisfactory.

ICE CREAM.

All manufacturers or dealers in ice-cream must be registered under the provisions of the Nottingham Corporation Act, 1935 and all premises used for these purposes must be registered as the Food and Drugs Act, 1938 requires.

1,455 inspections were made.

Registrations in force at the end of the year :—

MANUFACTURERS.

" Hot Mix " method	..	11
" Cold Mix " method	..	19
TOTAL	.. ..	30

VENDORS AND DEALERS.

" Pre-packed " ices	.. ..	486
" Loose " ices	.. ..	239
TOTAL	.. ..	725
New registrations	.. ..	98
Transfer of registrations	.. ..	55

Sampling.

The Food Standards (Ice-Cream) Order, 1951, came into operation on the 1st March, 1951 and prescribed the following standard for ice-cream :—

Fat	.. ..	Not less than 5%
Sugar	.. ..	Not less than 10%
Milk Solids Other than Fat	.. ..	Not less than 7½%

Of 89 samples taken for analysis five did not conform to the standard. The manufacturers of the unsatisfactory samples were warned and subsequent samples proved to be satisfactory.

Grading.

Samples for bacteriological grading by the Methylene Blue Reduction Test were taken as under :—

Grade.	Time taken to reduce Methylene Blue (hours).	No. of specimens reducing Methylene Blue.
1	4½ or more	155
2	2½ — 4	35
3	1½ — 2	20
4	0	10
		— 220

In addition, 7 samples of “Iced Lollies” were examined and found to be satisfactory.

SHELL FISH.

Shell fish from various sources were received into the Wholesale Fish Market and samples were submitted to the Public Health Laboratory from time to time for bacteriological examination. Eleven tons, seventeen hundredweights, one quarter, of shell fish were found to be unfit for human consumption and were confiscated.

Of twenty-six samples of mussels taken three were found to be unsatisfactory. Details are given :—

Origin of Layings.	No. of Samples.	Satis.	Unsatis.
Boston, Lincolnshire ..	13	12	1
King's Lynn, Norfolk	2	1	1
Portmadoc, N. Wales ..	2	1	1
Ireland	2	2	—
Denmark	7	7	—
TOTALS ..	26	23	3

FOOD HYGIENE

Food and Drugs Act, 1938. Properly constructed premises with adequate lighting and ventilation, suitable washing facilities for both utensils and personal cleanliness, and efficient equipment are an essential foundation for the hygienic handling of food.

Although many food premises in the City are old and limited in size, considerable improvements were carried out by the occupiers as a result of discussion with the inspectors, of whom four are concerned with preparation, storage and sale of food.

A systematic inspection of all food premises continued throughout the City to secure the co-operation of all food workers in obtaining a high standard of cleanliness.

In 4,099 visits made it was found necessary to draw the attention of the occupiers to 703 defects and the requirements of the Department were met in 395 cases. During the year 165 premises were registered under Section 14 of the Act for the manufacture of sausages and other meat products.

The members of the public, becoming increasingly conscious of the need for cleaner food have, from time to time, drawn attention to extraneous matter that has been found in commodities they have purchased. The majority of these complaints have related to bread and confectionery and such varied things as cigarettes, nails, wood, grubs and grease have been found in food. During the year 32 such complaints were received and each was very carefully investigated with the result that in 6 cases legal proceedings which were successful were taken against the manufacturers. A number of the complaints, however, were

found to be due to negligence on the part of employees and did not reflect upon the conditions under which the food was prepared.

Byelaws made under Section 15. These Byelaws have been in operation in the City for eighteen months and by visits to food premises the sanitary inspectors have discussed with the occupiers the provisions with regard to handling, wrapping and delivery and the protection of food from contamination. In most cases the food traders have co-operated wholeheartedly and welcomed the new provisions as sound public health measures. So far, it has not been necessary to take legal action for contravention and considerable success has been achieved by goodwill.

In an endeavour to obtain the widest publicity and to achieve improvements in food hygiene generally, the inspectors have given 17 lectures to a total of 852 persons. These lectures have been given to kitchen staffs, women's organisations, grocery managers and assistants, students preparing for appointments in the food trades, schools, etc.

Many of the lectures were held in the evenings and were illustrated by suitable films, and it is pleasing that several large firms have afforded their assistants an opportunity during business hours of receiving instruction.

Unsatisfactory food practices often arise from lack of education and the sanitary inspectors entrusted with the supervision of food premises concern themselves with advising food handlers and with enlightening members of the public.

It is felt that nothing but good can emerge from their activities in this connection.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Samples taken :—

Substance.	Satisfactory.	Unsatisfactory.	Total
Basic Slag	—	1	1
Sulphate of Potash	1	—	1
Steamed Bone	1	—	1
Hydrated Lime	—	1	1
Dried Blood	—	1	1
General Purpose Fertiliser	1	—	1
Liquid Manures	2	—	2
Sulphate of Ammonia	1	—	1
Tomato Fertiliser	1	—	1
Chrysanthemum Fertiliser	—	2	2
Humus Food for Soil	—	2	2
Turf Fertiliser	1	1	2
Nitrate of Soda	—	1	1
Hoof and Horn	1	—	1
Fish Meal Fertiliser	1	—	1
Meat and Bone Meal Fertiliser	1	—	1
National Pig Food No. 2	—	1	1
Unrationed Poultry Meal	—	1	1
TOTALS	11	11	22

Action taken on unsatisfactory samples was as follows :—

- | | |
|----------------------------------|---|
| 1 Basic Slag | Warning letter to seller from Town Clerk. |
| 1 Hydrated Lime | Referred to administrative authority in area of manufacture. |
| 1 Dried Blood | Referred to administrative authority in area of manufacture. |
| 2 Chrysanthemum Fertiliser | Letter from Town Clerk to manufacturers. |
| 2 Humus Food for Soil | Letters from Town Clerk to manufacturers and to administrative authority in their area. |
| 1 Turf Fertiliser | A follow-up Formal sample proved to be satisfactory. |
| 1 Nitrate of Soda | Letter from Town Clerk to manufacturers. |
| 1 National Pig Food No. 2 | Visit to manufacturers resulting in new labelling arrangements. |
| 1 Unrationed Poultry Meal | Referred to administrative authority in area of manufacture (manufacture has now ceased). |
| 1 Sulphate of Ammonia | Printing error on statutory declaration brought to notice of sellers who had labels re-printed. |

THE PHARMACY AND POISONS ACT, 1933.

This Act permits the Sale of Poisons in Part II of the Poisons List by those whose names and premises are entered in the Local Authority's List.

Applications for entry received	..	19
Approved	.. .. .	18
Withdrawn	.. .. .	1
Transfer of licences	.. .. .	3
Registrations not renewed, owing to discontinuance of the Sales of Part II Poisons	.. .. .	14

A cautionary letter was sent to one person for a minor infringement of the Act.

PART VIII.

HEALTH COMMITTEE

HEALTH COMMITTEE STAFF

ATTENDANCES AT WELFARE CENTRES

THE TUBERCULOSIS REGISTER

MEASUREMENT OF ATMOSPHERIC POLLUTION

DETAILS OF SAMPLING OF "OTHER FOODS"

HEALTH COMMITTEE

1951

LORD MAYOR :

ALDERMAN GEORGE HENRY WIGMAN, 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.

ALDERMAN W. CRANE, J.P.

ALDERMAN H. O. EMMONY

COUNCILLOR R. ARBON

COUNCILLOR C. CAMERON, J.P.

COUNCILLOR (Mrs.) L. E. CHAMBERS, J.P.

COUNCILLOR J. D. CROSLAND

COUNCILLOR J. W. KENYON

COUNCILLOR W. H. MURDOCK

COUNCILLOR A. W. NORWEBB, J.P.

COUNCILLOR R. S. PEAKE

COUNCILLOR L. A. SAUNDERS

COUNCILLOR G. B. SHAW

COUNCILLOR (Mrs.) M. E. WOOD

HEALTH COMMITTEE STAFF

Medical Officer of Health—

WILLIAM DODD, M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health—

RONALD W. ELLIOTT, M.D., M.Sc., D.P.H.

Maternity and Child Welfare—

Senior Medical Officer.

ELSPETH M. WARWICK, M.B., Ch.B., D.P.H.

Assistant Medical Officers.

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

JANET B. DALGETTY, M.B., Ch.B.

WILLIAM EDGAR, M.B., Ch.B., D.P.H., D.C.H. From 28.5.51.

JAMES A. LEITCH, M.B., Ch.B. To 7.5.51.

SYLVIA M. MATTHEWS, M.B., B.S.

HENRIETTA M. MACLEOD, M.B., B.S.

MEGAN E. WILKINSON, M.B., Ch.B.

Tuberculosis.*

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

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

WILFRED H. RODERICK SMITH, M.B., B.S., M.R.C.P., L.R.C.P.

Mental Health.*

DUNCAN MACMILLAN, M.D., B.Sc., F.R.C.P.E., D.Psych.

Physician-Superintendent, Mapperley Hospital.

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

Dep. Physician-Superintendent, Mapperley Hospital.

THOMAS R. FORSYTHE, M.D., D.P.M.

Consultant Psychiatrist, Mapperley Hospital.

WILFRID L. JONES, M.B., B.S., D.P.M.

Consultant Psychiatrist, Mapperley Hospital.

JULIUS KAMIENIECKI, Ph.D., M.A., L.L.M.

Educational Psychologist.

KENNETH O. MILNER, M.D., M.R.C.S., L.R.C.P., D.P.M.,

Physician Superintendent, Aston Hall Institution.

Infectious Diseases.*

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

Ultra Violet Ray Clinic.

HENRY N. JAFFÉ, M.B., B.S. (part-time).

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

*In conjunction with Regional Hospital Board.

City Analyst.

W. W. TAYLOR, B.Sc., F.R.I.C. (part-time).

Health Visiting.

Superintendent—MISS M. W. BEATTY, S.R.N., S.C.M.

Deputy Superintendent—MISS M. EDWARDS, S.R.N., S.C.M., S.R.F.N.

Student Health Visitor Tutor—MISS D. T. HOGG, S.R.N., S.C.M.

Senior Health Visitor for Tuberculosis—MISS E. CALEY, S.R.N., S.C.M.

Health Visitors—Maternity and Child Welfare—26.

Tuberculosis — 6.

Student Health Visitors — 8.

Midwifery.

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

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

Ophthalmic Nurse—MISS W. E. HAYNES, S.R.N., S.C.M.

District Midwives—37 Full Time.

1 Part Time.

Mother and Baby Home.

Matron—MRS. E. MACKINTOSH, S.R.N., S.C.M.

Day Nurseries.

Supervisor—MRS. D. E. WISE, S.R.N., S.C.M., H.V.

ARNOLD ROAD .. *Matron*—MISS E. HALLS, C.N.N.

Nursery Assistants—9.

BELLS LANE .. *Acting Matron*—MISS M. SANDS, C.N.N.

Nursery Assistants—9.

BULWELL .. *Matron*—MISS D. GARSIDE, S.R.N.

Nursery Assistants—9.

HEATHCOAT STREET .. *Matron*—MISS J. TALBOT.

Nursery Assistants—10.

PEARSON STREET .. *Acting Matron*—MISS W. SEARBY, C.N.N.

Nursery Assistants—5.

PIERREPONT .. *Matron*—MRS. M. STEED, S.R.N., S.C.M.

Nursery Assistants—10.

QUEEN'S DRIVE .. *Matron*—MRS. E. MACKINTOSH, S.R.N., S.C.M.

Nursery Assistants—7.

RADFORD .. *Matron*—MRS. A. NAYLOR, S.R.N.

Nursery Assistants—10.

SYCAMORE ROAD .. *Matron*—MRS. H. PROSENJENK,
R.S.C.N., C.N.N.

Nursery Assistants—10 and 1 Part-Time.

Home Nursing.

Superintendent—MISS M. M. KNOTT, S.R.N., S.C.M., H.V.

Deputy Superintendent—MISS M. M. LAYCOCK, S.R.N., S.C.M.

Home Nursing Sisters—45.

Almoners.

MISS A. C. REID, A.M.I.A.

MISS K. BATES, A.M.I.A.

Mental Health Service.

Mental Health Officer—J. E. WESTMORELAND.

Deputy Mental Health Officer—G. E. HIBBARD.

Duly Authorised Officers—7.

Occupation Centre Supervisor—MISS E. L. GRANGER.

Occupation Centre Assistants—6.

Ambulance Service.

General Manager—B. ENGLAND, M.I.Mech.E., M.Inst.T.

Superintendent—A. K. HICKS.

Deputy Superintendent—J. W. GANNON.

Sanitary Inspection.

Chief Sanitary Inspector—A. WADE, M.B.E., 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—27.

Smoke Inspector—1.

Female Housing Officers—4.

Rodent Operators—7.

Home Help Service.

Organiser—MRS. L. E. GRAY.

Home Helpers—400.

Ultra Violet Ray Clinic.

Secretary/Attendant—MRS. D. A. MORRIS.

Nurse Attendants—2.

Clerical.

Administrative Assistant—C. V. TUBB, D.P.A., From 3.9.51.

Chief Clerk—J. C. SLIGHT.

Clerks, all sections—41.

Other Staff.

Mortuary Attendants—2.

Maintenance Assistant—1.

Van Drivers—3.

ATTENDANCES AT WELFARE CENTRES.

	MOTHERS.						INFANTS.				TODDLERS.			
	No. of Sessions	New Cases	Return Visits	Post-Natal Visits	Total Attendances	Approx. Average per Session	No. of Sessions	New Cases	Attendances	Average Attendances	No. of Sessions	New Cases	Attendances	Average Attendances
Aspley ..	100	256	1,540	83	1,879	18.8	100	367	4,881	48.8	48	6	638	13.3
Basford ..	97	231	1,119	68	1,418	14.6	97	265	4,439	45.8	26	6	390	15.0
Bilborough ..	56	126	925	74	1,125	20.1	101	321	5,323	53.7	51	23	827	16.2
Bulwell ..	51	181	1,005	53	1,239	24.3	100	325	4,131	41.3	50	12	677	13.5
Edwards Lane ..	49	151	828	60	1,039	21.2	100	282	4,618	46.2	52	24	875	16.8
Huntingdon Street ..	101	357	1,621	85	2,063	20.4	102	402	5,152	50.5	51	7	684	13.4
Hyson Green ..	—	—	—	—	—	—	101	351	6,164	61.0	—	—	—	—
Jarvis Avenue ..	49	143	843	56	1,042	21.3	100	216	3,655	36.5	51	18	599	11.7
Lenton Abbey ..	—	—	—	—	—	—	52	45	1,296	24.9	—	—	—	—
Radford ..	152	576	2,529	144	3,249	21.4	152	625	9,533	62.7	51	51	949	18.6
Sneinton ..	99	360	1,916	88	2,364	23.9	101	421	5,409	53.6	50	11	624	12.5
Wilford Road ..	102	369	1,730	86	2,185	21.4	102	390	5,449	53.4	51	35	941	18.5
	856	2,750	14,056	797	17,603	20.6	1,208	4,010	60,050	49.7	481	193	7,204	15.0
Consultant Clinic ..	51	646	523	80	1,169	22.9								

THE TUBERCULOSIS REGISTER.

	PULMONARY.			NON-PULMONARY.			Total.
	Males.	Females.	Child- ren.	Males.	Females.	Child- ren.	
Cases on Register at 1. 1. 51 ..	1,225	1,381	432	75	131	116	3,360
Transfers from other areas ..	37	18	1	1	1	—	58
"Lost" cases returned	4	5	—	—	—	—	9
	1,266	1,404	433	76	132	116	3,427
NEW CASES ..	194	215	82	2	8	5	506
	1,460	1,619	515	78	140	121	3,933
Cases written off ..	172	176	34	12	23	17	434
No. of cases on Register at 31. 12. 51 ..	1,288	1,443	481	66	117	104	3,499

DETAILS OF CASES WRITTEN OFF :—

Recovered ..	176
Deaths ..	111
Transferred to other areas or lost sight of ..	147

DEATHS :—

Total No. ..	111
Rates :—	Pulmonary. All Forms.
1951 ..	0.35 0.36 per 1,000 population
Average for past 10 years ..	0.62 0.70 do.

EXAMINATION OF CONTACTS :—

No. of contacts examined ..	1,087
do. found to be tuberculous ..	28

WORK OF THE TUBERCULOSIS HEALTH VISITORS :—

No. of visits paid to patients' homes ..	10,471
--	--------

MEASUREMENT OF ATMOSPHERIC POLLUTION.

DEPOSIT GAUGES.

Deposited Solid Matter in tons per square mile per month.

	City Centre			Basford			Bulwell			Meadows			Mapperley			Wollaton		
	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total
July ..	—	—	—	14.61	4.53	19.14	14.43	4.84	19.27	13.17	6.62	19.79	7.02	3.80	10.82	7.69	1.61	9.30
August ..	17.81	11.70	29.51	16.27	16.35	32.62	12.85	10.23	23.08	14.97	15.97	30.94	6.92	8.70	15.62	7.46	9.46	16.92
September ..	13.37	3.81	17.18	13.00	6.20	19.20	13.59	6.26	19.85	16.65	8.83	25.48	7.04	4.68	11.72	6.62	4.43	11.05
October ..	14.40	8.07	22.47	14.42	7.90	22.32	11.42	6.67	18.09	16.20	10.55	26.75	4.64	4.20	8.84	6.41	4.86	11.27
November ..	15.20	9.71	24.91	19.70	12.91	32.61	11.16	9.74	20.90	17.61	8.61	26.22	5.25	8.28	13.53	6.92	7.51	14.43
December ..	17.02	10.09	27.11	15.99	8.85	24.84	18.10	7.31	25.41	17.68	11.33	29.01	9.76	6.18	15.94	6.08	4.30	10.38
Total for the six months ..	77.80	43.38	121.18	93.99	56.74	150.73	81.55	45.05	126.60	96.28	61.91	158.19	40.63	35.84	76.47	41.18	32.17	73.35

LEAD PEROXIDE APPARATUS.

Milligrammes of Sulphate per day per 100 sq. cm. of lead peroxide.

	City Centre		Basford		Bulwell		Meadows		Mapperley		Wollaton	
	July	August	September	October	November	December	July	August	September	October	November	December
..	0.63	1.18	1.26	2.20	1.92	2.98	0.37	0.70	0.85	1.38	1.38	1.63
..	0.57	0.56	0.61	0.95	1.13	1.46	0.74	1.52	1.60	1.77	2.12	2.45
..	0.33	0.84	0.62	0.90	0.91	1.46	0.33	0.84	0.62	0.90	0.91	1.46
..	0.27	0.44	0.26	0.63	0.45	0.41	0.27	0.44	0.26	0.63	0.45	0.41

DETAILS OF SAMPLING OF "OTHER FOODS".

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Milk ..	310	1	311	278	1	279	32	—	32
Milk, Condensed, Full Cream, sweetened ..	—	4	4	—	4	4	—	—	—
Milk, Condensed, Full Cream, unsweetened ..	—	4	4	—	4	4	—	—	—
Milk, Condensed, Special Full-Cream, sweetened ..	—	1	1	—	1	1	—	—	—
Milk, Condensed, Skimmed, sweetened ..	—	3	3	—	3	3	—	—	—
Ice Cream ..	8	77	85	6	75	81	2	2	4
Artificial Cream Powder ..	1	—	1	1	—	1	—	—	—
Acelet ..	—	1	1	—	1	1	—	—	—
Apples ..	—	2	2	—	—	—	—	2	2
Apple Sauce ..	—	1	1	—	1	1	—	—	—
Apple Jelly ..	—	1	1	—	1	1	—	—	—
Apple Juice (concentrated) ..	—	1	1	—	1	1	—	—	—
Almond Paste Substitute ..	—	1	1	—	1	1	—	—	—
Apricots ..	—	1	1	—	1	1	—	—	—
Apricot Flavouring Essence ..	—	1	1	—	1	1	—	—	—
Apricot Nectar ..	—	1	1	—	1	1	—	—	—
Aspirin Tablets ..	—	1	1	—	1	1	—	—	—
Anchovy Fillets in Oil ..	—	1	1	—	1	1	—	—	—
Acetic Acid (50%) ..	—	1	1	—	1	1	—	—	—
Asparagus (Canned) ..	—	1	1	—	1	1	—	—	—
Angelica ..	—	1	1	—	1	1	—	—	—
Arrowroot ..	—	1	1	—	1	1	—	—	—
Bacon ..	—	5	5	—	5	5	—	—	—
Blancmange Powder ..	—	2	2	—	2	2	—	—	—
Bicarbonate of Soda ..	—	1	1	—	1	1	—	—	—
Biscuits, Shrewsbury ..	—	1	1	—	1	1	—	—	—
Biscuits, Wine ..	—	1	1	—	1	1	—	—	—
Biscuits, Sugar Wafer ..	—	1	1	—	1	1	—	—	—
Biscuits, Plain ..	—	1	1	—	1	1	—	—	—
Biscuits, Almond and Butter cracknel ..	—	1	1	—	1	1	—	—	—
Biscuits, Milk chocolate ..	—	1	1	—	1	1	—	—	—
Biscuit Mixture ..	—	1	1	—	1	1	—	—	—
Beans in Tomato Sauce ..	—	2	2	—	2	2	—	—	—
Broad Beans (Canned) ..	—	1	1	—	1	1	—	—	—
Brandy Snap ..	—	1	1	—	1	1	—	—	—
Beef Sausages ..	1	4	5	1	3	4	—	1	1
Beef Sausage Meat ..	—	2	2	—	2	2	—	—	—
Beef Cubes ..	—	1	1	—	1	1	—	—	—
Beef Suet ..	—	4	4	—	4	4	—	—	—
Beef Tea ..	—	1	1	—	1	1	—	—	—
Beef and Vegetable Soup ..	—	1	1	—	1	1	—	—	—
Beef and Tomato Paste ..	—	1	1	—	1	1	—	—	—
Beef Pies ..	—	1	1	—	1	1	—	—	—
Carried forward ..	320	140	460	286	135	421	34	5	39

DETAILS OF SAMPLING (contd.)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	320	140	460	286	135	421	34	5	39
Bran	—	1	1	—	1	1	—	—	—
Brawn	—	2	2	—	2	2	—	—	—
Butter	—	9	9	—	9	9	—	—	—
Blaud Pills ..	—	1	1	—	1	1	—	—	—
Baking Powder ..	—	3	3	—	3	3	—	—	—
Black Beer ..	—	1	1	—	1	1	—	—	—
Brisling Paste ..	1	1	2	—	—	—	1	1	2
Blackberries in Syrup	—	1	1	—	1	1	—	—	—
Blackcurrants (canned)	—	1	1	—	1	1	—	—	—
Blackcurrant Puree ..	—	1	1	—	1	1	—	—	—
Borax B.P. ..	—	2	2	—	2	2	—	—	—
Banana Creme ..	—	1	1	—	1	1	—	—	—
Batter Flour ..	—	1	1	—	1	1	—	—	—
Brown Scone Flour ..	—	1	1	—	1	1	—	—	—
Braised Rabbit with gravy	—	1	1	—	1	1	—	—	—
Barley Kernels ..	—	1	1	—	1	1	—	—	—
Boracic Acid Powder B.P.	—	1	1	—	1	1	—	—	—
British Sherry ..	—	1	1	—	1	1	—	—	—
"Buttamints" ..	—	1	1	—	1	1	—	—	—
Cocoa	—	2	2	—	2	2	—	—	—
Coffee & Chicory Essence	—	4	4	—	4	4	—	—	—
Cornflour	—	3	3	—	3	3	—	—	—
Cheese	—	7	7	—	7	7	—	—	—
Coffee	—	4	4	—	4	4	—	—	—
Coffee Extract ..	—	1	1	—	1	1	—	—	—
Cooking Fat	—	8	8	—	8	8	—	—	—
Cider Vinegar ..	—	1	1	—	1	1	—	—	—
Carrots (Canned) ..	—	1	1	—	1	1	—	—	—
Calves Feet Jelly ..	—	2	2	—	2	2	—	—	—
Chocolates (Assorted)	—	1	1	—	—	—	—	1	1
Chocolate Spread ..	—	2	2	—	2	2	—	—	—
Chocolate Flavoured Snaps	—	1	1	—	1	1	—	—	—
Chocolate Slices ..	—	1	1	—	1	1	—	—	—
Congress Tarts ..	—	1	1	—	1	1	—	—	—
Cake Flour Mixtures	—	4	4	—	4	4	—	—	—
Custard Powder ..	—	2	2	—	2	2	—	—	—
Cherry Rice Cake ..	—	1	1	—	1	1	—	—	—
"Cherryade"	—	1	1	—	1	1	—	—	—
Cherry Flavouring ..	—	1	1	—	1	1	—	—	—
Cherry Shortcakes ..	—	1	1	—	1	1	—	—	—
Cherries (Bottled or Tinned)	—	3	3	—	2	2	—	1	1
Chitterlings	—	1	1	—	1	1	—	—	—
Cheese Spread	—	1	1	—	1	1	—	—	—
Cream Rice	—	1	1	—	1	1	—	—	—
Curry Powder	—	2	2	—	2	2	—	—	—
Crab Meat	—	1	1	—	1	1	—	—	—
Crab Paste	—	1	1	—	1	1	—	—	—
Christmas Pudding ..	—	2	2	—	2	2	—	—	—
Carried forward ..	321	232	553	286	224	510	35	8	43

DETAILS OF SAMPLING (*contd.*)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	321	232	553	286	224	510	35	8	43
"Choco-Puff" ..	—	1	1	—	1	1	—	—	—
Currants ..	—	1	1	—	1	1	—	—	—
Cottage Pie (Canned)	—	1	1	—	1	1	—	—	—
Complete Cake Flour	—	—	—	—	—	—	—	—	—
Mixture ..	—	1	1	—	1	1	—	—	—
Caraway Seeds ..	—	1	1	—	1	1	—	—	—
Cockles (bottled) ..	—	1	1	—	1	1	—	—	—
Cake Decorations ..	—	1	1	—	1	1	—	—	—
Celery Salt ..	—	1	1	—	1	1	—	—	—
Cheese Cakes ..	—	1	1	—	1	1	—	—	—
Cream Crackers ..	—	1	1	—	1	1	—	—	—
Cream Cheese ..	—	1	1	—	1	1	—	—	—
Crispbread ..	—	1	1	—	1	1	—	—	—
Crystallised Fruit	—	—	—	—	—	—	—	—	—
(pulp) ..	—	1	1	—	1	1	—	—	—
Coconut Slices ..	—	1	1	—	1	1	—	—	—
Camphorated Oil B.P.	—	1	1	—	1	1	—	—	—
Chicken Noodle Soup	—	—	—	—	—	—	—	—	—
(Powder) ..	—	1	1	—	1	1	—	—	—
College Pudding Mix	—	1	1	—	1	1	—	—	—
Clams (canned) ..	—	1	1	—	1	1	—	—	—
Cider ..	—	1	1	—	1	1	—	—	—
Cod Liver Oil ..	—	1	1	—	1	1	—	—	—
Compound Glycerin of	—	—	—	—	—	—	—	—	—
Thymol B.P.C. ..	1	1	2	—	—	—	1	1	2
Chicken Broth ..	—	1	1	—	1	1	—	—	—
Cauliflower (canned)	—	1	1	—	1	1	—	—	—
Cream of Tartar ..	—	1	1	—	1	1	—	—	—
Cayenne Pepper ..	—	1	1	—	1	1	—	—	—
Compound Liquorice	—	—	—	—	—	—	—	—	—
Powder ..	—	1	1	—	—	—	—	1	1
Dried Mince-meat ..	1	1	2	—	1	1	1	—	1
Dried Yeast ..	—	2	2	—	2	2	—	—	—
Dried Figs (Canned) ..	—	1	1	—	1	1	—	—	—
Dandelion Coffee	—	—	—	—	—	—	—	—	—
Essence ..	—	1	1	—	1	1	—	—	—
Dessicated Coconut	—	2	2	—	2	2	—	—	—
Dressed Crab ..	—	2	2	—	2	2	—	—	—
Dripping ..	2	3	5	—	1	1	2	2	4
Dressed Lobster ..	—	1	1	—	1	1	—	—	—
Digestive Mints ..	—	3	3	—	3	3	—	—	—
Double Cream ..	1	1	2	—	1	1	1	—	1
Dessert Powder ..	—	2	2	—	2	2	—	—	—
Diabetic Marmalade	—	1	1	—	1	1	—	—	—
"Dietetic Food"	—	—	—	—	—	—	—	—	—
(Herbal) ..	—	1	1	—	1	1	—	—	—
Epsom Salts ..	—	2	2	—	2	2	—	—	—
Eucalyptus Oil ..	—	1	1	—	1	1	—	—	—
Fish Paste ..	—	3	3	—	3	3	—	—	—
Fish Cakes ..	—	1	1	—	1	1	—	—	—
Faggots ..	—	1	1	—	1	1	—	—	—
Fruit Sauce ..	—	1	1	—	1	1	—	—	—
Fat (onion flavoured) ..	—	1	1	—	1	1	—	—	—
Carried forward ..	326	289	615	286	277	563	40	12	52

DETAILS OF SAMPLING (contd.)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	326	289	615	286	277	563	40	12	52
Fruitlets (sweetmeat)	—	1	1	—	1	1	—	—	—
French Capers ..	—	1	1	—	1	1	—	—	—
Fruit Squares ..	—	1	1	—	1	1	—	—	—
Figs ..	—	1	1	—	—	—	—	1	1
Forcemeat ..	—	1	1	—	1	1	—	—	—
" Figuel " (sweetmeat)	—	1	1	—	1	1	—	—	—
Fluid Gravy Salt ..	—	1	1	—	1	1	—	—	—
Fruit Cooler (Water Ice) ..	—	1	1	—	1	1	—	—	—
Fruit Salad ..	—	2	2	—	1	1	—	1	1
Fruit Pectin ..	—	1	1	—	1	1	—	—	—
Figs in Syrup ..	—	1	1	—	1	1	—	—	—
Food Colouring (Apple Green) ..	—	1	1	—	1	1	—	—	—
Fullers' Earth B.P. ..	—	1	1	—	1	1	—	—	—
Fruit Salts ..	—	1	1	—	1	1	—	—	—
" Fru-grains " (Breakfast grains) ..	—	1	1	—	1	1	—	—	—
Fruit Creme Sandwich ..	—	1	1	—	—	—	—	1	1
Gravy Browning ..	—	1	1	—	1	1	—	—	—
Golden Raising Powder ..	—	3	3	—	3	3	—	—	—
Gravy Salt ..	—	3	3	—	3	3	—	—	—
Ground Rice ..	—	3	3	—	3	3	—	—	—
Ground White Pepper ..	—	1	1	—	1	1	—	—	—
Ground Nutmeg ..	—	1	1	—	1	1	—	—	—
Ground Ginger ..	—	1	1	—	1	1	—	—	—
Ground Cloves ..	—	1	1	—	1	1	—	—	—
Ground Paprika ..	—	1	1	—	1	1	—	—	—
Ground Almonds ..	—	1	1	—	1	1	—	—	—
Gelatine (powdered) ..	—	4	4	—	4	4	—	—	—
Glycerine, Honey and Oil of Lemon ..	—	1	1	—	1	1	—	—	—
Golden Syrup ..	—	2	2	—	2	2	—	—	—
Glycerine B.P. ..	—	1	1	—	1	1	—	—	—
Glucose Drink ..	—	1	1	—	1	1	—	—	—
" Grape Nuts " Cereal ..	—	1	1	—	1	1	—	—	—
Grape Juice ..	—	1	1	—	1	1	—	—	—
Grape Fruit Crush ..	—	1	1	—	1	1	—	—	—
Ginger Wine Essence ..	—	1	1	—	1	1	—	—	—
Greengages in Syrup ..	—	1	1	—	1	1	—	—	—
Glauber Salts ..	—	1	1	—	1	1	—	—	—
" Gripe Water " ..	—	1	1	—	1	1	—	—	—
Gin ..	1	1	2	1	1	2	—	—	—
Glucose Powder ..	—	1	1	—	1	1	—	—	—
Ham ..	—	1	1	—	1	1	—	—	—
Honey ..	—	3	3	—	3	3	—	—	—
Honeymilk Crunch (Sweet) ..	—	1	1	—	1	1	—	—	—
Herrings in Tomato ..	—	1	1	—	1	1	—	—	—
Herring Roes ..	—	2	2	—	2	2	—	—	—
Horse Radish Sauce ..	—	3	3	—	3	3	—	—	—
Iodised Salt ..	1	2	3	—	1	1	1	1	2
Carried forward ..	328	353	681	287	337	624	41	16	57

DETAILS OF SAMPLING (*contd.*)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	328	353	681	287	337	624	41	16	57
Iron Brew ..	—	2	2	—	2	2	—	—	—
Iron Tonic with Quassia ..	—	1	1	—	1	1	—	—	—
Ice Flow (sweet) ..	—	1	1	—	1	1	—	—	—
Ice Mice (fondant) ..	—	1	1	—	1	1	—	—	—
Indian Brandee ..	—	1	1	—	1	1	—	—	—
"Instant Sunchoc" (Beverage) ..	—	2	2	—	2	2	—	—	—
Jam—Strawberry ..	—	2	2	—	2	2	—	—	—
Jam—Raspberry & Gooseberry ..	—	1	1	—	1	1	—	—	—
Jam—Apricot ..	—	1	1	—	1	1	—	—	—
Jam—Melon & Lemon ..	—	1	1	—	1	1	—	—	—
Jam—Damson ..	—	2	2	—	2	2	—	—	—
Jam Tarts ..	—	2	2	—	2	2	—	—	—
Jelly Marmalade ..	—	1	1	—	1	1	—	—	—
Jelly Cream ..	—	1	1	—	1	1	—	—	—
Kidney Soup ..	—	1	1	—	1	1	—	—	—
Kali ..	—	1	1	—	1	1	—	—	—
"Kids Bacca" (coconut sweet) ..	—	1	1	—	1	1	—	—	—
Liquorice Sticks ..	—	1	1	—	1	1	—	—	—
Liquorice and Menthol Pellets ..	—	1	1	—	1	1	—	—	—
Liquid Paraffin B.P. ..	—	1	1	—	1	1	—	—	—
Lemon Curd ..	1	3	4	—	1	1	1	2	3
Lemonade Tots (tablets) ..	—	1	1	—	1	1	—	—	—
Lemonade Crystals ..	—	1	1	—	1	1	—	—	—
Lemon Juice ..	—	1	1	—	1	1	—	—	—
Lime Marmalade ..	—	1	1	—	1	1	—	—	—
Lime Juice Cordial ..	—	1	1	—	1	1	—	—	—
Liver Sausage ..	—	2	2	—	2	2	—	—	—
Luncheon Meat ..	—	3	3	—	3	3	—	—	—
Lanolin Ointment B.P.C. ..	—	1	1	—	1	1	—	—	—
Lobster Paste ..	—	1	1	—	1	1	—	—	—
Margarine ..	—	8	8	—	8	8	—	—	—
Macaroni ..	—	2	2	—	2	2	—	—	—
Malted Milk ..	—	2	2	—	2	2	—	—	—
Malted Barley ..	—	1	1	—	1	1	—	—	—
Malted Oatmeal ..	—	1	1	—	1	1	—	—	—
Malt Vinegar ..	—	4	4	—	4	4	—	—	—
Mixed Spice ..	—	2	2	—	2	2	—	—	—
Milk Pudding with Sultanas (canned) ..	—	1	1	—	1	1	—	—	—
Mustard Sauce ..	—	2	2	—	2	2	—	—	—
Mint Sauce ..	—	2	2	—	1	1	—	1	1
Mustard Oil (External use) ..	—	1	1	—	1	1	—	—	—
Mint Humbugs ..	—	1	1	—	1	1	—	—	—
Mince meat ..	—	2	2	—	2	2	—	—	—
Carried forward ..	329	422	751	287	403	690	42	19	61

DETAILS OF SAMPLING (contd.)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	329	422	751	287	403	690	42	19	61
Marmalade Pudding (canned) ..	—	1	1	—	1	1	—	—	—
Mixed Dried Fruit with sugar ..	—	1	1	—	1	1	—	—	—
Mayonnaise ..	—	1	1	—	1	1	—	—	—
Meat Paste ..	—	2	2	—	2	2	—	—	—
Mixed Cake Fruit and Nuts ..	—	1	1	—	1	1	—	—	—
Milk of Magnesia ..	—	1	1	—	1	1	—	—	—
Mixed Vegetables (canned) ..	—	1	1	—	1	1	—	—	—
"Milo" Tonic Food ..	—	1	1	—	1	1	—	—	—
Marshmallow Cups (cakes) ..	—	1	1	—	1	1	—	—	—
Meat Rissoles ..	—	1	1	—	1	1	—	—	—
Mustard ..	—	1	1	—	1	1	—	—	—
Mussels (canned) ..	—	1	1	—	1	1	—	—	—
Molasses ..	—	2	2	—	2	2	—	—	—
Madeira Cake ..	—	1	1	—	1	1	—	—	—
Mixed Vegetables (dried) ..	—	1	1	—	1	1	—	—	—
"Marmite" ..	—	1	1	—	1	1	—	—	—
Mango Slices in syrup ..	—	1	1	—	1	1	—	—	—
Marshmallow Creeme (icing) ..	—	1	1	—	1	1	—	—	—
Meat Soup with Dumplings ..	—	1	1	—	1	1	—	—	—
Mackerel (canned) ..	—	1	1	—	1	1	—	—	—
"Morfat 20" (Synthetic Cream) ..	—	1	1	—	1	1	—	—	—
Meat Roll Breakfast Fry ..	—	1	1	—	1	1	—	—	—
Meringues ..	—	1	1	—	1	1	—	—	—
Mince Pies ..	—	1	1	—	1	1	—	—	—
National Flour ..	—	3	3	—	3	3	—	—	—
Non-brewed Condiment ..	—	2	2	—	2	2	—	—	—
Olives ..	—	1	1	—	1	1	—	—	—
Olive Oil ..	—	2	2	—	2	2	—	—	—
Oatmeal ..	—	2	2	—	2	2	—	—	—
"Ovaltine" ..	—	1	1	—	1	1	—	—	—
Onions (dehydrated) ..	—	1	1	—	1	1	—	—	—
Orange Curd ..	—	1	1	—	1	1	—	—	—
Orange Marmalade ..	—	2	2	—	2	2	—	—	—
Orange Squash ..	—	2	2	—	2	2	—	—	—
Orange Flavouring ..	—	1	1	—	1	1	—	—	—
Orange Slices in Syrup ..	—	2	2	—	2	2	—	—	—
Pork Sausage ..	7	6	13	3	1	4	4	5	9
Pork Sausage Meat ..	1	2	3	—	1	1	1	1	2
Pork Luncheon Meat ..	—	1	1	—	1	1	—	—	—
Pork Meat Pudding ..	—	1	1	—	1	1	—	—	—
Pork & Beef Sausage ..	1	—	1	—	—	—	1	—	1
Carried forward ..	338	478	816	290	453	743	48	25	73

DETAILS OF SAMPLING (contd.)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	338	478	816	290	453	743	48	25	73
Pie Crust Mix ..	—	1	1	—	1	1	—	—	—
Polony ..	—	2	2	—	2	2	—	—	—
Processed Peas ..	—	3	3	—	3	3	—	—	—
Pickling Spice ..	—	1	1	—	1	1	—	—	—
Potted Meat Paste ..	—	5	5	—	5	5	—	—	—
"Perlycelli" (semolina) ..	—	1	1	—	1	1	—	—	—
Potato Crisps ..	—	3	3	—	3	3	—	—	—
Potted Meat ..	4	5	9	2	2	4	2	3	5
Pate Foie ..	—	1	1	—	1	1	—	—	—
Pearl Barley ..	—	1	1	—	1	1	—	—	—
Piccalilly ..	—	1	1	—	1	1	—	—	—
Pickle ..	—	2	2	—	2	2	—	—	—
Pineapple (canned) ..	—	3	3	—	3	3	—	—	—
Pineapple Conserve ..	—	1	1	—	1	1	—	—	—
Plums in Syrup ..	—	1	1	—	1	1	—	—	—
Prunes in Syrup ..	—	2	2	—	2	2	—	—	—
Pepper-flavoured Compound ..	—	3	3	—	3	3	—	—	—
Peppermint Flavouring ..	—	1	1	—	1	1	—	—	—
Popcorn ..	—	1	1	—	1	1	—	—	—
Paraffin Molle Alba B.P. ..	—	1	1	—	1	1	—	—	—
Pancake Mixture ..	—	1	1	—	1	1	—	—	—
Parsley & Thyme Stuffing ..	—	1	1	—	1	1	—	—	—
Parsley ..	—	1	1	—	1	1	—	—	—
Potato Salad with Mayonnaise ..	—	1	1	—	1	1	—	—	—
Paw-Paw ..	—	1	1	—	1	1	—	—	—
Petroleum Jelly B.P. ..	—	1	1	—	1	1	—	—	—
Pickled Onions ..	—	1	1	—	1	1	—	—	—
"Patent Groats" ..	—	1	1	—	1	1	—	—	—
Quince Jelly ..	—	1	1	—	1	1	—	—	—
Quinine Tonic Water ..	—	1	1	—	1	1	—	—	—
Raspberry Crystals ..	—	1	1	—	1	1	—	—	—
Red Cabbage (pickled) ..	—	2	2	—	2	2	—	—	—
Raisins ..	—	2	2	—	2	2	—	—	—
Rhubarb in Syrup ..	—	3	3	—	3	3	—	—	—
Raspberries in Syrup ..	—	1	1	—	1	1	—	—	—
Rice Creamola ..	—	1	1	—	1	1	—	—	—
Red Currant Jelly ..	—	2	2	—	2	2	—	—	—
Red Currant Spread ..	1	1	2	—	—	—	1	1	2
Relish ..	—	1	1	—	1	1	—	—	—
Rusks ..	—	1	1	—	1	1	—	—	—
"Rock" (sticks) ..	—	1	1	—	1	1	—	—	—
Raspberry Syrup ..	—	1	1	—	1	1	—	—	—
Rum ..	1	1	2	1	1	2	—	—	—
Rabbit (canned) ..	—	1	1	—	1	1	—	—	—
Sago ..	—	2	2	—	2	2	—	—	—
Semolina ..	—	1	1	—	1	1	—	—	—
Savoury Spread ..	—	1	1	—	1	1	—	—	—
Synthetic Cream ..	—	3	3	—	3	3	—	—	—
Carried forward ..	344	553	897	293	524	817	51	29	80

DETAILS OF SAMPLING (*contd.*)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	344	553	897	293	524	817	51	29	80
Salad Cream ..	—	5	5	—	5	5	—	—	—
Shortbread ..	—	1	1	—	1	1	—	—	—
Self Raising Flour ..	—	5	5	—	5	5	—	—	—
Salmon & Shrimp Paste ..	—	1	1	—	1	1	—	—	—
Salmon Paste ..	—	3	3	—	3	3	—	—	—
Salmon Creme ..	—	1	1	—	1	1	—	—	—
Saccharin Tablets ..	—	3	3	—	3	3	—	—	—
Smoked Saithe in Oil ..	—	1	1	—	1	1	—	—	—
Savoury Mutton Meat ..	—	1	1	—	1	1	—	—	—
Sandwich Spread ..	—	2	2	—	2	2	—	—	—
Sweet Pickle ..	—	1	1	—	1	1	—	—	—
Soft Drink Powder ..	—	1	1	—	1	1	—	—	—
Sild in Oil ..	—	2	2	—	2	2	—	—	—
"Sweet Cigarettes" ..	—	1	1	—	1	1	—	—	—
Savoury Meat ..	—	1	1	—	1	1	—	—	—
Sauerkraut ..	—	1	1	—	1	1	—	—	—
Sago Pudding Mixture ..	—	1	1	—	1	1	—	—	—
Suet Pudding and Dumpling Mixture ..	—	1	1	—	1	1	—	—	—
Shortbread Mixture ..	—	2	2	—	2	2	—	—	—
Sweetened Fat ..	—	1	1	—	1	1	—	—	—
Savoury Rissolle Mix. ..	—	1	1	—	1	1	—	—	—
Savoury Pork ..	—	1	1	—	1	1	—	—	—
Salami ..	—	1	1	—	1	1	—	—	—
Strawberries in light syrup ..	—	1	1	—	1	1	—	—	—
Sage and Onion Stuffing ..	—	1	1	—	1	1	—	—	—
Sponge Mixture ..	—	3	3	—	3	3	—	—	—
"Snowfil" (Whipping compound) ..	—	1	1	—	1	1	—	—	—
Scotch Broth ..	—	1	1	—	1	1	—	—	—
Sliced Sandwich Cucumber (canned) ..	—	1	1	—	1	1	—	—	—
Sterilised Cream ..	—	1	1	—	1	1	—	—	—
Sardines in Oil ..	—	1	1	—	1	1	—	—	—
Stout ..	—	1	1	—	1	1	—	—	—
Skimmed Milk Powder ..	—	2	2	—	2	2	—	—	—
Soya Flour ..	—	1	1	—	1	1	—	—	—
Scotch White Puddings ..	—	1	1	—	1	1	—	—	—
Sulphur Tablets ..	—	1	1	—	1	1	—	—	—
Sauce Powder (Rum flavoured) ..	—	1	1	—	1	1	—	—	—
Stewed Steak ..	—	1	1	—	1	1	—	—	—
Salad Dressing (in powder form) ..	—	1	1	—	—	—	—	1	1
Table Jelly ..	—	5	5	—	5	5	—	—	—
Tomato Soup ..	—	2	2	—	2	2	—	—	—
Tomatoes (canned) ..	—	4	4	—	4	4	—	—	—
Tomato Purée ..	—	1	1	—	1	1	—	—	—
Carried forward ..	344	622	966	293	592	885	51	30	81

DETAILS OF SAMPLING (*contd.*)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	344	622	966	293	592	885	51	30	81
Tomato Ketchup ..	—	1	1	—	1	1	—	—	—
Tomato Sauce ..	—	5	5	—	4	4	—	1	1
Tapioca ..	—	1	1	—	1	1	—	—	—
Table Dessert ..	—	1	1	—	1	1	—	—	—
Table Cream ..	—	1	1	—	1	1	—	—	—
Tea Cream ..	2	—	2	1	—	1	1	—	1
Tea Tablets ..	—	1	1	—	1	1	—	—	—
Treacle ..	1	—	1	1	—	1	—	—	—
Tunney (canned) ..	—	1	1	—	1	1	—	—	—
Tapioca Dessert ..	—	1	1	—	1	1	—	—	—
Tincture of Iodine B.P.	—	1	1	—	1	1	—	—	—
Thyme ..	—	1	1	—	1	1	—	—	—
Tripe ..	1	1	2	1	—	1	—	1	1
Vinegar ..	1	1	2	—	—	—	1	1	2
Vermicelli ..	—	1	1	—	1	1	—	—	—
Vegetable Oil ..	1	—	1	1	—	1	—	—	—
Vegetable Salad in Mayonnaise ..	—	2	2	—	2	2	—	—	—
Vanilla Flavouring ..	—	2	2	—	2	2	—	—	—
Whipping Compound ..	—	2	2	—	2	2	—	—	—
White Grapes (canned)	—	1	1	—	1	1	—	—	—
White Fondant ..	—	1	1	—	1	1	—	—	—
White Embrocation B.P.C. ..	—	1	1	—	1	1	—	—	—
Whisky ..	—	1	1	—	1	1	—	—	—
Yorkshire Parkin ..	—	1	1	—	1	1	—	—	—
Yorkshire Pudding Mixture ..	—	2	2	—	2	2	—	—	—
Totals ..	350	652	1002	297	619	916	53	33	86

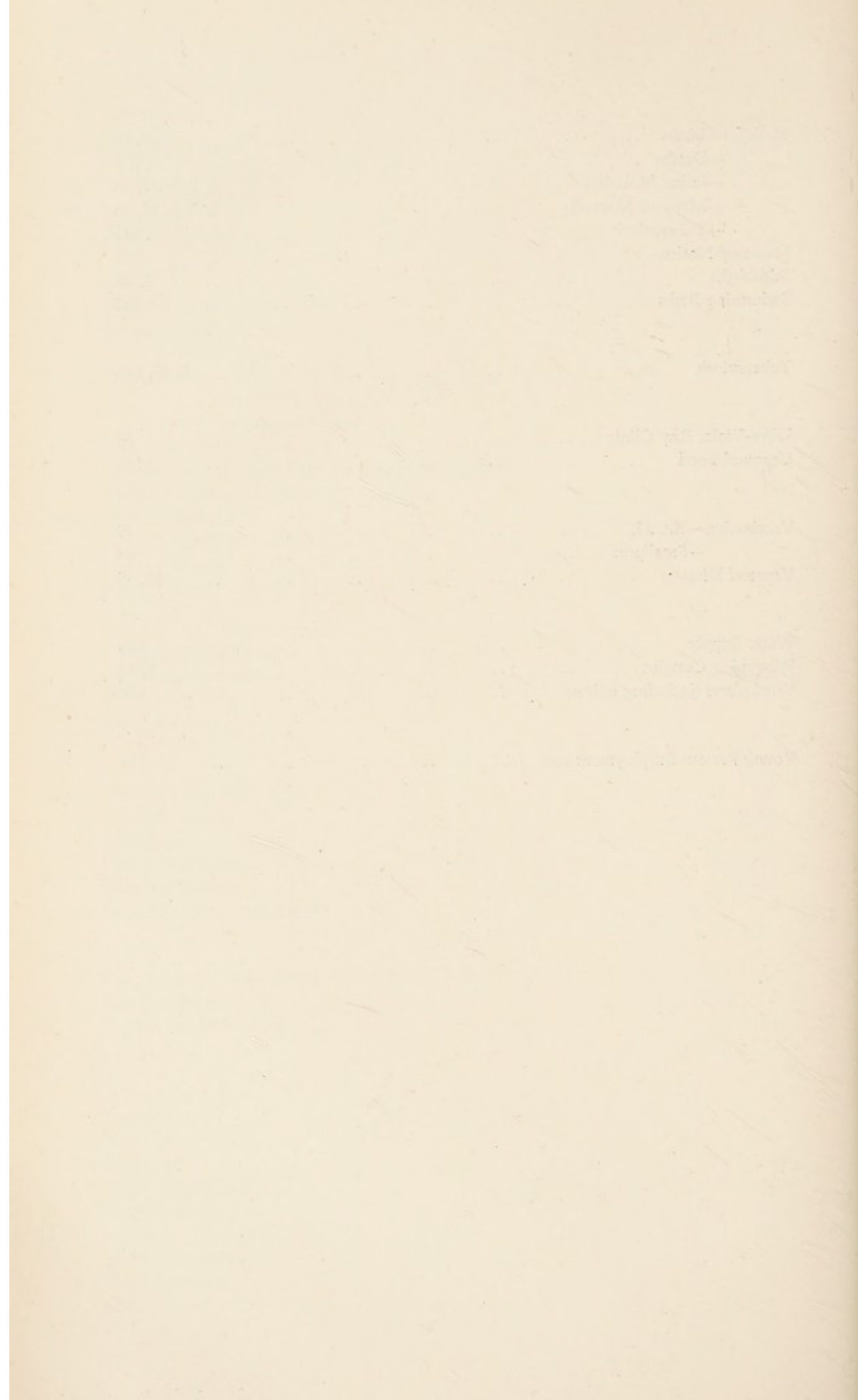
INDEX

							PAGE
Agencies for Nurses	..	..	..	..	..	..	78
Almoners' Section	..	..	..	..	..	..	50
Ambulance Service..	..	..	..	..	..	..	46
Animals Slaughtered	..	..	..	..	..	..	126
Anterior Poliomyelitis	..	..	..	..	..	..	43, 93
Atmospheric Pollution	..	..	..	..	..	..	102, 146
B.C.G. Vaccination	..	..	..	..	..	..	49
Birth Control	..	..	..	..	..	..	78
Births—Illegitimate	..	..	..	..	..	..	6, 16
—Legitimate	..	..	..	..	..	..	6
—Live	..	..	..	..	..	..	6, 16
—Premature	..	..	..	..	..	..	16
—Still	..	..	..	..	..	..	6, 16
Birth-rates	..	..	..	..	..	..	6, 8
Blood examination	..	..	..	..	..	..	22
Canal Boats	..	..	..	..	..	..	112
Cancer	..	..	..	..	..	..	7
Centres, Attendances at	..	..	..	..	..	..	28, 144
Common Lodging Houses	..	..	..	..	..	..	112
Consultant Clinics	..	..	..	..	..	..	21, 29
Convalescence	..	..	..	..	..	..	55
Cremation	..	..	..	..	..	..	79
Day Nurseries	..	..	..	..	..	..	30, 32
Deaths—Cancer	..	..	..	..	..	..	7
—Diarrhoea	..	..	..	..	..	..	7
—Measles	..	..	..	..	..	..	7
—Tuberculosis	..	..	..	..	..	..	7
—Whooping Cough	..	..	..	..	..	..	7
—ages and causes	..	..	..	..	..	..	7
—rates	..	..	..	..	..	..	6, 8
—under 1 year	..	..	..	..	..	..	7, 17, 19
Dental care	..	..	..	..	..	..	15, 22
Diphtheria	..	..	..	..	..	..	92
Diphtheria Immunisation	..	..	..	..	..	..	41
Domiciliary Midwifery Service	..	..	..	..	..	..	20
Dwelling Houses—inspection of	..	..	..	..	..	..	116
Dysentery	..	..	..	..	..	..	94
Enteric Fever	..	..	..	..	..	..	92
Examination of Milk	..	..	..	..	..	..	129

	PAGE
Factories Act, 1937	106
Fertilisers and Feeding Stuffs	137
Food—Hygiene	135
—Poisoning	91
—Sampling of	120, 147
—Unsound	124
 Gas and Air Analgesia	 21
 Health Centres	 12
Health Committee	140
Health Visiting	27
Home Help Service	59
Home Nursing Service	34
Houses—defects of	101, 116
—let in lodgings	111
Housing	116
 Ice Cream	 133
Immunisation—diphtheria	41
Infant Mortality	6, 7, 8, 17, 18, 19
Infectious Diseases	90
Influenza	95
Inspection and supervision of food	120
 Lodging Houses	 112
Lunacy and Mental Treatment Acts	74
 Mass Radiography X-ray Examinations	 21
Maternal and Child Health	15
Maternal Mortality	6, 8, 19, 23, 26
Maternity Emergency Service	21
Measles	7, 94
Meat—Supply	125
—surrendered	126
Meningococcal Meningitis	93
Mental Health	66
—Defectives, training of	72
—Deficiency	69, 74
Midwives—Domiciliary Service	20
—Medical aid calls	25
—Supervision of	24
—work of	24
Milk—Licensing	129
—Sampling of	129
—Unsatisfactory Samples	131

	PAGE
Mortality—infant	6, 7, 8
—maternal	6, 8, 19, 23, 26
—neo-natal	18
Mortuaries	81
Mother and Baby Home	33
National Assistance Act, 1948	84
Notices—informal	100
—Statutory	101
Notifications—Births	16
—by Midwives to L.S.A.	25
—Infectious Diseases	90
Nuisances—details of	100
Nurseries and Child Minders Regulation Act, 1948	32
Nursery Training Centre	31
Nursing Agencies	78
Nursing Equipment—loan of	39, 57
Nursing Homes	78
Nursing Service—Home	34
Obstetric Flying Squad	21
Ophthalmia Neonatorum	23, 26
Outworkers	107
Overcrowding	117
Pharmacy and Poisons Act	138
Poliomyelitis	43, 93
Population	6
Premature Babies	16, 19, 22
Puerperal Pyrexia	23, 26
Pupil Midwives—training of	20
Rag Flock and Other Filling Materials Act, 1951	113
Rateable Value	6
Rodent and Insect Pests	113
Sanitary Services	98
Scarlet Fever	93
Shell Fish	134
Shops Act	108
Shops, Classification	110
Slaughterhouses	125
Smallpox	44
Smoke Abatement	102, 146
Sonne Dysentery	94
Staff	141

	PAGE
Statistics—Births	6, 8, 16
—Deaths	6, 7, 8
—Infant Mortality	6, 7, 8, 17, 18
—Maternal Mortality	6, 7, 8, 19, 26
—Tuberculosis	7, 145
Statutory Notices	101
Still-births	6, 16
Swimming Baths	105
 Tuberculosis	 7, 49, 145
 Ultra-Violet Ray Clinic	 58
Unsound Food	124
 Vaccination—B.C.G.	 49
—Smallpox	44
Venereal Diseases	52, 95
 Water Supply	 105
Whooping Cough	7, 94
Workplaces (including offices)	108
 Young Persons Employment Act	 111



READER'S NOTES

READER'S NOTES