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CITY OF NOTTINGHAM

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR
1952

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EXTERNAL VIEW OF NORTHERN HALF OF HEALTH CENTRE
SHOWING NEIGHBOURING RESIDENTIAL BLOCK

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PREFACE

The report is published early as last year, an arrangement which was generally acceptable. The layout differs little from that of previous years except that photographs are included and, at the request of the Ministry of Health, a survey of the National Health Service since its inception, is included.

★ ★ ★

In all sections a study of the script and statistics shows varying degrees of progress. In particular, in the Home Services where the need was very pressing, progress was substantial. It is in these services that the value of care and after-care in the home is beginning to take shape and already the saving of hospital beds is apparent. It is intended that this form of economy shall be pursued and that the number of places saved annually shall increase. If this intention and the hypothesis on which it is based are correct, then the demand for more hospital beds may never materialise.

★ ★ ★

The Corporation accepts in full not only its responsibility for the relief of the difficulties of the aged but also its duty to ascertain the causes of the difficulties so that preventive measures can be instituted ; a farseeing vision which is deserving. The first step towards its active implementation was taken in December when a Senior Medical Officer of wide experience was appointed " to explore and initiate a scheme for the preventive care of older people ".

The great and persistent problems of the environment call for bold proposals if better natural standards are to be achieved for the majority. This applies forcibly to the building of new houses and to the prevention of atmospheric pollution ; in both active steps are being taken. With the clearance of Sneinton

Elements completed, plans are developing to deal with areas of the City embracing a high proportion of slum property, while measures to abate the smoke nuisance caused by the biggest offenders, are in hand.

It is natural perhaps that the obvious pollution by industrial chimney stacks should incur the annoyance of the population and draw official attention to them. The accepted principle, however, that smoke from household chimneys is responsible for half the pollution which obstructs the rays of the sun and creates fog, must not be overlooked. Householders must share with industrialists the responsibility for the atmospheric pollution which brings about or which aggravates diseases of the chest—a considerable factor of causation in the deaths of infants.

The extension of the principle of the smokeless zone initiated at Clifton must be applied to the central areas. What has been achieved in other cities—not only in the new estates but in the older established areas also—is fully possible here.

★ ★ ★

Though not polluting the atmosphere in the same sense, smoke of another kind, that of tobacco, is one which is receiving increasing attention as a carcinogenic factor ; a matter on which local health authorities must, if convinced after careful study, be prepared to make a clear statement.

★ ★ ★

In my last report I drew attention to the opportunity at Clifton for sociological study ; it would indeed be a pity if the opportunity passed.

The factors which in the aggregate make the environment have an important bearing on health—not only on the absence of sickness. The completion of a house is only the beginning for

the family and other factors necessary for living should follow quickly so that individual effort is not discouraged and frustrated. Such factors should include clean pavements and streets, the necessary variety of shops, and accommodation—if only temporary—for mental and spiritual inspiration ; their provision is not unduly difficult.

Those who are rehoused should be assisted in every effort towards developing themselves a standard of living which at least represents a considerable improvement on that of the past.

★ ★ ★

Departmental changes during the year were important and should be recorded. Two sad losses by death—that of Mr. J. H. Hughes, Deputy Chief Sanitary Inspector, who died at his desk, and that of Dr. Henrietta McLeod brought sadness to all who had known them in their 38 and 15 years of service.

Two other changes which have not yet come about but of which notice was given before the end of the year, were the resignations of Miss S. M. Howard, who has been Supervisor of Midwives for 25 years and Dr. R. W. Elliott, who has been Deputy Medical Officer of Health since May 1949. Miss Howard retires while Dr. Elliott takes over a new post as Medical Officer of Health for Bolton.

Both earned our warmest thanks and respects and both carry with them our best wishes.

WILLIAM DODD.

26th February, 1953.

HEALTH DEPARTMENT,
HUNTINGDON STREET,
NOTTINGHAM.

PART I.

VITAL STATISTICS

VITAL STATISTICS*

GENERAL

POPULATION	306,600
AREA IN ACRES	18,364
AVERAGE NO. OF PERSONS PER ACRE	16.7
NO. OF MARRIAGES—CHURCH 1,715, REG. OFFICE 1,122 ..	2,837

BIRTHS

LIVE

LEGITIMATE .. Males 2,455	Females 2,306..	4,761
ILLEGITIMATE .. „ 182	„ 165..	347
	Total ..	5,108
Birth-rate per 1,000 of population		16.66

STILL

LEGITIMATE .. Males 52	Females 60..	112
ILLEGITIMATE .. „ 3	„ 3..	6
	Total ..	118
Stillbirth-rate per 1,000 births (live and still) ..		22.58

DEATHS

ALL CAUSES

Males .. 1,609	Females .. 1,564	Total	3,173
Death-rate per 1,000 of population			10.35

MATERNAL MORTALITY

Rate per 1,000 births (live and still)	0.38
--	------

INFANT MORTALITY

No. of Deaths of Infants under 1 year	147
Rate per 1,000 relevant live births :	
Illegitimate	46
Legitimate	29

* Provisional, See page 11.

ANALYSIS OF DEATHS FROM BIRTH TO 5 YEARS

DEATHS OF INFANTS

Birth to 1 year

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	74	9	5	4	92	19	23	8	4	146
UNCERTIFIED	1	—	—	—	1	—	—	—	—	1
Insufflation of Stomach Contents	—	—	—	—	—	3	2	—	—	5
Whooping-Cough	—	—	—	—	—	—	2	—	1	3
Convulsions	—	—	—	1	1	—	—	—	—	1
Bronchitis	—	—	—	—	—	2	2	—	—	4
Pneumonia (all forms)	—	1	1	—	2	7	8	5	—	22
Diarrhoea and Enteritis	—	—	—	—	—	—	3	1	—	4
Difficulty or Injury at Birth	13	1	—	—	14	—	—	—	—	14
Atelectasis	6	—	—	—	6	—	—	—	—	6
Premature Birth	48	3	1	—	52	—	—	—	—	52
Congenital Malformations	5	2	3	2	12	6	4	1	1	24
Atrophy, Debility and Marasmus	—	1	—	—	1	—	—	—	—	1
Cerebro-Spinal Fever	—	—	—	—	—	—	1	—	—	1
Other Causes	3	1	—	1	5	1	1	1	2	10
TOTALS	75	9	5	4	93	19	23	8	4	147

DEATHS OF CHILDREN

1-5 years

CAUSES OF DEATH	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	Total
Respiratory infections ..	4	4	1	—	9
Gastro-enteritis ..	1	—	—	—	1
Other infections ..	4	—	—	1	5
Tuberculous meningitis ..	—	1	—	—	1
Abdominal emergency ..	3	—	—	—	3
Accident	2	2	1	3	8
Congenital defect ..	1	—	2	—	3
Other conditions ..	1	—	—	—	1
TOTALS	16	7	4	4	31

POPULATIONS, BIRTH, DEATH, INFANT AND MATERNAL MORTALITY RATES

	Estimated Population	Birth-rate	Death-rate	Infant	Maternal
		per 1,000 living		Death-rate per 1,000 births	
1851-1855 ..	55,883	—	—	—	—
1856-1860 ..	59,741	36·8	27·2	209	—
1861-1865 ..	75,765	34·8	24·9	192	—
1866-1870 ..	88,040	31·3	23·8	200	—
1871-1875 ..	89,510	34·1	24·9	192	—
1876-1880 ..	142,756*	34·6	21·7	175	—
1881-1885 ..	208,937*	36·6	20·9	174	—
1886-1890 ..	229,762	30·4	17·9	168	—
1891-1895 ..	219,770	29·5	18·3	174	—
1896-1900 ..	235,200	28·9	18·5	191	—
1901-1905 ..	246,020	27·7	17·2	170	—
1906-1910 ..	260,483	26·1	15·8	152	4·54
1911-1915 ..	264,316	22·9	15·1	137	3·66
1916-1920 ..	264,151	19·1	16·0	113	4·66
1921-1925 ..	268,900	20·4	12·9	90	3·34
1926-1930 ..	266,000	17·5	13·6	88	3·78
1931 ..	270,900	17·2	13·6	82	4·1
1932 ..	270,700	16·4	12·5	80	3·0
1933 ..	283,030†	15·8	13·4	85	3·5
1934 ..	281,850	15·6	12·3	69	2·4
1935 ..	280,200	15·7	12·5	81	4·4
1936 ..	279,400	15·2	13·2	89	4·5
1937 ..	278,800	16·0	13·4	80	2·8
1938 ..	278,300	15·6	12·7	71	1·8
1939 ..	278,800	15·8	13·3	66	1·3
1940 ..	263,600	16·5	15·5	61	2·7
1941 ..	258,100	16·0	14·0	80	2·8
1942 ..	255,900	18·2	13·1	62	2·5
1943 ..	265,400	19·1	14·3	65	1·38
1944 ..	262,310	21·7	13·3	56	·85
1945 ..	265,090	19·7	12·9	53	1·33
1946 ..	283,160	22·0	12·5	42	1·09
1947 ..	291,150	23·9	12·3	50	1·26
1948 ..	296,900	19·8	10·9	44	·49
1949 ..	300,640	18·9	11·8	38	·51
1950 ..	307,000	17·4	11·1	31	·37
1951 ..	306,008	16·71	11·89	33	·38
1952 ..	306,600†	16·66	10·35	29	·38

* Borough Boundary Extension.

† City Boundary Extension.

FINAL STATISTICS for 1952

POPULATION (Registrar General's Estimate for Mid year) .. 310,700

BIRTHS.

LIVE BIRTHS

Legitimate	Males	2,471	Females	2,338	..	Total	4,809
Illegitimate	„	199	„	183	..	„	382
Total Live Births		..	..	..	..		5,191
Birth-rate per 1,000 of population				..	..		16·71
Excess of Births over Deaths		..	..	..	..		1,854

STILL BIRTHS

Legitimate	Males	50	Females	59		Total	109
Illegitimate	„	6	„	5		„	11
Total Still Births		..	..	..	..		120
Stillbirth rate per 1,000 births (live and still)				..	..		22·59

DEATHS.

ALL CAUSES

	Males	1,715	Females	1,622		Total	3,337
Death-rate per 1,000 of population		..	..	..	..		10·74
MATERNAL MORTALITY RATE		..	..	..	..		0·38

INFANT MORTALITY

No. of deaths of Infants	..	..	..	..			146
Rate per 1,000 relevant live births		..	..	..	..		28·13
„ for Legitimate children	..	..	..	..	..		27
„ „ Illegitimate	„	..	..	..	..		39

ANALYSIS OF DEATHS, 1952

NOTTINGHAM

Total Deaths	3,337
Deaths under 1 year	146
„ 1— 5 years	34
„ 5—45 „	198
„ 45—65 „	834
„ 65 and over	2,125
Causes of Deaths :—	
*Heart disease	485
Vascular lesions of nervous system	414
Coronary disease, Angina	359
Defined and ill-defined diseases—various	304
*Malignant and lymphatic neoplasms	302
Bronchitis	252
Pneumonia	200
*Circulatory disease	136
Malignant Neoplasm, Lung, Bronchus	108
Tuberculosis, Respiratory	99
Malignant Neoplasm, Stomach	91
Hypertension with Heart Disease	91
Accidents, other than motor vehicle accidents	70
Malignant Neoplasm, Breast	66
Ulcer of stomach and duodenum	50
Suicide	44
Malignant Neoplasm, Uterus	35
Nephritis and Nephrosis	33
Hyperplasia of Prostate	29
*Diseases of respiratory system	28
Congenital Malformations	24
Motor Vehicle Accidents	23
Diabetes	19
Gastritis, Enteritis and Diarrhoea	18
Leukaemia, Aleukaemia	13
Influenza	10
Other infective and parasitic diseases	9
Tuberculosis, non respiratory	8
Syphilitic Disease	7
Whooping Cough	3
Meningococcal Infection	3
Pregnancy, Childbirth, Abortion	2
Acute Poliomyelitis	1
Homicide and operations of war	1
Diphtheria	—
Measles	—
Typhoid and Paratyphoid Fevers	—
Puerperal Cases (Non septic)	—

*Not given otherwise in table.

PART II.

NATIONAL HEALTH SERVICE ACTS 1946-1949

HEALTH CENTRES

MATERNAL AND CHILD HEALTH

PREVENTION OF ILLNESS, CARE AND
AFTER-CARE :

IMMUNISATION AND VACCINATION

HOME SERVICES :

HOME NURSING SERVICE

HOME HELP SERVICE

MENTAL HEALTH

CITY AMBULANCE SERVICE

SPECIAL SURVEY 1948-52

HEALTH CENTRES

JOHN RYLE HEALTH CENTRE

Plans and proposals for the first Health Centre in the City, sited on the Clifton Estate, were approved by the City Council on the 7th January and received approval by the Minister of Health early in April.

The site was cleared and foundations commenced during April and with the surrounding houses construction proceeded, with completion at the beginning of October. The Centre was furnished and made ready and was opened in the presence of representatives of all bodies interested—City Council, Executive Council, British Medical Association, residents of the estate—on the 17th October by Miss E. M. R. Russell-Smith, an Under-Secretary of the Ministry of Health.

The Centre was designed by Mr. C. A. Pilkington, L.R.I.B.A., the Housing Architect to the City of Nottingham, and cost, including equipment and external layout, £9,000. In addition, since the Health Centre was constructed in adapted houses complete loss of subsidy resulted.

All arrangements made for the working of the Centre in the period before it was opened, are working smoothly.

★ ★ ★ ★

In order to place on permanent record the opening of the Centre with details of its construction and working, the text etc. of a brochure used for the opening ceremony is incorporated in this report.





JOHN RYLE, M.D., F.R.C.P. 1889-1950

TEXT OF BROCHURE

The conception of Health Centres emerged as a potential feature of the health services during the stages of development of the National Health Service. The general principle is one of a building in which a group of family doctors work together in close association with the doctors and nurses of the Local Health Services for the benefit of the patients.

The John Ryle Health Centre is the first to be opened in the City of Nottingham and its provision for the residents of the developing Clifton Housing Estate has become possible by the close co-operation of the City Council and the Nottingham County and City Executive Council ; its success will depend on the continuation of that close co-operation.

THE NAME OF THE CENTRE

The name of John Ryle was selected for the first Health Centre in the City of Nottingham because he was a pioneer in work which has led to the wide realisation that prevention is better than cure.

JOHN A. RYLE, M.D., F.R.C.P.

“ a radiant spirit who showed what a luminous quality scientific humanism can possess ”.

Goulstonian Lecturer, Royal College of Physicians, 1925 ;

Croonian Lecturer, Royal College of Physicians, 1939 ;

Hunterian Professor, Royal College of Surgeons, 1932 ;

Consultant Physician, Guy's Hospital, 1929-35 ;

Physician to His Majesty's Household, 1932-6 ;

Physician Extraordinary to H.M. The King, 1936-50 ;

Regius Professor of Physic, University of Cambridge, 1935-43 ;

Professor of Social Medicine, University of Oxford, 1943-50 ;

Ryle saw as a result of his long experience in the work of cure that the remedy lay in many cases in the workplaces and in the homes. He foresook the bedside and academic attainment and gave the best years of his life to work among the people in their homes.

DESCRIPTION OF THE CENTRE

Exterior

The Centre is a block of four two-storeyed terraced houses, and from the exterior differs in no way from neighbouring blocks. Building commenced in April, 1952.

The forecourt is paved and at the rear are parking spaces for cars and prams.

Interior

General

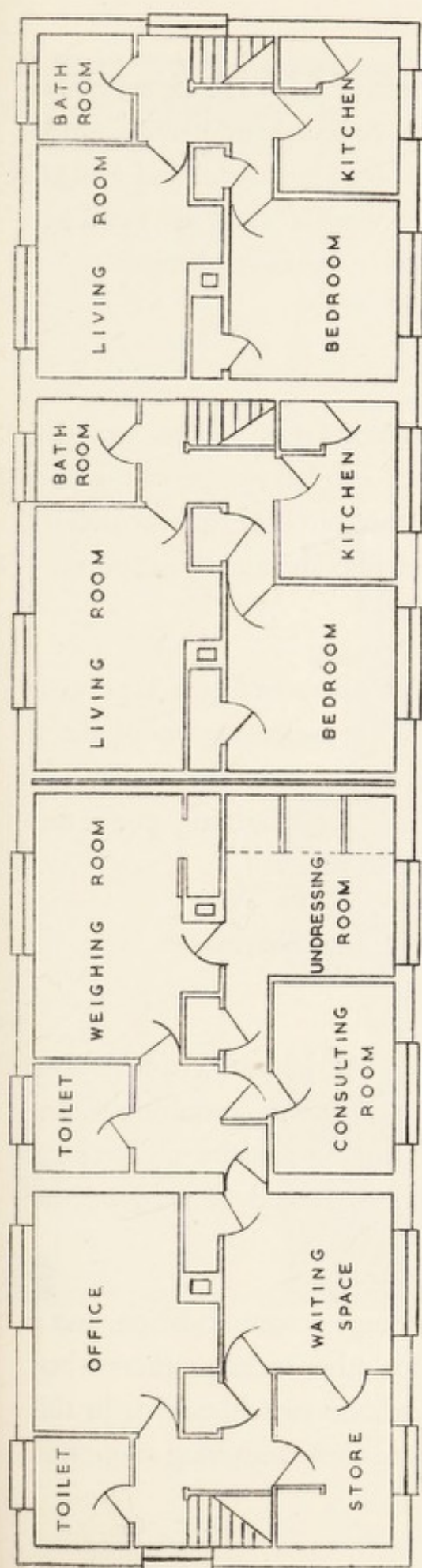
The only modification required on the ground floor was internal communication between the four houses.

The rooms which would normally be the hall, sitting room, living room and kitchen of the house are to be used as the hall, waiting room, consulting room and examination room of a doctor's surgery, the ground floor being taken up entirely by four such units, suitably equipped.

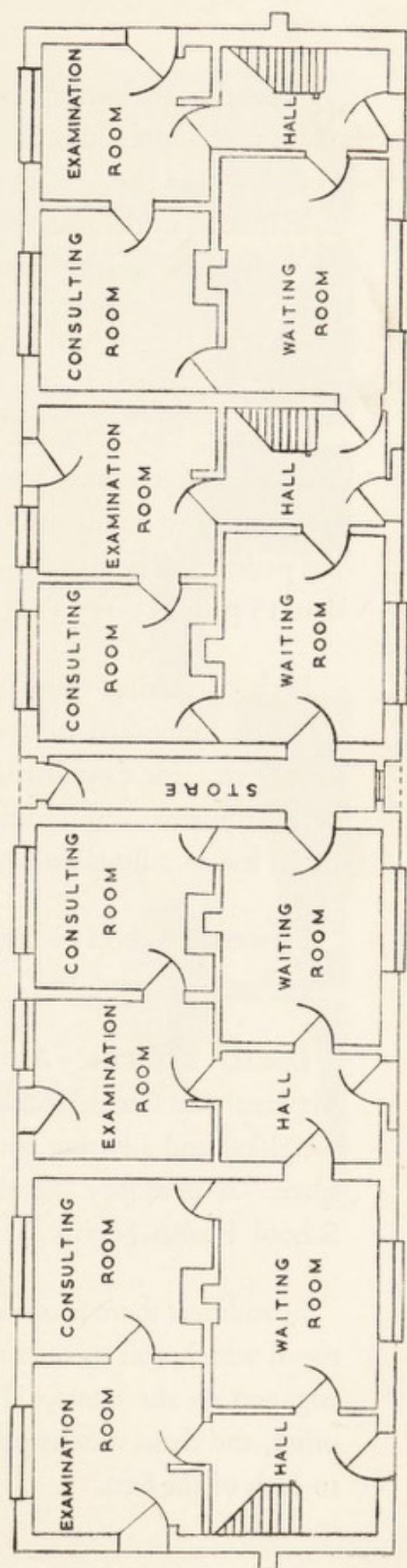
The upper floors of two adjoining houses in the block have been adapted to serve as an office and a small Maternal and Child Health Centre, while those of the remaining two have been adapted to provide two flats for a nurse and caretaker.

Space and water heating throughout the block is by means of electricity.

PLAN OF HEALTH CENTRE



UPPER FLOOR



GROUND FLOOR

Consistent with meeting the needs of the work to be carried out in the building, modifications have been kept to a minimum so that should this "pilot plant" prove successful and lead to an extension of the principle and to work in an *ad hoc* building, the houses can quickly revert to their use as residences.

Detail

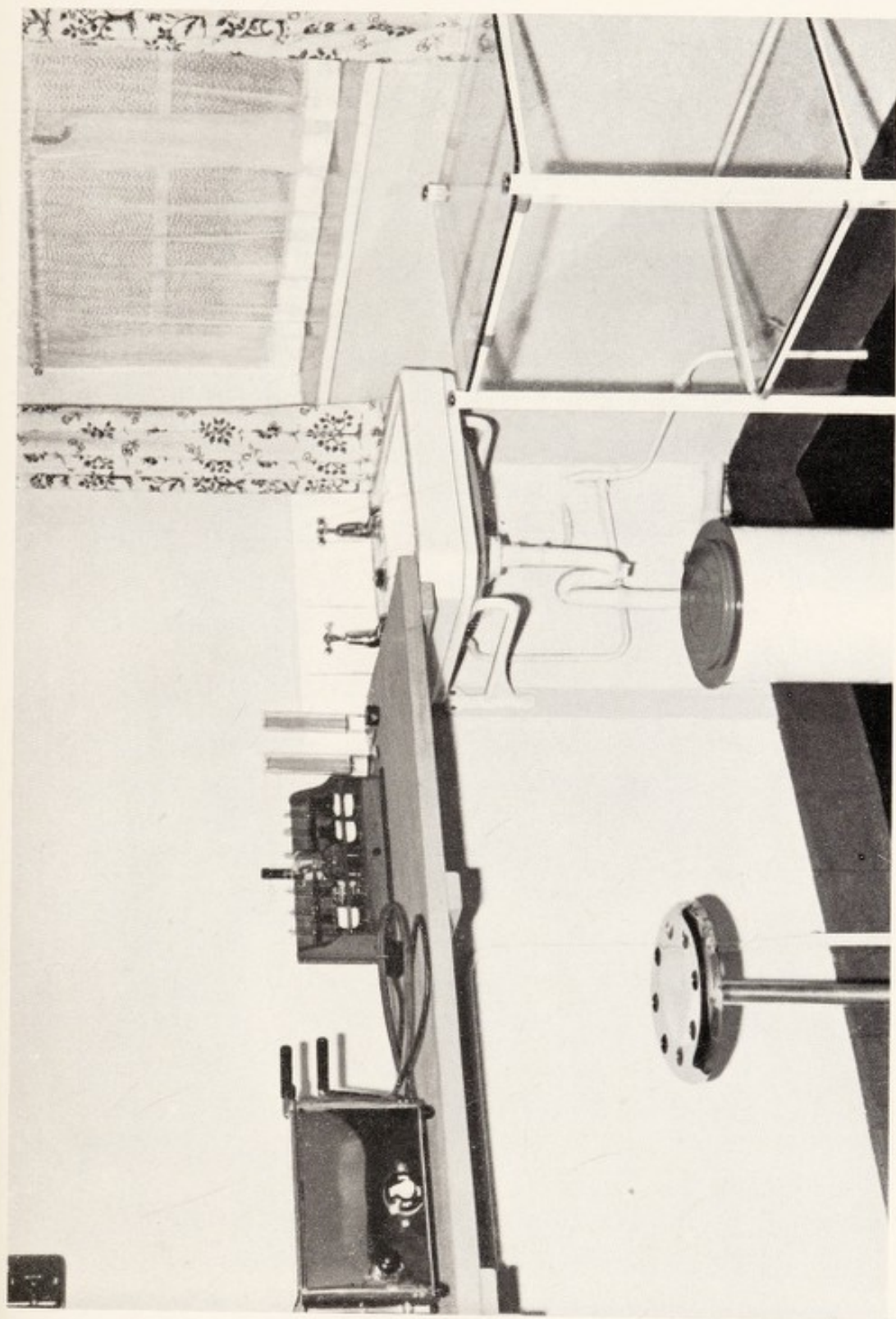
GENERAL PRACTITIONER ACCOMMODATION : The arrangement of the consulting suites is such as to allow free circulation from room to room, and to facilitate physical examination of the patient. The waiting rooms will conveniently accommodate 15 people.

Each consulting room, in which all records are kept, will serve an individual doctor, while the adjoining room has a couch, etc., for examination, and facilities for the sterilisation of instruments. In addition to a central lighting point this room has an adjustable lamp fixed to the wall.

Prescriptions will be dispensed at local pharmacies.

LOCAL HEALTH AUTHORITY ACCOMMODATION : The Maternal and Child Health Centre comprises consulting room, weighing and advising room, undressing cubicles and waiting space. If necessary the same facilities could be used by the School Health Service.

In addition there is office and storage accommodation, and a room which will serve as a base for other social workers when engaged on the estate. The telephone switchboard is in this office, and from it extensions pass to each consulting room and to each of the flats.



VIEW OF AN EXAMINATION ROOM



ANCILLARY ACCOMMODATION : The flats on the first floor of two of the houses each have a living room, bedroom, kitchen and bathroom, and are connected with the telephone switchboard. As messages will be received at the office during the day, and the switchboard will be connected with one of the flats on rota during the night, a 24-hour message service is assured.

GENERAL

The Centre will temporarily meet the medical needs of the population, now at 2,800 people ; about one tenth of the ultimate population of the estate. By 1956 the estate of some 9,000 houses will be completed, and will be housing a maximum of 25,000 people.

The nearest doctors are living at some two miles' distance, and arrangements have been made with the Nottingham County and City Executive Council for those who wish it to have accommodation in the Centre. Four doctors have intimated their intention, and therefore each will have a consulting suite.

It is probable that the doctors will hold their surgeries daily, and that messages for their services will be telephoned to, or left at the Centre. At other times during the 24 hours messages received at the Centre will be telephoned to the doctor's house.

At present the needs of the population can be met as far as Local Health Authority services are concerned through the small welfare centre embodied in the building ; it is expected that some three or four sessions will be held weekly.

The immediate requirements of the School Health Service will be met at the Greencroft School, which is directly opposite.

NOTES ON OTHER HEALTH CENTRES

Harlow : Haygarth House, Harlow, Essex, opened 28th January, 1952. A pair of semi-detached houses adapted.

Bristol : William Budd Health Centre, Knowle West Housing Estate, Bristol, opened 16th September, 1952.

An *ad hoc* building of pre-fabricated design.

London : Woodberry Down, Stoke Newington, opened 14th October, 1952.

A large permanent Centre designed primarily for this purpose.

The only other Centre known to be in the course of preparation is Darbishire House, Charlton-on-Medlock, and is being erected by the Nuffield Provincial Hospitals Trust in collaboration with the University of Manchester.

MATERNAL AND CHILD HEALTH

Births. There were 5,108 births notified representing a provisional rate of 16·66. Although there has been a steady fall in the birth rate since 1947 the rate of fall has slowed and the actual number of live births was only reduced by 6 compared with the number in 1951.

There were 347 illegitimate births.

Year	Nottingham	England & Wales	Great Towns
1943	19·11	16·1	—
1944	21·7	17·5	20·3
1945	19·7	16·1	19·1
1946	22·05	19·2	22·2
1947	23·9	20·6	23·0
1948	19·82	17·9	20·0
1949	18·9	16·7	18·7
1950	17·47	15·8	17·6
1951	16·71	15·5	17·3
1952	16·66	15·7*	17·3*

Stillbirths. One hundred and eighteen stillbirths occurred and represent a stillbirth rate of 22·58 per thousand live and still births. Although this rate is below that for England and Wales and the 126 Great Towns, it is disappointing to have to record a continuation of the rise which started in 1951. An analysis of the still births shows that 61% were below 5½ lbs. in weight ; the accepted index of prematurity.

Year	Rate per 1,000 total births	England & Wales	Great Towns
1943	34·30	30·0	—
1944	26·6	28·0	30·6
1945	23·9	28·0	29·5
1946	22·69	27·0	29·3
1947	21·9	24·0	25·9
1948	23·3	23·0	25·3
1949	19·9	22·7	24·4
1950	19·5	22·6	24·8
1951	21·81	22·9	25·4
1952	22·58	22·6*	24·2*

* First Three Quarters.

Premature Births. Of the total live births, 314 or 6·1% were premature ; a reduction in the incidence during the year, for the rates for 1950 and 1951 were 7·2% of the total live births. The policy continues of admitting to hospital, whenever possible, all women in premature labour. Nevertheless, there were 140 babies born prematurely at home. Of these 29 were transferred to hospital and the remaining 111 were nursed at home.

Infant Mortality. Deaths of infants under the age of 1 year numbered 147, representing an infant death rate of 28·78 per thousand live births. It is satisfactory to record that at last a rate below 30 per thousand has been achieved. Although the rate continues above that for England and Wales it is still below that for the Great Towns. The illegitimate infant death rate was 46·11% per thousand illegitimate births compared with the legitimate infant death rate of 29 per thousand legitimate births.

Year	Nottingham	England & Wales	Great Towns
1943	65	55·0	—
1944	56	46·0	52·0
1945	53	46·0	54·0
1946	42	43·0	45·0
1947	50	41·0	47·0
1948	44	34·0	42·9
1949	38	32·0	37·0
1950	31	29·6	34·0
1951	33	29·7	34·0
1952	29	27·1*	30·7*

The fall in the infant death rate has been due to a reduction in both the neo-natal deaths and the deaths between 4 weeks and 1 year of age as shown :—

	Death rates 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	20·73	11·9
1952	18·21	10·57

* First Three Quarters.

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

	1948	1949	1950	1951	1952
All Causes	Total Death Rate				
	44	38	31	33	29
Individual Causes	Proportionate Death Rate				
Respiratory Disease	15.9	13.5	7.46	7.8	5.2
Diarrhoea and Enteritis	5.6	6.6	2.35	.2	.8
Congenital Malformations	4.9	4.0	5.23	5.1	4.7
Prematurity	4.9	5.4	7.19	11.9	10.2
Atrophy, Debility, Marasmus and Atelectasis	4.4	4.3	2.25	1.7	1.4
Birth Injury	1.2	1.4	.93	1.7	2.8
Other Causes	7.1	2.8	5.59	4.6	3.9

Although the death rate from respiratory infection has steadily fallen in recent years this group of infections still accounts for nearly half of the deaths of children between 4 weeks and 1 year. It will be seen from the table on page 9 that this susceptibility to respiratory infection continues, though to a lesser degree, throughout the second year ; thereafter the risk to life is associated more with external hazards and more obscure physical disorders.

Neo-Natal Mortality. Deaths of infants under one month numbered 93—a neo-natal mortality rate of 18.21. Of these babies 80% died in the first week of life, a proportion which has remained constant over the last 3 years.

Neo-natal deaths expressed as percentages of Total number

Principal Causes	1948	1949	1950	1951	1952
Prematurity	33.9	31.2	41.76	57.55	55.91
Congenital Malformations	20.6	19.4	25.27	16.98	12.9
Atelectasis	16.5	23.6	12.09	6.6	6.45
Birth Injury	5.79	7.53	5.49	6.6	15.05
Combined percentage ..	76.79	81.73	84.61	87.73	90.31

The continued rise in the proportion of deaths due to these 4 intrinsic causes combined is due to a corresponding reduction of deaths due to infection and other extraneous causes.

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

Birth weight	Born at home							Born in hospitals and nursing homes		
	No. born	Transferred to hospital			Nursed at home			No. born	No. died	%
		No.	Died	%	No.	Died	%			
Up to & incl. 2 lb. 3 oz.	1	1	1	100	—	—	—	7	6	85·7
2 lb. 3 oz.—3 lb. 4 oz.	11	7	6	85·7	4	2	50·0	20	12	60·0
3 lb. 4 oz.—4 lb. 6 oz. ..	24	13	3	23·1	11	—	—	31	12	38·7
4 lb. 6 oz.—4 lb. 15 oz. ..	33	5	2	40·0	28	2	7·1	44	9	20·5
4 lb. 15 oz.—5 lb. 8 oz. ..	71	3	1	33·3	68	4	5·9	72	5	6·9
TOTALS	140	29	13	44·8	111	8	7·2	174	44	25·3

— DOMICILIARY MIDWIFERY SERVICE —

Staff. The domiciliary midwifery staff was below strength from the middle of the year at the end of which there were 32 full-time midwives, 2 being engaged whole-time on premature baby nursing. On the 1st October the responsibility for domiciliary midwifery on the Clifton Estate and the surrounding area was taken over from the Nottinghamshire County Council. A midwife took up residence on the estate and her relief for off-duty put an additional burden on the depleted staff.

The steady decrease since 1947 in the number of domiciliary confinements has been reversed, for despite a slight fall in the birth rate the confinements conducted by City midwives rose by 51 to 2,534. The reduction in the number of midwives combined with an increase in domiciliary confinements, resulted in the midwives carrying case loads well above those recommended by the Rushcliffe Committee. A doctor was booked for maternity medical services by 996 women but in only 307 cases was the doctor actually present at delivery, the midwife therefore acting as a maternity nurse. The proportion of unbooked cases has remained remarkably constant in recent years ; forty-two such cases occurred, representing 1.6% of the total home deliveries. In addition to the nursing of patients delivered at home 141 women who were confined in hospital on account of abnormality were returned home shortly after delivery for nursing by the midwife originally booked.

Refresher Course. Post-graduate refresher courses were attended by 4 midwives ; 2 at Oxford and 2 at Cambridge. It had been intended to send half the midwives to short courses at Lordswood Maternity Home on "The preparation for motherhood", but these plans had to be abandoned as the staffing difficulties became apparent.

District Training of Pupil Midwives. District training was completed by 30 Part II pupil midwives from the Firs Maternity Hospital ; there were 16 approved teachers available for this training.

Hospital Booking for Social Reasons. The demand for hospital booking continued and 434 women—being 18·6% of the total hospital confinements—were confined in hospital for social reasons.

Gas and Air Analgesia. The number of women who availed themselves of this analgesia has slowly but steadily increased. Of the women delivered by the City midwives, 50% compared with 44% in 1951 and 35% in 1950 received this form of relief.

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 22 cases.

Retained Placenta	..	..	8
Post-partum Haemorrhage	..	..	6
Ante-partum Haemorrhage	..	..	1
Obstetric Shock	..	..	5
Eclampsia	..	..	2
			— 22

Consultant Clinic. The number of women referred by medical officers of the City clinics to the weekly consultant clinic at Edwards Lane Welfare Centre was 407.

Mass Miniature X-ray Examination. The number of women referred to the Chest Radiography Centre was 2,499. The number of attendances shows that more women are availing themselves of this examination.

Dental Care—Expectant Mothers. The arrangements made with the General Dispensary continued whereby 1 session a week was devoted to mothers. The number of women who took advantage of this service was 206; 12% of the mothers attending the ante-natal clinics.

Blood Examination. The results of the routine haemoglobin estimation of the blood of all expectant mothers attending the ante-natal clinics which began 2 years ago have been examined. The findings conformed with those in other areas and indicate that in the absence of treatment the haemoglobin level may be expected to fall steadily throughout pregnancy.

A small pilot survey has been commenced with the co-operation of the Pathology Department of the Nottingham General Hospital in an attempt to determine the degree and duration of treatment required to control the haemoglobin level. This investigation will continue for a year, and it is hoped that there may be results on which a wider investigation may be based.

Home Care of Premature Babies. This service continues to be of great value and 2 midwives are employed whole time on nursing these babies with good results. Two more midwives attended the Premature Baby Care Course at Sorrento Maternity Home, Birmingham, bringing the number of trained midwives available to 4. Of the 140 premature babies born at home, 29 were referred to hospital. This is a considerable increase in the numbers transferred to hospital compared with 1950 and 1951. A letter was sent to all practitioners during the year describing the service and outlining the criteria which had been adopted for selection of cases for home care.

Mortality and Morbidity. There were 2 maternal deaths during the year, 1 woman died at home shortly after delivery from obstetric shock and anaemia in spite of all efforts to

resuscitate her, and the other woman died in hospital from fulminating septicaemia and spontaneous abortion of 25 weeks gestation.

The number of notified cases of puerperal pyrexia was 56, an increase of 4 on the 1951 figure.

Notified cases of ophthalmia neonatorum showed a marked decrease. 13 cases were notified compared with 26 in 1951. There was no impairment of vision in any baby.

In view of the marked decline in the number of cases of ophthalmia neonatorum it was decided not to replace the Ophthalmic Nurse when she retired in July 1952. Any eye condition, however slight, in an infant continues to be notified by midwives and health visitors and supervisory visits are paid by the Supervisors of Midwives and the health visitors.



THE CITY MIDWIFE



GENERAL STATISTICS

Total No. of confinements	..	..	..	5,041
Born in hospital	..	..	..	2,331
„ at home	..	..	..	2,522
Attended by City midwives	..	2,514		
„ „ private midwives	..	8		
Born in nursing homes	..	..	..	188

WORK OF THE CITY MIDWIVES

Home deliveries (single multiple and stillbirth)—

No. of cases delivered as midwives	..	..	2,227
„ „ „ „ „ maternity nurses	..	..	307
			— 2,534

Visits to Mothers—

Ante-Natal	..	..	..	..	15,838
Post-Natal	..	..	..	..	49,631
Special	..	..	..	..	2,994
					— 68,463

SUPERVISORS OF MIDWIVES

Visits to midwives and inspection of midwives' records and equipment	..	..	..	211
Inspection of midwives in Nursing Homes	..			13
Special visits in connection with the following :				
Expectant and nursing mothers	..	..		149
Stillbirths	..	..	..	7
Puerperal Pyrexia	..	..	..	28
Skin conditions	..	..	..	9
Interviews regarding hospital confinements	..			765

REQUIREMENTS OF CENTRAL MIDWIVES BOARD

Midwives—

Notifying intention to practise	..	..	..	141
Practising at the end of the year	..	..		114
Ceasing to practice in this area	..	..	..	27

Distribution in active practice—

Domiciliary Service	..	..	..	33
City Hospital	..	..	..	24
Firs Maternity Hospital	..	..	..	12
Women's Hospital	..	..	..	18
Highbury	..	..	..	12
Nursing homes and Nursing Co-operations	..			11
Private Practice	..	..	..	4

Midwives notifications to Local Supervising Authority—

Still-births—acting as midwives	34
„ „ maternity nurses	9
Deaths of infants—as midwives	9
as maternity nurses	4

Institution of artificial feeding :—

Domiciliary cases	..	..	..	..	184
Institutional cases	..	..	..	..	491
Liability to become a source of infection	..	..	..	..	46

Medical Aid Calls to Doctors from Midwives :—

	<i>City Midwives</i>	<i>Nursing Homes</i>	<i>Total</i>
To mothers	632	10	642
„ infants	201	3	204

Aid was sought for :—

Mothers—

Ruptured perineum	..	..	..	320
Pyrexia	..	..	..	39
Abnormal presentations	..	..	..	18
Prolonged labours	..	..	..	60
Ante-partum haemorrhage	..	..	..	15
Post-partum haemorrhage	..	..	..	35
Retained placenta	..	..	..	27
Obstetric shock and collapse	..	..	..	6
Abortion and miscarriage	..	..	..	36
Phlebitis	..	..	..	13
Stillbirths	..	..	..	8
Premature labours	..	..	..	8
Other conditions	..	..	..	57
				—

Infants—

Prematurity	30
Asphyxia and cyanosis	17
Jaundice	4
Deformity	6
Skin conditions	9
Eye Discharges	82
Other conditions	46
Sent to Eye Infirmary for advice	10
	—

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ADMITTED TO CITY HOSPITAL DIRECT FROM CITY MIDWIVES

Mothers—

Premature labours	5
Ante-partum haemorrhage	6
Threatened abortion	3
Toxaemia	2
Prolonged labour and severe ruptured perineum ..	2
	— 18

Infant—

Jaundice	1
------------------	---

MATERNITY MORTALITY

Deaths in domiciliary confinements	1 from obstetric shock.
„ hospital	1 from sepsis following abortion.

PUERPERAL PYREXIA

Cases Notified	Arising in		Nursed at home	Admitted to hospital	Age Groups			
	Hospital	Home			15—20	20—25	25—35	35—40
56	19	37	33	4	6	17	29	4

OPHTHALMIA NEONATORUM

Cases notified	13
Domiciliary confinements	10
Institutional	3

In connection with the above, 47 home visits were paid ; eye conditions other than ophthalmia neonatorum necessitated 913 visits.

— HEALTH VISITING —

Staff. In January there were twenty-six health visitors. One retirement and eight resignations reduced the number, but on the completion of the fifth Training Course, eight new health visitors joined the staff. In December one health visitor transferred from Nottinghamshire County so that the number at the end of the year was again twenty-six, but in addition there were two part-time health visitors who had previously been on the staff.

The average case load of the health visitor in December was 892 children under the age of five years and although is less than in 1951, it was still too heavy to allow adequate home visiting of all children of this age. The policy has therefore continued of concentrating home visiting on the susceptible children under one year.

With this depleted staff of health visitors it has been essential to relieve them of as many unskilled duties as possible. A staff of part-time clerks has been built up and the services of a small number of voluntary workers have been welcomed. Two clinic nurses have also been employed to assist the health visitors at ten sessions a week. In this way it has been possible to relieve health visitors from certain clinic sessions for home visiting and accounts for the increase in the total number of home visits compared with last year.

Although there were slightly fewer babies born, 7,053 more visits were paid to children under the age of one year and resulted in a reduction in the visits to children from one to five years.

Home Visits.

Primary visits	..	..	..	..	4,984
Revisits under 1 year	..	..	..	..	34,519
„ 1—5 years	..	..	..	..	40,244
Other visits	..	..	..	..	788
Total No. of home visits	..	..	..	..	<u>80,535</u>
“ No access ” visits	..	..	..	..	14,672

Health Visitor Training Course. The University of Nottingham decided to discontinue all non-degree courses, including the Health Visiting Training Course. It was agreed that the 1952/53 Course should continue as before, but that alternative arrangements would be made for the 1953/54 and subsequent courses.

Since the inception of the course in 1947 the national shortage of nurses has affected recruitment to health visiting training. This has been reflected in the steady reduction in the number of applicants for training as health visitors despite an increase in the bursary. Last year there were four applicants, two of whom withdrew.

Maternal and Child Health Centres. In January it was decided to discontinue one of the two ante-natal clinics at Basford Centre on account of a reduction in attendances. The remaining ante-natal clinic was organised as a double clinic with a midwife as well as the medical officer, examining the patients.

A week after the opening of the John Ryle Health Centre, the Maternal and Child Health Centre incorporated in the Health Centre, was opened with one ante-natal clinic and one children's clinic each week. As the population increases the number of clinics will also be increased.

Centre Attendances. The number of individual children under the age of one attending the centres was higher than in 1951, while the number of children over one year was slightly less. These attendances no doubt reflect the extent of home visiting to the different age groups.

A review of attendances showed that approximately 70% of the children under one year attended the centres, but between the ages of one and five years the percentage fell to an annual average of 37%.

Ante-Natal Relaxation Class. The weekly relaxation class at Huntingdon Street Centre was continued throughout the year and there was an average attendance of ten women per session, though the part-time physiotherapist was unable to continue the class at Radford Centre after Easter. As a result the number of women who attended these classes was lower than last year.

Mothercraft Teaching. There was a considerable increase in the extent of mothercraft and health teaching at the Maternal and Child Health Centres, and particular emphasis was laid on the teaching at the ante-natal clinics. In the last two years the student health visitors received extended teaching in voice production, the technique of group discussion and the preparation of practical demonstrations and visual aids. The benefit of this training showed itself in the added confidence and enthusiasm for this work on the part of new health visitors. The Deputy Superintendent Health Visitor took charge of organising this teaching in the centres, and she assisted the health visitors to prepare appropriate demonstrating material. It must be said, however, that the health visitors were and are considerably handicapped in carrying out this work by the unsuitable premises in which most of the clinics are held.

Special mothercraft classes were run in conjunction with the relaxation training class at Huntingdon Street Centre.

Discussions have recently taken place with the staff of the Firs Maternity Hospital with a view to undertaking mothercraft teaching at the Hospital ante-natal clinics and relaxation classes.

Dental Care. In January the services of a dental practitioner interested in work with mothers and young children were obtained. Through the organisation of the School Dental Service this dentist provided regular treatment sessions including conservative for pre-school children referred from Maternal

and Child Health Centres and Day Nurseries. Children who have had treatment are re-called every six months for inspection, and half-yearly inspections of all children over two years attending the Day Nurseries are also carried out ; a total of 751 children was referred for treatment.

It is hoped that with these facilities and with propaganda in the clinics, there will be an increased demand for dental treatment. Arrangements have been made with the School Dental Service to extend the number of sessions to four per week when required.

CONSULTATION CLINICS.

Children's. The weekly session at Huntingdon Street Centre has continued and is of undoubted value for difficult cases which require time and patience.

Ear Nose and Throat. At this clinic held monthly at Edwards Lane Centre the consultant examined 236 children and made recommendations as under :—

For operation	..	..	..	..	138
No treatment	..	..	..	..	53
For review	..	..	..	..	5
Referred to private doctor, hospital, etc.	..	..	..	..	40

Orthopaedic. The number of children referred to the Orthopaedic Clinic for treatment was 678. The main conditions being :—

Knock-knees, flat feet and bow legs	..	..	..	544
Congenital deformities	..	..	..	57
Paralysis	..	..	..	2
Rickets	..	..	..	6
Other conditions	..	..	..	69

— DAY NURSERIES —

In February the Supervisor of Day Nurseries, who had undertaken a considerable amount of teaching at the Nursing Training Centre, was appointed as a full-time Health Tutor there. Not only was this appointment in the interests of the Training Centre but the new Supervisor of Day Nurseries was enabled, by being freed of teaching duties, to devote her whole time to the supervision of the work of the day nurseries.

Each day nursery has a matron, a deputy matron and the permitted establishment of nursery nurses or nursery assistants. These nursery assistants not possessing the certificate of the National Nursery Examination Board are being replaced by trained nursery nurses as vacancies occur. There are now only eleven nursery assistants.

Each nursery should have on the staff a nurse who has been trained as a warden to take charge of the toddler group. In two of the nurseries a nursery nurse, without this training, is undertaking warden duties because there were no opportunities for training ; the wardens' courses are arranged on a regional basis by the Ministries of Health and Education.

From January to September there were 13 first year and 16 second year nursery students in the 7 training nurseries and from September to December there were 16 first year and 14 second year nursery students.

Places. In the 9 day nurseries there were 135 approved places for children up to 2 years of age and 205 places for those from 2 to 5 years of age. The number of children on the register was maintained at 10% above the number of approved places to allow for the daily absences which are inevitable in this age group ; each nursery had a small waiting list of priority cases.



CONSTRUCTIONAL PLAY FOR A TODDLER GROUP



Priority for Admission. In September a comprehensive survey was made of the social and economic circumstances of the parents whose children were attending, and at that time the principal reasons for the admission of the children were as below:—

	1952	1951
Mother sole breadwinner	41%	33%
Family income insufficient	19%	32%
Parent disabled, in prison or suffering from chronic illness	7%	13%
Living under bad housing conditions ..	24%	11%
Mother in essential employment, e.g. nurse, teacher	6%	7%
Temporarily accommodated at special requests	3%	4%

The variation from 1951 is due in part to the more critical assessment of the contributing circumstances which resulted from visiting of the home of each applicant by the Supervisor. In this way the home conditions were better understood and a closer liaison between parents and nursery staff was achieved.

Nursery Closure. Radford nursery was closed for a period of 5 weeks for re-decoration during which time the children were accommodated in other nurseries. Heathcoat Street nursery was also closed for a period of 1 week because of an outbreak of dysentery.

Sickness. In the Spring outbreaks of Sonne dysentery depleted the attendances at 3 of the nurseries. The outbreak at Heathcoat Street Day Nursery began with an 18 months old toddler who was excluded immediately on the presentation of the typical symptoms. In spite of preventive measures and close supervision of children and staff, 17 persons developed the illness during the next 3 weeks. In addition, routine swabbing or examination of specimens showed that 19 persons were symptomless carriers of the infection. These 36 persons were excluded

from the nursery which was closed for a week and an intensive investigation was carried out of the family contacts. No infected child or member of the staff was re-admitted until 3 consecutive negative specimens had been received from them and from any infected family contact. Because of this criterion of cure it was not until 3 months later that the last child was re-admitted.

A smaller outbreak occurred in Sycamore Road nursery during which 17 children and 1 member of the staff were excluded—10 as a result of routine investigations. Of the 84 home contacts investigated, 24 were found to be harbouring the causal organism.

A small outbreak occurred in Arnold Road Nursery when 8 children and 1 member of the staff were affected. Of the 10 home contacts who submitted specimens, 3 proved to be positive.

Most of the nurseries were in quarantine for varying periods for—

Sonne Dysentery	..	..	..	63 cases
Measles	..	..	..	31 „
German Measles	..	..	..	32 „
Chicken Pox	..	..	..	41 „
Mumps	..	..	..	28 „

Attendances. Attendances in 1952 were higher than those in 1951 because although the outbreak of dysentery and the closure of Heathcoat Street for a week reduced attendances, only 1 nursery was closed for re-decoration compared with 3 nurseries the previous year. Thus since there were more nursery place days in 1952 the average daily attendance was less.

Age Group	Average daily attendance	Total No. of Places
0 — 6 months ..	14	29
6 months — 2 years ..	71	106
2 years — 5 years ..	164	205

Charges. The National Health Service Act 1952 gave Local Health Authorities power to increase day nursery charges up to a maximum of the actual cost of nursery accommodation, having, at the same time, due regard to the resources of the parents. As a result of the survey already referred to, the standard daily charge was fixed at 3/- with a minimum of 2/- a day in cases of hardship and was put into operation on the 1st December 1952.

Nursery Training Centre. The appointment of the full time Health Tutor proved an advantage to the health teaching. A medical officer from the Health Department continued also to give four sessions weekly to health teaching at the Centre.

In September, 42 candidates took the examination of the National Nursery Examination Board ; 36 were successful.

The Infant Care Certificate was awarded to 19 students.

When the new Course opened in September, 40 new students started training at the Nursery Training Centre, bringing the total number of students to 80. 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.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

Private Day Nurseries. The only private day nursery in the City is attached to the Bairns-Wear Factory. Following a recession in the textile trade, it was closed on the 29th February and has not re-opened.

— MOTHER AND BABY HOMES —

No. 1 QUEEN'S DRIVE.

This home provides accommodation for eight unmarried mothers with their babies and during the year 20 expectant mothers were admitted. The average stay was 17 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 mothers to keep their babies and last year there were five adoptions. Four girls left the home before their babies were born to return to their homes and families. The health of the mothers and babies throughout the year was satisfactory.

The results of the work carried out :—

Mothers in the Home 1.1.52	..	..	..	8
Mothers who returned home with their babies	..			1
„ „ went into lodgings	..			9
„ „ returned home undelivered	..			4
„ „ left with baby to get married	..			1
Babies adopted	..	..	..	5
<hr/>				
Mothers remaining in the Home 31.12.52	..			6

THE HOLLIES, No. 8 MAPPERLEY ROAD.

After a number of delays work began in December on the conversion of this house to provide additional accommodation for six mothers and babies and for two expectant mothers.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

TUBERCULOSIS

The almoner's work continued as in the previous years and there was little change in the needs of patients or the work done for them. The main difference was more emphasis on the provision of beds or bedding and nursing comforts since more patients were treated at home.

Rehousing. The almoner was present at meetings to determine housing priorities. In some cases financial help also was given to meet removal expenses and some cases were referred to the National Assistance Board where furniture was needed to enable the family to take advantage of better conditions. A total of 234 families were rehoused on priority grounds.

Bacille-Calmette-Guerin Vaccination. In 1952 vaccination of 669 tuberculosis contacts was carried out. Few children were boarded out during the period of B.C.G. vaccination either because other arrangements were made to isolate them from the source of infection during this time or because it was not possible to find suitable foster-parents.

Work of the Staff Care Conference. The Staff Care Conference continued to meet weekly to discuss special needs which arise from tuberculosis, and to administer the Corporation Care Fund. Where help from this fund was inappropriate money was obtained from a small voluntary fund.

The same needs tend to recur, and below is a summary of the type and number of cases assisted :—

Milk at reduced price—2d. per pint	..	228
Provision of bedding	.. ..	84
Loan of bed and mattress	.. ..	50
Domestic Help :		
Home Help Service	.. ..	72
Other help	.. ..	4
Clothing	.. ..	7
Laundry grants	.. ..	10
Removal expenses	.. ..	6
Wireless installation	.. ..	2
Payment of rent arrears	.. ..	2
TOTAL	.. ..	465

All patients were assessed on the Health Department scale.

Domestic help plays an important part in the treatment of patients at home, but difficulty was still found in obtaining helpers because of the fear of infection.

A large number of patients were referred, as in previous years, to the Employment Exchange for suitable work ; clerical training has again been most in demand. Unfortunately with the increase in unemployment ex-patients have found greater difficulty in finding posts.

A number of children were referred for institutional care to the Children's Committee in cases where the mother was admitted to a sanatorium and there were no relatives or friends to care for them. A few patients have been referred, as in previous years, to the British Red Cross Society for occupational therapy.

Visits to patients' homes numbered 210, and in addition visits were made to the Newstead and Basford Sanatoria.

Other social problems which arose and which were not the direct result of tuberculosis were dealt with through appropriate agencies ; in all 910 families were helped with major and minor problems.

VENEREAL DISEASES

The almoner's principal work is to ensure regular attendance of the women and child patients until diagnosis is established and in the case of infection, until treatment and tests of cure are finished.

Special attention is paid to expectant mothers, to children and to women with early syphilis; the number of female patients attending Amberley House showed a decrease.

Total patients attending Amberley House

Year	Females	Boys under 15	Total
1949	1,372	98	1,470
1950	1,254	135	1,389
1951	1,068	93	1,161
1952	949	71	1,020

Pregnant women attending the clinic

Treated for syphilis	77
„ „ gonorrhoea	5
Attendances for non-venereal conditions	38 — 120

A high percentage of women (38%) were not married to the putative fathers and a considerable amount of social work was done amongst these women in close co-operation with the Southwell Diocese Moral Welfare Workers, the Maternal and Child Health Department and the City Hospital. Each pregnant woman is seen by the almoner to ascertain that she is attending an ante-natal clinic and to ensure that the domestic arrangements are made before the confinement.

Children. All infected pregnant women are encouraged to bring their babies to the clinic within three months of birth for a routine test. An analysis of 147 cases follows :—

Congenital syphilis detected—carried over to 1952	61
„ „ „ new cases	3
Acquired syphilis	1
Satisfactory routine tests	82 — 147

There was difficulty in persuading some mothers to bring their children with congenital syphilis regularly for treatment ; one such mother and child needed visiting 33 times during the year but both are now attending regularly. The Maternal and Child Health Department has been helpful in several cases in persuading the mother to re-attend.

Early Cases. There were only 3 early cases of syphilis in female patients during the year. Nevertheless, one patient who was also pregnant, persistently defaulted and was visited 35 times. There were 51 female cases of gonorrhoea ; the same number as last year.

Contact Tracing. Where possible it is thought best for the infected person herself to persuade her male contact to attend. Of the early cases of gonorrhoea and syphilis, 40—74% of the male contacts were known to be attending either this or other centres for treatment. The almoner visited 7 males who were possible contacts of gonorrhoea and was successful in persuading 5 of them to attend. One refused to come and one could not be traced.

Visits to defaulters. Experience here before and since the war, reflected in the figures of the table below, shows that the writing of a letter to defaulters, even if repeated, is not productive of results. Improved methods of treatment and public education in these diseases have tended to increase the number of defaulters to reduce which visits are essential.

	Year	Percentage of Female Patients who ceased to attend	No. of visits made
Pre-war	1937 ..	23	—
	„ 1938 ..	18.3	—
	„ 1939 ..	16	—
Post-war	1948 ..	9	324
	1949 ..	5.6	417
	1950 ..	4.3	473
	1951 ..	2.9	513
	1952 ..	2.6	472

GENERAL MEDICO-SOCIAL WORK

The work falls under four main headings :—

1. The care of cancer patients and administration of extra nourishment grants from the National Society for Cancer Relief.
2. Convalescences.
3. Advice to persons who have been unable to adjust their lives, socially or economically, in illness.
4. Routine six-monthly visits to persons with large items of nursing equipment on loan.

The increase in this type of work—369 cases as against 319 in 1951—was partly met by the appointment in July of a part-time almoner. Of the new cases 75% were references by general practitioners or medical officers of the Regional Hospital Board, 47% of the cases being over 60 years of age.

The majority of the cases being crippled or seriously ill necessitated visits, of which 656 were made, to all parts of the City ; an increase of 117 on last year. The number of cancer patients requiring help continued to increase and the almoners dealt with grants for extra nourishment from the National Society for Cancer Relief in 24 cases—the comparable figure for last year was 10.

CONVALESCENCE

There is still misunderstanding about the meaning of convalescence. Some look upon it as an annual holiday, some as a means of sending away a difficult chronic patient for a period while others interpret the service as a means to give a tired wife or relative a rest. Convalescence is seldom of benefit to chronic cases and in three asthmatic cases, where considerable trouble had been taken in finding suitable Homes for the patients, they were sent home after two or three days instead of staying for the full fortnight. Cases of chronic bronchitis, asthma, neurosis or general debility should not be referred for convalescence.

There was a small increase in the number of applications—a total of 148 as compared with 138 in 1951. Of the former, 138 were referred by general practitioners and 10 by the medical staff of the hospitals. Eighty-seven were considered suitable for convalescence, the remaining 61 applications being withdrawn.

Arrangements for 31 persons were made by the Health Department and full payment made in 15 cases, part payment being made for 16. Travelling expenses were paid in 12 cases as well as fares for relatives accompanying 2 cases. Fifty-six persons were admitted to homes administered by Regional Hospital Boards, all but 4 going to Carey or Seely House at Skegness.

The almoners made all arrangements for patients, the ages of whom varied from 8 months to 77 years ; the average stay was 2 weeks.

Financially assisted cases were referred by general practitioners—19 cases ; by chest physicians—7 cases ; and by hospital medical staffs—5 cases. Admissions were arranged as follows :—

Hunstanton Convalescent Home	10 cases
Evelyn Devonshire Home, Buxton	5 „
Claremont Home, Matlock	4 „
Stubben Edge Hall, Ashover	3 „
St. Christopher's Home, Dorset	3 „
Limpsfield Women's Home	1 „
C.W.S. Home, Scarborough	1 „
Balmain Home, Skegness	1 „
Westhill, Southport	1 „
Maitland House, Frinton-on-Sea	1 „
Charnwood Forest Children's Home	1 „
	<hr/>
	31 cases
	<hr/>

Reasons for convalescence.

Following bronchitis and asthma	6 cases
„ tuberculosis	7 „
„ fibrositis	2 „
„ thrombosis	1 „
„ pneumonia	1 „
„ operation for cancer of breast	1 „
„ cystitis and influenza	1 „
„ phlebitis and ulcer of leg	1 „
„ anaemia and gunshot wounds	1 „
„ diabetes	1 „
General debility	9 cases
	<hr/>
	31 cases
	<hr/>

Loan of Nursing Equipment

Small items were loaned free from the Home Nursing Service, 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 Forest Dene Chest Centre for loan, free of charge, to tuberculous patients.

The service is of great value to patients being nursed at home and the calls on it increase, as is shown in the summary :—

Small Items

Article	From Home Nursing Service			From Chest Clinic		
	1950	1951	1952	1950	1951	1952
Air Rings	166	357	414	13	45	33
Bed pans	197	390	528	13	20	25
Back Rests	43	108	100	10	27	25
Barrier Outfits ..	—	24	461	—	—	—
Cradles	8	40	46	—	—	2
Crutches	6	6	3	—	—	—
Draw Sheets	—	14	189	—	—	—
Feeding Cups ..	9	9	11	—	—	—
Incontinent Gowns ..	—	—	50	—	—	—
Infectious Outfits ..	—	—	18	—	—	—
Mackintosh Sheets ..	146	365	480	4	5	4
Sorbo Cushions ..	—	—	34	—	—	—
Syringes 5.c.c. ..	—	204	471	—	—	—
Syringes 2.c.c. ..	—	3	6	—	—	—
Urinals	37	155	261	—	4	18
TOTALS	612	1,675	3,072	40	101	107

Large Items

Article	From Health Dept.			From Chest Clinic		
	1950	1951	1952	1950	1951	1952
Air Beds	10	10	11	—	1	3
Bed Tables	4	7	3	—	4	3
Bedsteads	8	11	13	31	48	37
Commodore	15	22	17	2	—	3
Invalid Chairs ..	54	79	64	—	8	5
Mattresses	10	13	14	29	35	32
Spinal Carriages ..	4	4	10	—	—	—
TOTALS	105	146	132	62	96	83

ULTRA VIOLET RAY CLINIC

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

Analysis of Cases :—	1951	1952
No. of cases from previous year ..	235	214
New cases	399	390
	—	—
Total number of cases treated ..	634	604
City patients	614	583
County patients	20	21
	—	—
	634	604
Number of Adult Patients (Male) ..	156	178
" " " " (Female) ..	246	205
" " Patients 5-15 years ..	30	69
" " " 0-5 years ..	202	152
	—	—
	634	604
No. of Cases discharged or ceased to attend	420	309
No. of Cases carried forward ..	214	295
	—	—
	634	604

Number of Treatments :

Total Number of Treatments given ..	11,976	12,120
Average Number of Treatments per patient	18.89	20.1

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, 102 sessions were held for pre-school children with an average attendance of 57.

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 106 sessions was held with an average attendance of 57.

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 2,612 representing 51% of children born during the same period. This result is an improvement of 4% on the corresponding figure for the previous year.

ANALYSIS OF IMMUNISATIONS

Numbers carried out

	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
52 ..	3,686	1,206	4,102	790	4,871	142

* Those cases for which a record card has been sent to the Health Department.

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
48 ..	13,714	55	33,685	83	47,399	70
49 ..	14,664	53	34,792	84	49,456	72
50 ..	15,467	55	35,220	82	50,687	71
51 ..	15,513	55	36,203	84	51,716	73
52 ..	14,562	52	38,593	90	53,155	75

IMMUNISATION STATE

Nos. of children immunised

Born	No.		Born	No.	
	1951	1952		1951	1952
1937 ..	3,425	—	1945 ..	3,508	3,587
38 ..	3,553	3,593	46 ..	4,160	4,380
39 ..	3,601	3,643	47 ..	4,637	4,920
40 ..	3,285	3,321	48 ..	3,832	3,936
41 ..	3,217	3,320	49 ..	3,605	3,733
42 ..	3,584	3,722	50 ..	3,118	3,462
43 ..	3,770	3,901	51 ..	321	3,036
44 ..	4,100	4,206	52 ..	—	395
				<u>51,716</u>	<u>53,155</u>

Percentage of children immunised

	1951	1952
Age 0 — 1 year	6 %	8 %
„ 1 — 5 years	66 %	61 %
„ 5 — 15 „	84 %	90 %
„ 0 — 15 „	73 %	75 %
Total Child Population ..	71,120	70,936

The improvement in the percentage of children immunised before reaching the age of one year is important, but 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

	Total No. of cases of diphtheria	No. of cases in immunised persons	No. of deaths from* diphtheria
1941 ..	455	13	13
42 ..	269	14	11
43 ..	152	15	5
44 ..	82	11	2
45 ..	110	26	8
46 ..	44	11	5
47 ..	9	1	1
48 ..	10	—	3
49 ..	1	—	—
50 ..	—	—	—
51 ..	—	—	—
52 ..	—	—	—

*All occurred in the non-immunised.

No association between immunisation and poliomyelitis was found,

VACCINATION AGAINST SMALLPOX

The same six centres used for diphtheria immunisations in the under fives were used for vaccination; there were 102 sessions held with an average attendance of 17. 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.

There was no report of any complications from vaccination.

ANALYSIS OF CASES VACCINATED IN 1952

	Numbers of cases.						
	Age at 31.12.52.					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	1,992	187	74	148	2,401	699	1,702
Re- Vaccination	—	14	48	377	439	400	39

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 were removed by the National Health Service Act, 1946, but since that time, gradual improvement has occurred.

INFANT VACCINATION

	Number of Primary Vaccinations under 1 year of age.	Percentage of births during same period.
1949	1,956	34.4%
1950	2,003	38.3%
1951	2,135	41.8%
1952	1,992	39.4%

HOME NURSING SERVICE

The first complete year since the Health Committee commenced to operate the service directly saw further progress and improvements which have added to the efficiency of the Service.

The Corporation assumed responsibility for the service at Clifton on July 1st, when four patients were transferred from the Nottinghamshire County Nursing Service. With the growth of this new estate the work had increased so far by the end of the year that 46 patients had received 776 visits.

Two houses were made available for nurses, thus easing the difficulties in, as yet, a relatively remote area.

Requests for Service

Enquiries and requests for nursing are received at Regent Street continuously throughout the day and family doctors, hospitals, welfare officers, etc. find it saves time and avoids inconvenience to have the Central Office to deal with all communications at any hour.

The proportion requested by hospitals increased to 7·8% ; the bulk of the work—87·4%—was requested by family doctors, while the remaining 4·8% was requested by the Mental Health Department, Chest Clinic, Welfare Officers, and by patients directly.

Increase of Service

THE NUMBERS OF CASES

	1950	1951	1952
No. of patients on the register, 1st January ..	642	826	927
No. of new patients	3,429	3,980	4,791
Total No. of patients attended	4,071	4,806	5,718
No. remaining on Register 31st December ..	826	927	1,116
<hr/>			
Total No. of nursing visits	127,734	173,124	202,993
Total No. of supervision visits		2,015	1,606

A big increase in the amount of work undertaken is shown in the table ; more patients have been visited more frequently and nursing care has been continued over longer periods. Compared with the previous two years when the number of patients remaining on the register at the end of each month was 600 and 800 respectively, the year showed appreciable increase to an average of 1,031 per month. The nursing load has been further increased by a larger number of new patients—an average of 1,414 patients have been nursed each month compared with 1,200 per month in 1951. There was no epidemic period such as in January, 1951 but a constant increase of work has been noticeable throughout the year.

The efficiency and usefulness of the service is more widely recognised so that whilst all types of nursing previously carried out are being continued, there is in addition the nursing at home of more acute cases and of early post-operative cases. A large number of infirm and bedridden persons attended during 1950-51 are still being attended, and to these have been added a number of persons who similarly will need prolonged nursing.

THE TYPES OF CASES*

The increase in the number of patients is due in large part to more pre-hospital treatments and to earlier discharge from hospital with post-operative conditions. To a somewhat lesser degree the increase is due also to the administration by nurses of chemotherapeutic agents, and to the number of stomach wash-outs and rectal drip nutrient enemas given. This in part accounts for the fact that the increase in persons attended is proportionately higher than the increase of visits, for although the chemotherapy of measles, scarlet fever, chicken pox, etc., is

*For detailed analysis see page 181.

increasing and chemotherapy for persons suffering from tuberculosis is now continued over a longer period, visits for pre-operative and post-operative treatment are of shorter duration.

Much of the time of the increased number of nurses has been absorbed into these channels, thus postponing the expansion of the service in the direction of the important task of caring for the chronic sick.

Each week requests increase for visits to cases where social problems exist. Such cases require a considerable expenditure of time in order to institute some nursing order into the home. Often the sick person lives alone or with another who is similarly aged or infirm and frequently not even a doctor's visit has been requested before the approach is made to the Nursing Service.

In many instances there is no change of bed attire or bed linen, and only rags cover a very unhealthy mattress. By perseverance and tact it has always been possible to care successfully for such persons, but the time factor is of great importance as this work is bound to decrease the visits that the nursing sister can make.

Many displaced persons are now being cared for, so that language difficulties are encountered and much patience and tact are required at the first visit in order to gain the patient's confidence and co-operation.

The lifting of heavy helpless patients without the assistance of relatives or friends causes physical strain to the nurse with little resulting comfort to the patient. Such conditions often necessitate a nurse leaving her own district to assist a nurse in another district ; an interruption which affects the number of visits possible in a normal working day.

In many cases of hardship the supply and laundry of draw sheets and incontinent gowns has assisted the nursing care. There is, however considerable difficulty experienced by the shortage of bed linen and bedding in special cases unable to receive financial assistance from the National Assistance Board ; a shortage which is accentuated in the winter by laundry difficulties and which causes distress to the sick person, the relatives and the nurse.

The number of late evening visits for special injections and emergency visits increased. Often it was necessary to attend eight or ten patients after 7 p.m., and this led to the need for the appointment of an additional nurse specially for the work, which, covering all parts of the City, makes motor transport essential.

Patients' Illnesses Classified

Respiratory	..	..	..	825	1,095
Digestive	..	..	..	510	826
Circulatory and Cardiac	..	..	..	460	643
Tuberculous	..	..	..	533	576
Nervous and Cerebral	..	..	..	325	553
Due to Senility	..	..	..	700	410
Carcinoma	..	..	..	307	337
Burns, scalds, injury, etc.	..	..	..	400	320
Rheumatism, Arthritis	..	..	..	215	210
Reproductive	..	..	..	112	202
Diabetic	..	..	..	194	197
Urinary	..	..	..	114	170
Ulcer of leg	..	..	..	95	153
Infectious fevers	..	..	..	16	26
				<hr/> 4,806	<hr/> 5,718

Bedridden Patients

As the number of sick persons remaining on the register each month increases, there is a corresponding increase in the number of the bedridden. The number, however, is much smaller than

those over 65 years of age ; a fact which illustrates that the 'aged' are not necessarily 'infirm' and that a large number of persons of 65 years of age and over, respond to care in their own homes and return to normal health. Many return to work.

The 'infirm' of all age groups—the young baby with congenital abnormalities, the mental defective, the cripple or the young paralytic, together with other handicapped persons and the incurably ill—make up about 50% of all bedridden persons. The remaining 50% are chiefly those with senile conditions and a few with strokes ; fewer persons suffering from the effects of a stroke become bedridden now as compared with former years.

Bedridden patients—750 per month—account for approximately 55% of persons attended throughout the year. A decrease to approximately 500 in August is of special interest as illustrating the value of co-operation of other persons and services. August—the holiday month for so many—becomes the holiday month for some sick persons too. Relatives who are unable to care for the patients during the rest of the year because of domestic circumstances, make arrangements during the holiday season to relieve the son or daughter who normally take the responsibility. The hospitals too, admitted some of the bedridden to afford a much needed rest to the attendants who had given unbroken care throughout the year. Much benefit is derived by the sick person from such a change of environment which is also of assistance to the nursing sister in such an apparently small thing as finding new topics of conversation with the patient ; a difficult task for a nurse attending over a lengthy period knowing as she does the importance of the psychological care of patients.

Age Groups

				1951	1952
Under 5 years	..	..	..	1.5%	2.5%
5 — 16	..	..	..	2.5%	3.1%
16 — 45	..	..	..	12.0%	11.1%
45 — 60	..	..	..	20.0%	20.0%
Over 60	..	..	..	64.0%	63.3%



THE HOME NURSE

Good Neighbours

Appreciation is recorded of those persons who have helped in emergency ; some, in response to appeals from the pulpit have sat up at night with dying persons and others who, before going to work, have called to attend to sick persons living alone.

Though the need for assistance from relatives, friends and neighbours increases with the number of patients there has been no notable increase in the number of those offering their service. Enquiry shows that many would-be helpers are unable to assist owing to having their own aged and infirm relatives for whom they must care unaided. If a survey were made it would probably be found that there is a large part of the bedridden and infirm population already being cared for by the good friend and neighbour and thereby, without record, considerably assisting in a problem, the size of which is still unknown.

Domestic difficulty created by the absence from home of relatives or friends during the day is often the reason for an infirm person becoming bedridden, when with assistance he or she would be able to sit up for at least part of the day. It is not safe to leave such persons unattended out of bed, otherwise accidents from falls and fires would occur.

Establishment and Recruitment

Over the first six months the staff establishment averaged forty-six, though many resignations received in May gave cause for anxiety. However, better working conditions and more equipment, wider use of transport, etc., assisted recruitment and in June a full establishment of 51 nurses was reached. Many of the new nurses are young married women and it is anticipated that some will resign within the year.

Of the new appointments made, four, including one male nurse, were Queen's nurses. Increased staff and improved conditions have reduced the number of nurses off duty for sickness, although the number of days lost remained high owing to long periods of sickness of three nurses.

Ancillary Aids

The provision by the Corporation of nine Douglas Vespa autocycles and the payment of a car allowance to ten nurses who own their cars have further helped to meet the calls on the service. The installation also of more telephones assists in more speedy reception of messages and allows the Superintendent and nursing sisters to communicate more readily. These aids are essential for the efficiency of the service.

Wintry conditions, however, greatly reduce the value of motorised transport and if adequate care is to be given to the sick more nurses will be needed during winter periods. During November and December some nurses were obliged to cover 20 miles a day on foot.

The service still gratefully accepts the help of chemists, etc., willing to take messages for nurses working on the district; this arrangement gives opportunities for nurses to receive messages after they have left their own homes, thus assisting the family doctor to obtain nursing for emergency cases which may come to light during his morning visits.

Housing for Nurses

Corporation houses and flats in the Bulwell, Bestwood, Bakersfield, Bilborough and Sneinton areas were obtained and have improved the service in these areas.

Training Centre

To maintain a flow of recruits the need has to be considered for a training centre where State Registered nurses would adapt their training for nursing in the home and would qualify for the Queen's Roll.

Requests have been received from nurses all over the country as well as locally, specifically requesting training in Nottingham.

The changing aspect of the home nurse's work and the wide field of social medicine necessitating more co-operation between the various services more than ever demands a nurse of the highest ideals with this special training which provides a knowledge of the social services and of modern methods of nursing infectious illness in the home.

Training Courses

The Superintendent attended a Study Course for Administrators organised by the Queen's Institute, at Roffey Park, from the 6th-11th October.

One nursing sister completed four months' training at Westminster and Chelsea District Nursing Association for the Queen's Roll and was successful in the examination of the Queen's Institute in September. Another two nursing sisters commenced four months' training at Westminster and Chelsea Training Home on the 11th November.

Visitors

Twenty student nurses from the City Hospital accompanied nursing sisters on a number of nursing visits.

A Mexican representative of the U.N.O. Social Service, seeing Health Services in Nottinghamshire, paid a visit to Home Nursing Service Headquarters and was very interested

in the classification of the work undertaken. Remark was made on the variety of work and surprise expressed that patients received visits every day and some twice daily !

Miss L. Gray, a Visitor from the Queen's Institute of District Nursing, inspected the service from the 6th-13th August. Miss Gray visited patients with eleven nurses and was shown records and equipment at Regent Street.

HOME HELP SERVICE

The rapid development particularly during the latter half of 1951, made a re-organisation of the service essential.

Two district offices were opened in 1951 and district organisers appointed to deal with the two areas furthest away from the Central Office ; the North and West districts. A third organiser has taken over the South district, the Deputy Organiser of the service administering the East district from the Central Office. Case workers were appointed to the three districts with the heaviest loads, thus enabling each District Organiser to deal with initial applications, interviews and allocation of work to helpers.

The allocation of helpers to districts called for careful thought. Many were young married women with children of school age who live on the new estates where the number of cases requiring help was comparatively negligible. It was necessary to allocate some of these helpers to the congested districts where more help was needed. A saving on time and bus fares was effected and it was possible for a number of helpers to take additional cases.

Night Help Service

Continual requests were received particularly from aged and infirm people with no relatives available for sitting up during the night, but there was difficulty in recruiting women for this work. The homes they are required to work in are usually very poor and scantily furnished. These cases are, however, usually those most needing help and as such, the difficulties were overcome by various methods. Forty cases were assisted.

Patients Awaiting Admittance to Hospital

The continued shortage of hospital beds also created a demand for full time helpers in cases where the sick persons would normally be admitted to hospital. Although repeated efforts

were made to find either relatives, neighbours, or friends who could assist during some part of the day, it was seldom that this help could be obtained—much careful thought was given to long term commitments, but it is clear that there was no alternative method to deal with these unfortunate cases.

Patients returned from Hospital

The number of applications from hospitals requesting help for patients who were sufficiently recovered to return to their homes continued to increase. The hospital almoners very frequently appealed to the service to provide such help, as the only method of releasing beds for more urgent cases.

Child Care during absence of Mother

Applications from the various organisations for help for this type of case also increased during the year. In some instances, the husband had made every effort to cope with the children, household duties, shopping etc., during the week-end and evenings. It was only when the man was on the verge of a breakdown through overwork and worry that application for help was made on his behalf. Apart from the financial saving the placing of a reliable helper in such cases proved beneficial to the family.

Cleaning of Dirty Houses

The employment of a second male home help has enabled more of these filthy homes to be dealt with. Thirteen cases were assisted and in every case reported it was possible to send help for about one month. A satisfactory working arrangement was made by sending a male helper and an experienced woman. Clearance of the rubbish in the first instance was effected by the helper sorting out what should be disposed of. The male helper then distempered one room, into which any useable furniture was

placed and the old man or woman made comfortable until the remainder of the house had been cleared and made habitable. In numerous cases of this type 20 years' accumulation of old clothing, newspapers, rubbish etc., often had to be turned out. Whilst the old persons have, in the first instance, objected to the upheaval caused, they have expressed their grateful thanks when the house has been made habitable and clean again.

In several cases it was possible to place a young couple in the upstairs rooms and they undertook to care for the old persons in return for accommodation. The arrangement was found very satisfactory but could not have been made prior to the help being supplied, due to the filthy condition of both occupiers and houses. Where this arrangement was not possible, home help was continued for approximately three half-days weekly to prevent the same conditions recurring.

Emergency Cases

This type of case, particularly the unbooked maternity case, has always been a problem but has been solved by the employment of five reliable helpers—one to each District Office—selected after giving service over a period of years. The Senior Helper reports to her District Organiser each morning at 9 a.m. and again at 2.30 p.m. if not working on a case and should an emergency call be received, and no other helper be free, she will go to the case, and will remain there until an ordinary helper can be allocated. When a senior helper is not engaged on such a case, she may call at a house where a newly recruited helper has been sent and where the wife or mother is confined to bed. If advice is needed, the senior helper can frequently give guidance.

Telephone calls are often received stating that a helper has not arrived as arranged, and in these cases the senior helper can take over temporarily, thus alleviating any anxiety for the patient.

Financial Assessment

A new assessment scale was put into operation as from the 12th December, and is based on those used by the National Assistance Board, and the Association of Municipal Corporations. A minimum charge is now requested from non-dependent children living in the house and as a considerable proportion of the Old Age Pensioners being helped have one or more members of the family living in the house, it is anticipated this charge will mean an increase in the income of the Service.

Analysis of Assessments

Cases paying full cost	22%
„ „ part cost	12½%
„ „ nothing	65½%

Waiting List

The waiting list continues almost static at 200-250 cases despite an increase of over 100 helpers during the year. Half of these cases are aged sick people living alone, a majority of them needing 3-8 hours help daily ; every effort has been made to find other means of caring for them.

THE YEAR'S WORK

Date	No. of Helpers	Cases being assisted			Waiting List	Weekly Wages Bill
		General	Maternity	Night		
17.1.52 ..	400	623	19	5	—†	£ 762
10.4.52 ..	409	688	21	6	—†	765
17.7.52 ..	470	670	22	4	—†	991
16.10.52 ..	484	728	12	5	197	983
4.12.52 ..	525	790	14	7	202	1,376*

† Not available.

* Wage increase of 6d. per hour.

No. of Helpers at 31st December :				1951	1952
Full time	..	..	..	50	151
Part time	..	..	..	300	164
Casual	..	..	..	60	191
Total				410	506

Hours Worked :

Weekly average	6,630	9,739
----------------	----	----	----	-------	-------

Result of Applications :

Help supplied	..	..	..	1,024	1,199
Awaiting help (carried forward to 1953)				200	202
Advance maternity bookings	..	..		46	47
Not qualifying	..	..	..	50	142
Cancelled or arranged own help			..	199	216
Total applications received				1,519	1,806

Payments Made.

Payments Made.				Payments Made			Total
				Full Cost	Part Cost	Nil	
Old Age Pensioners :							
Chronic illness				84	30	789	903
Acute illness				9	4	31	44
Others :							
Chronic illness and Blind ..				75	31	123	229
Acute illness				92	30	63	185
Maternity				114	88	63	265
Tuberculosis				5	25	64	94
Social cases				4	4	26	34
Night cases				4	2	4	10
TOTAL				387	214	1,163	1,764*

* Includes 565 cases receiving help on 1st January, 1952.

MENTAL HEALTH SERVICE

MENTAL ILLNESS

Admissions to hospital

Cases were not admitted in the first instance on Summary Reception Orders. Whenever possible arrangements were made for cases to be admitted as 'voluntary' patients, but when persuasion failed admission was essential, and use was made of Sect. 20 of the Lunacy Act, 1890.

During the past year 747 reports were received of persons alleged to be of unsound mind in need of hospital treatment ; an advance of 53 over 1951 and meant considerable increase in the work of the duly authorised officers, since each case needed investigation before admission was decided upon. The increase was a result of the family doctors reporting directly for hospital admission the type of patient they previously sent to an out-patient clinic.

Special arrangements were made for the aged members of the population who become senile. If hospital treatment was considered necessary it was, in the majority of cases, for comparatively short periods. It was frequently possible to rehabilitate patients sufficiently for them to resume community life for a period, especially where there were relatives able to assist ; some such patients go into hospital for a few weeks two or three times a year. This gave rise to an increase in the number of cases over the age of 65 but did not indicate an increase in the number of senile persons.

Community Care

The technique of after-care for psychiatric cases has been well developed and the work has now settled to a routine. Some 700 cases were discharged from Mapperley Hospital into the City

during the year and throughout the case load of persons receiving after-care was 800-850. Over the past three years there has been a gradual rise in the number of active cases and in the number of visits and interviews which, in 1952 reached 10,069 ; a figure still rising and beyond the capacity of the present staff to deal with effectively.

Staff Transport

In view of the difficulty in securing trained staff and the length of time before a trainee would become fully effective it was decided to pay car allowances to two of the mental health workers using their own vehicles for official duties. This will allow the visiting rate to be increased and will too afford relief to the Ambulance Service since many milder cases will be taken to hospital by car.

PERSONS IN NEED OF ADMISSION TO HOSPITAL

	Under 65 years		Over 65 years		Totals
	M.	F.	M.	F.	
Reported by :					
Police	41	40	13	24	118
General Hospitals	39	30	9	12	90
Medical Practitioners	56	79	56	92	283
Relatives	54	45	46	42	187
Others	14	19	9	27	69
TOTAL	204	213	133	197	747
Disposal :					
Admitted Hospital :					
Under Sect. 16	2	1	—	—	3
„ Sect. 20	73	68	50	46	237
As a voluntary patient	58	52	46	65	221
	133	121	96	111	461
For Community Care	22	47	9	32	110
Not accepted	49	45	28	54	176
TOTAL	204	213	133	197	747

MENTAL DEFICIENCY

The work is gravely hampered by **the acute shortage of institutional accommodation.** The waiting list now numbers 118, and among these are many desperately urgent cases whose continued presence in the home does grave social damage. The parents of a number of low grade defectives frequently complain that they are unable to obtain sufficient rest to enable them efficiently to follow their daily work while repeated acts of delinquency are committed by defectives with whom the Courts are powerless to deal except by way of institutional care. No such care can be provided.

Under a local arrangement, the Physician Superintendent accepts into the mental hospital, under the provisions of the Mental Treatment Acts, the more difficult low grade defectives for short periods. This arrangement is only palliative and the defectives selected for such care are those whose parents are themselves on the verge of a breakdown. Such cases are on the increase and in many homes the situation **is desperate.**

Supervision of Mental Defectives

Some 805 defectives under statutory or voluntary supervision, guardianship or on licence from institutions were regularly visited in their homes, the frequency of visiting being determined by the needs of each case.

The activities of the mental health workers were often two fold, being concerned very frequently with the parents as well as with the defective. Many parents experience difficulty in adjusting themselves to having a child of less than accepted standards of intellect and social adaptability and the skill and sympathy of the workers often succeeds in these cases in effecting an adjustment, with happy results for both parents and child.

Every effort was made to enable the defectives to live usefully within the community and a watchful eye was kept on home conditions to improve the environment where necessary. In all cases where the defective was judged capable of undertaking some form of gainful employment endeavours were made to obtain work adapted to the needs and skill of the defective.

The number of guardianship cases slowly decreased by death and discharge. It is unlikely that more than an occasional case will in the future be placed under guardianship for financial reasons, since the majority of necessitous cases can be dealt with by the National Assistance Board. In the Courts there were a few cases of a defective committing a first offence where it was felt that supervision of a mental health worker, backed by legal authority, would avert further trouble. In such cases the Courts make use of Sect. 8 of the Mental Deficiency Acts, making a Guardianship Order. Although few in total, the results of these cases have been encouraging and use of this provision will be continued.

Training of Mental Defectives

Except for the war years an Occupation Centre has been active in Nottingham since 1923, the original Centre in Goldsmith Street being among the first to be established in the provinces. For some years it was run by the Nottingham Voluntary Association for Mental Welfare, being subsequently taken over by the Local Authority.

Immediately after the war, preparations were begun for opening a series of Centres to serve the needs of the City, and Rosebery House was opened in 1946. Many difficulties were encountered in the search for other premises until eventually the old Smallpox Hospital became available and it was decided not to continue with the scheme for three centres but to adapt

this hospital to serve all the defectives of the City on one site. The advantages were that better classification of cases can be made with larger numbers, and with the shortage of trained personnel the best use of those available can be made in one building. After several delays the work of conversion has proceeded and the City Occupation Centre will be ready following the summer holiday.

The existing buildings will form airy classrooms and workshops, where there will be the maximum space for physical activities. To the rear and connecting the two existing buildings there will be a new structure containing kitchen and dining hall. There will be accommodation for 120-150 defectives.

Meantime Rosebery House continued a high degree of efficiency considering the difficulties ; it was overcrowded to the extent of 50% and space for physical activities was wholly inadequate. The trainees nevertheless make steady, if unspectacular, progress in the various handicrafts.

Difficulty was still experienced with unco-operative parents who sent defectives in dirty clothes over dirty bodies though the attendant who bathed such children considerably improved conditions. It must be realised that a number of defectives attending the Centre come from parents of limited intellect with a poor sense of social responsibility.

Routine medical inspections at half yearly intervals was instituted on the lines of the School Medical Service for special schools. Groups of new admissions are examined from time to time.

MENTAL DEFICIENCY ACTS, 1913—1938.

NEW CASES REPORTED	M.	F.	Total
Subject to be dealt with.			
<i>Reported by Local Education Authority :—</i>			
Section 57(3) Education Act, 1944 ..	15	6	21
Section 57(5) „ „ „ ..	10	14	24
<i>Reported by other sources</i> .. „ ..	2	1	3
Not at present subject to be dealt with.			
Cases for whom the Local Health Authority may subsequently become liable ..	8	11	19
	35	32	67
Disposal of Cases.			
Admitted to Institution (under Order) ..	1	1	2
Placed under Statutory Supervision ..	26	20	46
Placed under Voluntary Supervision ..	8	11	19
	35	32	67
CASES ASCERTAINED PRIOR TO 1952 BUT BECAME THE SUBJECT OF AN ORDER DURING THE YEAR.			
Admitted to Institutions	8	7	15
Placed under Guardianship	2	1	3
	45	40	85
CASES TRANSFERRED DURING THE YEAR.			
From Guardianship to Institution ..	1	3	4
TOTAL OF ASCERTAINED CASES.			
In Institutions	207	235	442
Under Guardianship	32	23	55
Under Statutory Supervision	257	196	453
Under Voluntary Supervision	146	131	277
In "Places of Safety"	7	—	7
	649	585	1,234

ROSEBURY HOUSE OCCUPATION CENTRE

Analysis of defectives on Register on 31st December, 1952

Age Groups	Intelligence Quotients					Totals	Classification		
	Below-30	30 to 40	40 to 50	50 to 70	70 to 80		Not tested	Feeble-minded	Imbecile	Idiot
MALES :									
Under 7 years	—	—	—	—	—	—	—	—	—
7 to 11 years	3	4	3	—	1	—	—	9	2
12 to 15 years	1	7	4	4	—	—	—	12	1
16 to 20 years	3	2	1	—	—	—	3	5	—
21 to 39 years	1	—	—	1	1	2	2	3	—
40 years and over	—	1	—	—	—	—	—	1	—
	8	14	8	5	2	2	6	30	3
FEMALES :									
Under 7 years	1	—	—	—	—	—	—	—	1
7 to 11 years	—	2	2	1	—	—	—	5	—
12 to 15 years	1	2	2	1	—	—	—	6	—
16 to 20 years	1	2	2	—	—	—	—	5	—
21 to 39 years	—	1	3	—	—	—	2	2	—
40 years and over	—	—	2	—	—	1	2	1	—
	3	7	11	2	—	1	4	19	1

CITY AMBULANCE SERVICE

An account of this Service is written by Mr. Ben England, M.I.Mech.E., M.Inst.T.

Introduction

The Nottingham City Ambulance Service was established on the 5th July 1948. A report was presented to cover the period from that date until 31st December 1948, and annual reports have been made since then, so this report covers the fourth full year of the operation of the service.

The National Health Service Act 1946 provides that the Service shall be responsible for the conveyance, from any point within the city boundary to any point in England or Wales, of all persons suffering from physical or mental illness.

Management of the Service

The Ambulance Service is controlled by the Health Committee. The General Manager of the City Transport Department, as General Manager of the City Ambulance Service, is responsible direct to the Health Committee.

Salaried Staff

The staff in the grading scheme consists of an Ambulance Superintendent, a Deputy-Ambulance Superintendent, a Control Clerk, four Control Assistants, and a shorthand-typist.

Employees

On 31st December 1952 there were 2 leading drivers, 49 driver-attendants, 1 male attendant, and 3 female drivers, a total of 55. Compared with last year's report, this figure is 6 fewer.

Part of this reduction in the number of employees has been made possible by the introduction of two-way radio control, despite a contemporary increase in the number of patients carried. The present duty rota is designed to concentrate employees on duty at foreseeable peak periods. The following table shows the availability of employees during a normal working day.

Period of Day	Mid-night — 7.20 a.m.	7.20 a.m. — 8.30 a.m.	8.30 a.m. — 9.00 a.m.	9.00 a.m. — 9.40 a.m.	9.40 a.m. — 2.00 p.m.	2.00 p.m. — 4.00 p.m.	4.00 p.m. — 4.30 p.m.	4.30 p.m. — 5.00 p.m.	5.00 p.m. — 8.00 p.m.	8.00 p.m. — 10.00 p.m.	10.00 p.m. — Mid-night
No. of Employees on Duty	6	8	21	29	33	33	35	23	11	10	8

Ambulances

At 31st December 1952 the ages of the ambulances were as follows :—

No. of Ambs.	AGE OF AMBULANCES IN YEARS										
	Under one year	One to two	Two to three	Three to four	Four to five	Five to six	Six to seven	Seven to eight	Eight to nine	Nine to ten	Over ten years
	—	5	2	3	—	2	—	1	1	2	5

No new ambulances were added to the fleet during 1952. The ten newest ambulances are built upon Humber Pullman chassis, and are designed to give maximum comfort to patients. Nine of the ambulances have Novox resuscitation apparatus fitted as permanent equipment, while additional sets are available for other vehicles as required. One old ambulance was sold during the year.

Sitting-Case Cars

During the year, one of the older sitting-case cars was sold. It was replaced by a new Austin 16 h.p. Hire Car, so that the Service operates 4 sitting-case cars, of which three are modern vehicles. The remaining vehicle is fourteen years old.

Hire of Supplementary Transport

Additional transport for the conveyance of sitting cases has been hired, as follows, from the Nottingham Corporation Central Garage, which is a car pool for the Corporation departments.

Month 1952	Patients	Miles
January	8	27
February	1	10
March	—	—
April	—	—
May	2	23
June	—	—
July	4	28
August	—	—
September	1	10
October	—	—
November	—	—
December	—	—
	16	98

Garage Accommodation

Garages	By Day	By Night
<i>For Ambulances.</i>		
Isolation Hospital	2	2
City Hospital	4	4
Guildhall	4	3
Parliament Street Depot	11	10
New Fire Station, Shakespeare Street ..	—	2
	21	21
<i>For Sitting-Case Cars.</i>		
Parliament Street Depot	4	3
New Fire Station, Shakespeare Street ..	—	1
TOTAL, ALL VEHICLES ..	25	25

Training of Employees

Each employee is required annually to requalify in first aid. The majority take the first aid examination of the St. John Ambulance Association ; others, who are St. John Ambulance Brigade members, take their annual brigade examination. A few, in addition, are taking the examinations of the Institute of Certified Ambulance Personnel. All employees have taken the basic course in Civil Defence.

Co-operation with Police and Fire Service

Complete harmony exists between the Ambulance Service, the City Police, and the City Fire Brigade, giving maximum efficacy in the interdependence of each upon the others in serving the public.

Co-operation with other Authorities

Co-ordination with neighbouring authorities is maintained in order that economy in the use of ambulances shall be exercised at all times, and so that mutual assistance shall be readily available in the event of any large-scale disaster.

Civil Defence

Training of those who have volunteered for the Civil Defence Ambulance Service has proceeded during the year. In addition to a basic Civil Defence course, each volunteer must qualify in first aid, after which a short course in ambulance sectional training is given. At this stage volunteers are invited to accompany members of the regular Ambulance Service on operational cases. Those so trained, though few, form a valuable nucleus of the Civil Defence Ambulance Service ; suitable volunteers are being trained in driving. For this instruction two old ambulances, from the existing Ambulance Service fleet, are

being purchased by the Civil Defence Sub-Committee. Driving instruction is being given by the staff of the driving school of the City Transport Department.

Emergency Calls

On Thursday 4th December 1952, 9 ambulances of the Service attended after a train collision at the Victoria Station. Fortunately there were no serious casualties and only 11 people were removed to hospital. This is the largest number of vehicles to be sent to one emergency since the Service commenced operations. During 1952 the highest number of emergency journeys on any one day was on 15th December 1952, when the service responded to 35 emergency calls.

Mileage, Patients, and Out-Patients

The highest number of patients conveyed on any one day during the year was 325 on 4th December 1952, compared with 296 on 5th November 1951—the previous record day.

The record day's mileage of 1,544, on the 10th December 1951, was not exceeded during 1952.

During 1952, a total of 71,737 patients and out-patients was conveyed over a distance of 328,078 miles, as tabulated in Appendix B.

These figures show an increase of 2,841 patients and out-patients, corresponding to an increase of 4·12% over the 1951 total, and a decrease of 15,072 miles, a decrease of 4·39% compared with the total miles for 1951. The effect of the two-way radio is clearly discernible here.

Long-Distance Journeys

The Service has received great help from the local staffs of British Railways in arrangements for the conveyance of patients over long distances by rail. Transport by rail is used in all long distance cases except where the journey is complicated by changes, or where medical opinion insists on a road journey. The following long-distance journeys were made by rail and road in 1952 :—

Railway Journeys

January	..	Margate, Brentford, Crawley, Bournemouth Skegness (3)*
February	..	Manchester, Rochdale, Whitchurch (Salop.), London, Barnoldswick (Yorks.), Cardiff, Sheffield, Skegness.
March	..	Bradford, Worthing, Oakham, Harrogate, Oxford, London, Arthington near Leeds. Skegness (3).
April	..	Oxford, Tunbridge Wells, Liverpool, Welling (Kent), Skegness.
May	..	Bournemouth, Colchester, Eastbourne, Abbots Langley, Whitchurch (Salop.).
June	..	Doncaster, Oakham, Burton-on-Trent.
July	..	Irvine (Scotland), Sudbrooke (Lincoln), Whitchurch (Salop.). London (2).
August	..	Benenden (Kent), Birmingham, Navenby (Lincs.).
September	..	West Kirby (Cheshire), Easington Village (County Durham), London.
October	..	Margate, Droitwich, Bournemouth, Bramley (Leeds), Buxton, Woodhall Spa, Worthing, Eastbourne, Grimsby, Birmingham.
November		Sheffield, Skegness, Minehead, Arthington (Leeds), London, Kettering, Oakham, Kidderminster.
December	..	Woodhall Spa, Manchester, Skegness, Margate, Birmingham, London, Peterborough.

Road Journeys

January	..	Worksop, Oxford, Oakham, Colsterworth, North Collingham. Sheffield (8). Leeds and Grantham (3). Doncaster (2).
---------	----	--

Road Journeys—continued

February	..	Grantham, Syerston (Lincs.), Withernsea, Leeds, Taplow (Bucks.), Birmingham. Sheffield (5). Sleaford (2).
March	..	Leeds, Grantham, Leicester, Woodhall Spa. Sheffield (2).
April	..	Spilsby, Dorrington (near Sleaford), Retford, Leicester, Colsterworth, Castleton, Osgodby, Woodhall Spa, Pointon (Lincs.). Sheffield (3).
May	..	Worksop, Warwick, Leeds, Langwith, Leicester, Bodmin. Sheffield (4). Oakham (2).
June	..	Salford, Grantham, Chiddleston (Leek), Leeds. Sheffield (5).
July	..	Great Ponton (Lincs.), Oxford, Irnham (Lincs.), Wellington (Salop.), Peterborough, Chesterfield. Sheffield (4). Whitchurch (Salop.) (2).
August	..	Stoke Mandeville, Rotherham, Chapel St. Leonards, Thornton Abbey (Lincs.), Leicester, London. Sheffield (4). Worksop (2).
September	..	Worksop, Chesterfield, Grantham. Sheffield (4). Leeds (2).
October	..	Buxton, Kersby near Bourne, Sleaford, Tuxford, Mosborough, Carshalton, Leicester, Ingoldmells, Morton Fen (near Bourne). Worksop (2). Sheffield (4).
November		Sheffield. Grantham (2).
December		York, Osgodby (Lincs.), Grantham, Salford. Sheffield (3).

* Repeated journeys are shown by bracketed figures.

Progress

Notwithstanding that there was a further increase in the work of the service during 1952, the number of operational ambulances was reduced by one, and the number of employees was reduced

by six : the efficacy of the Service has been maintained largely by the effective operation of two-way radio control, in use since 21st March 1952. I extend my warmest commendation to the Ambulance Superintendent, the administrative staff, and to all engaged in the work of the Ambulance Service.

Working Expenses per Vehicle Mile

Separate figures are not available for ambulances and for sitting-case cars : the working expenses per vehicle mile since the inauguration of the service have been as follows :—

				<i>Pence</i>
Period ended 31.3.49 .. .. .	..	..	..	22·66
Year ended 31.3.50 .. .. .	..	..	..	27·92
Year ended 31.3.51 .. .. .	..	..	..	27·80
Year ended 31.3.52 .. .. .	..	..	..	30·16

These figures are tabulated in Appendix D : they are intended to be an indication of the trend of working expenses, so they *exclude* the cost of any vehicles bought out of revenue, loan charges, ambulance services hired, cost of land and services for new ambulance station, and the installation of wireless equipment.

Summary

At the 31st December 1952 the Ambulance Service consisted of the following :—

Salaried staff in the grading scheme ..	8
Leading drivers	2
Driver-attendants	52
Male attendant	1
Ambulances	21
Sitting-case cars	4
Ambulance stations	4

APPENDIX A.

RECHARGEABLE MILEAGE 1952

CLASSIFIED UNDER MONTHS.

				<i>Cars.</i>	<i>Ambulances.</i>
January	..	..	..	2,694	2,416
February	..	..	..	2,444	2,688
March	..	..	..	1,646	2,806
April	..	..	..	1,368	2,606
May	..	..	..	1,473	2,456
June	..	..	..	1,663	2,498
July	..	..	..	1,523	2,641
August	..	..	..	1,484	2,382
September	..	..	..	1,311	2,299
October	..	..	..	1,451	2,616
November	..	..	..	1,511	2,848
December	..	..	..	1,210	2,965
				<u>19,778</u>	<u>31,221</u>

CLASSIFIED UNDER AMBULANCE AUTHORITIES.

				<i>Cars.</i>	<i>Ambulances.</i>	<i>Patients.</i>
Nottinghamshire, County	..	..	..	10,791	18,908	2,853
Derbyshire, County	..	..	..	5,418	9,432	1,157
Leicestershire, County	..	..	..	1,222	906	73
Kesteven (Lincs.)	..	..	..	1,149	1,567	60
Derby Borough	..	..	..	271	142	21
Lindsey (Lincs.)	..	..	..	179	—	4
Bournemouth County Borough	..	..	..	—	5	1
Dorset County	..	..	..	—	11	1
Birmingham County Borough	..	..	..	50	—	1
Northampton County Borough	..	..	..	—	25	1
Leicester County Borough	..	..	..	80	—	2
Lincoln County Borough	..	..	..	91	—	2
Southport County Borough	..	..	..	23	—	1
Buckinghamshire County	..	..	..	28	—	1
Hastings County Borough	..	..	..	—	31	1
<i>Carried forward</i>	..	..	..	19,302	31,027	4,179

		<i>Cars.</i>	<i>Ambulances.</i>	<i>Patients.</i>
<i>Brought forward</i>	..	19,302	31,027	4,179
Eastbourne County Borough	..	6	—	1
London County Council	..	66	88	10
Manchester County Borough	..	4	—	1
Glamorgan County Council	..	—	17	1
Exeter County Borough	..	28	—	1
Essex County Council	..	17	24	2
Middlesex County Council	..	—	26	1
Rutland County Council	..	84	25	3
West Riding County Council	..	27	4	2
Flintshire County Council	..	8	—	1
Sheffield County Borough	..	54	—	1
Kent County Council	..	35	—	2
Bury County Borough	..	7	—	1
Soke of Peterborough Council	..	115	—	1
North Riding County Council	..	18	—	1
Great Yarmouth County Borough	..	—	10	1
Stockport County Borough	..	7	—	1
		<u>19,778</u>	<u>31,221</u>	<u>4,210</u>

The rechargeable rate for some of the above journeys is still under discussion, so that no income figure can be arrived at, and some of the information, as extracted, has to be finally examined.

In addition to the work done for other ambulance authorities, some regular rechargeable work is done for the National Coal Board as well as some casual work for various bodies.

APPENDIX B.

1952	Road Accidents		Other Accidents		Sudden Illness		Fire		Admission		Discharge		Maternity		Mental		Infectious		Inter-hospital		Out-patients		Unclassified		Service		Total	
	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	O.P.	M	P	M	M	O.P. & P.	M	
Jan.	42	169	159	829	98	451			527	3,456	698	6,273	160	1,214	46	508	512	1,996	548	2,235	3,512	12,294	30	499	810	6,332	30,734	
Feb.	45	211	131	603	84	369			499	2,960	682	6,122	139	919	39	377	474	1,950	595	2,059	2,963	10,120	33	1,266	715	5,684	27,671	
March	55	269	191	893	88	337	1	3	503	3,096	626	5,370	166	1,159	44	673	409	1,515	654	2,057	3,134	10,443	41	615	744	5,912	27,174	
April	50	274	205	896	88	350	1	3	471	2,784	539	4,874	144	1,022	35	597	414	1,737	620	2,009	3,037	10,385	29	514	723	5,633	26,168	
May	55	241	244	1,134	113	450			452	2,866	604	4,647	146	1,015	35	1,153	377	1,617	701	2,300	3,347	10,890	28	255	729	6,102	27,297	
June	60	258	198	965	84	332			433	3,079	544	4,614	149	1,024	44	590	424	1,706	699	2,228	2,794	10,648	18	198	600	5,447	26,242	
July	63	268	232	1,168	105	388			469	3,031	665	5,239	175	1,290	50	571	455	1,999	696	2,584	3,204	10,938	17	187	623	6,131	28,286	
Aug.	54	279	231	1,093	84	340			427	2,553	510	4,427	161	1,191	46	598	401	1,755	631	2,480	3,093	10,443	17	232	604	5,655	25,995	
Sept.	57	235	230	1,010	84	284			413	2,532	549	4,218	151	1,115	40	531	481	2,138	635	1,936	3,237	11,554	18	226	544	5,895	26,323	
Oct.	56	214	208	849	94	359			477	2,607	642	4,942	163	1,206	55	565	555	2,284	746	2,463	3,464	11,020	29	696	698	6,489	27,903	
Nov.	49	229	167	732	93	338			450	2,495	607	4,770	172	1,249	47	473	536	2,238	720	2,171	3,356	10,918	25	497	514	6,222	26,624	
Dec.	70	286	248	1,053	107	489			600	3,459	611	4,694	143	990	53	816	477	2,009	719	2,364	3,178	10,518	29	477	506	6,235	27,661	
TOTAL	656	2,933	2,444	11,225	1,122	4,487	2	6	5,721	34,918	7,277	60,190	1,869	13,394	534	7,452	5,515	22,944	7,964	26,886	38,319	130,171	314	5,662	7,810	71,737	328,078	

P. = Patients. O.P. = Out-Patients. M. = Miles.

APPENDIX C.

PATIENTS & MILES BY EACH TYPE OF VEHICLE

Month	Ambulances		Sitting-case Cars		Central Garage Cars		Total	
	Pats.	Miles	Pats.	Miles	Pats.	Miles	Pats.	Miles
1952								
JAN. ..	5,287	23,430	1,037	7,277	8	27	6,332	30,734
FEB. ..	4,833	21,102	850	6,559	1	10	5,684	27,671
MAR. ..	5,110	21,709	802	5,465	—	—	5,912	27,174
APRIL ..	4,849	21,091	784	5,077	—	—	5,633	26,168
MAY ..	5,089	21,590	1,011	5,684	2	23	6,102	27,297
JUNE ..	4,408	19,881	1,039	6,361	—	—	5,447	26,242
JULY ..	4,792	21,030	1,335	7,228	4	28	6,131	28,286
AUG. ..	4,610	19,454	1,045	6,541	—	—	5,655	25,995
SEPT. ..	4,839	20,419	1,055	5,894	1	10	5,895	26,323
OCT. ..	5,180	21,374	1,309	6,529	—	—	6,489	27,903
NOV. ..	4,976	20,683	1,246	5,941	—	—	6,222	26,624
DEC. ..	5,003	21,911	1,232	5,750	—	—	6,235	27,661
	58,976	253,674	12,745	74,306	16	98	71,737	328,078

Ambulances	58,976	253,674
Sitting-case Cars	12,745	74,306
Central Garage Cars	16	98
TOTALS	<u>71,737</u>	<u>328,078</u>

EMERGENCY PATIENTS

Emergency Patients conveyed during 1952

January	299
February	260
March	335
April	344
May	412
June	342
July	400
August	369
September	371
October	358
November	309
December	425
	<u>4,224</u>

APPENDIX D.

FINANCIAL SUMMARY AND STATISTICAL RECORD FROM 1948 to 1952

	Total Miles 1.	Total Patients and Out-Patients 2.	Average Miles per Patient 3.	Working Expenses per Vehicle Mile for year ended on preceding 31st March 4.	Record Day's Mileage 5.	Maximum No. of Patients on any one day 6.	Highest No. of Emergency Calls on any one day 7.	Total Expenditure for year ended on preceding 31st March 8.
1948 (6 months)	147,317	23,301	6.32	d. —	—	—	—	£ —
1949	301,426	54,297	5.55	22.66	1,498	246	27	28,154 (9 months)
1950	321,673	62,858	5.12	27.92	1,445	287	25	37,440
1951	343,150	68,896	4.98	27.80	1,544	296	34	39,513
1952	328,078	71,737	4.57	30.16	1,395	325	35	49,788

SURVEY OF LOCAL HEALTH SERVICES 1948—1952

GENERAL

The duties of the Corporation under the National Health Service Acts are delegated to the Health Committee which consists entirely of elected representatives ; there are no co-opted members, medical or other.

The work of the Health Department is therefore laid down by the Health Committee, which for well-defined groups of work, operates through four Sub-Committees :—

MATERNAL AND CHILD HEALTH : The Committee of 8 members has in addition 4 co-opted members and carries out duties in connection with health visiting, midwifery, day nurseries, etc.

PREVENTION, CARE AND AFTER-CARE : This Committee, consisting of 8 elected members, carries out the obligations of Section 28 : National Health Service Act 1946 and also that known locally as the ' Home Services ', Sections 25 and 29.

HEALTH CENTRES : Consisting of 7 elected and 2 (1 medical) co-opted members, this Committee is concerned with Section 21 of the Act.

MENTAL HEALTH : This Committee consists of 8 members and deals only with the appropriate service. The committee is attended by the Medical Superintendent of the Mapperley Mental Hospital.

CO-ORDINATION AND CO-OPERATION WITH OTHER HEALTH SERVICES

AT MEMBER LEVEL. All nominations for appointment to the Regional Hospital Board, Hospital Management Committees and the Executive Council are taken up by the Health Committee, one member of which serves on the Regional Hospital Board, though not as a Health Committee nomination. Seven members of the Health Committee serve on Hospital Management Committees while 3 members, the Medical Officer of Health, and 1 other member of the Corporation serve on the Executive Council.

AT OFFICER LEVEL. The Medical Officer of Health serves on the following bodies :—

No. 3 Hospital Management Committee ;

Executive Council ;

Local Medical Committee ;

Regional Liaison Committee—a Committee of Medical Officers of Health of Local Health Authorities and Medical Officers of the Regional Hospital Board.

Co-operation with individual general practitioners has, up to the present a limited application, the Midwifery Service, page 96 providing the best example. Requests for assistance by practitioners—home nursing, home help, loan of nursing equipment, arrangement of convalescence, etc.—are fairly considerable and in all cases are dealt with by the service concerned.

Booklets designed specifically for general practitioners and for the public, and which will act as guides to all services, will shortly be ready for distribution.

JOINT USE OF STAFF

The view of the Corporation is that a sound departmental staff, both professional and lay, is essential for the stability and efficiency of future services especially where the latter should be jointly provided. This view has led to some deferment in making active arrangements for practitioners or hospital medical officers to work in the Authority's clinics or conversely for medical officers of the preventive services to be actively associated with appropriate departments of the hospitals.

Moreover the retirement of the Medical Officer of Health at about the appointed day resulted in vacancies of staff occurring and in the aggregate resulted in delay of the implementation of the Authority's proposals.

Emphasis too must be applied to the inevitable slowness of building a sound administrative structure of effective staff, especially when, as in the years under review, difficulties have been manifold.

A joint user arrangement exists, however with the No. 3 Hospital Management Committee for the services of consultants in mental health, an arrangement which described on page 112 clearly exemplifies its value. No financial adjustment is made with the Regional Hospital Board apart from reimbursement to the Board of 40% of the salary of a clinical psychologist.

Similar joint user arrangements apply also to the chest physicians. The Corporation pay three elevenths of the salary of one physician in return for which two chest physicians should be available for the preventive and social aspects of the disease.

VOLUNTARY ORGANISATIONS

The extent to which use is made of these organisations is small and is in the main confined to the Home Services—Home Nursing and Home Help—and the carrying out of work for the aged. The Home Nursing Service was provided by the Nottingham District Nursing Association until September, 1951, when the work of this body was undertaken directly by the Health Committee.

The Southwell Diocesan Board of Moral Welfare provides services complementary to those of the Mother and Baby Home in that arrangements are made by the Board for unmarried mothers giving birth to other than the first child. An annual grant of £300 is made to the Board by the Corporation.

The extent to which the Nottingham Association for Mental Health and the Nottingham General Dispensary are used is referred to on pages 112 and 92.

MATERNAL AND CHILD HEALTH FACILITIES PROVIDED

WELFARE CENTRES

There are thirteen Maternal and Child Health Centres—six are in premises owned or rented by the Health Committee, one only is an *ad hoc* building—seven of which do not, owing to the poorness of the buildings, e.g. church halls, etc., justify the title of a Welfare Centre. The accommodation provided in these latter varies from fairly adequate to thoroughly unsatisfactory, while of the former—those in full time use of the Authority—four have several disadvantages, mainly in respect of size.

Proposals for new buildings are in hand and Ministerial approval in principle has been obtained for two *ad hoc* Centres; one will include residential accommodation for four members of the Nursing Services.

Plans for a third new building are in an advanced stage.

CLINICS HELD

MOTHERS' CLINICS

ANTE-NATAL ROUTINE. Weekly; seventeen sessions at eleven Centres, conducted by whole-time medical officers—in their absence by general practitioners.

POST-NATAL ROUTINE. Post-natal examinations in general are carried out at the ante-natal sessions by appointment.

One special session is held at one Centre, where mothers are attending with infants up to the age of three months.

OBSTETRIC CONSULTANT. A weekly consultant clinic is held at one Centre by a consultant obstetrician to whom ante-natal and post-natal cases are referred by the medical officers of the clinics.

Informal arrangements exist for urgent cases to be seen in consultation at the hospital ante-natal clinics at the City Hospital.

INFANTS' AND TODDLERS' CLINICS

INFANTS, ROUTINE. Weekly; twenty-four sessions at thirteen Centres. As stated above, a session at one Centre is devoted to infants under three months.

TODDLERS, ROUTINE. Weekly; 10 sessions at 10 Centres.

PAEDIATRIC CONSULTANT. A weekly consultant clinic is held at one Centre by a paediatrician to whom cases are referred by medical officers of the Welfare Centres and from the Day Nurseries.

EAR, NOSE AND THROAT CONSULTANT. Held monthly at one Centre by a consultant E.N.T. surgeon. Reference is made to the clinic by the Authority's medical officers.

No other *specialist clinics* are provided, and where an opinion is required children are sent to the appropriate Out-Patient Department.

SERVICES AVAILABLE AT THE CENTRES

MOTHERS

ANTE-NATAL. Physical and Obstetric examination. Blood is taken for routine W.R., Rhesus and haemoglobin investigations, for which a varying number of practitioners send their women patients.

Mothercraft and relaxation classes are also held at the clinics.

POST-NATAL Routine physical examination.

INFANTS AND TODDLERS

Routine care and advice; Centre for the distribution of Welfare Foods.

EXTENT OF USE OF THE CENTRES

TOTAL ATTENDANCES AT CLINICS

MOTHERS' CLINICS.

Year	Fall in Birth rate	Total No. attending		Consultant Clinics
		Ante-natal	Post-natal	No. referred
1948	.. 3.2	3,764	647	843
1949	.. 0.84	3,166	671	524
1950	.. 1.56	2,786	919	583
1951	.. 0.69	2,750	773	646
1952	.. 0.1	2,536	867	407

INFANTS' CLINIC. For a period of 5 years there has been over 70% attendance of children under one year.

TODDLERS' CLINIC. An annual average of 37% attendance of children from 1-5 years.

CONSULTANT PAEDIATRIC CLINIC. An average weekly attendance of 4 children.

STAFF

The Senior Medical Officer for Maternal and Child Health—also medical Supervisor of Midwives—administers the service, being responsible to the Medical Officer of Health.

MEDICAL STAFF

FULL-TIME. In addition to the Senior Medical Officer six other medical officers are engaged and carry out clinical work at the Welfare Centres, routine examinations of children at Day Nurseries and some part-time teaching at the Nursery Training Centre.

PART-TIME. A small list is maintained of general practitioners interested in the work and who carry out occasional duties as *locum tenens*; 2 practitioners undertake regular weekly sessions.

NURSING STAFF

HEALTH VISITING. There are at present :—

- 1 Superintendent Health Visitor ;
- 1 Deputy Superintendent ;
- 26 Health Visitors.

These numbers are considerably below the establishment of 30 Health Visitors as contained in the Authority's proposals and far below the number necessary for carrying out the extended duties of Section 24 of the Act.

Despite the initiation in conjunction with the Nottinghamshire County Council, of a Health Visitor Training Centre at the University of Nottingham, replacement of health visitors has been insufficient and as a result selective visiting of infants' homes has been necessary for the past 1½ years, especially in view of the infant death-rate from respiratory infection.

Even with selective visiting the case load of children under the age of 5 years for each health visitor is nearly 900.

Efforts have been made to assist health visitors by providing clerical assistance and by the introduction of part-time clinic nurses.

A staff of eleven part-time clerks for work during clinic sessions has been built up during the past two years and now attend 32 sessions each week. Two part-time clinic nurses now assist at 10 sessions weekly, so releasing health visitors from certain clinics for home visiting.

VOLUNTARY WORKERS. Nottingham has no tradition of voluntary service at the Welfare Centres and therefore lacks the benefit of the useful work done by voluntary workers and voluntary committees in some areas. Appeals to the various organisations in the City, however, over the last 2 years have resulted in the enrolment of 6 voluntary workers for the children's clinics.

MIDWIFERY. There are at present :—

- 2 non-medical Supervisors ;
- 31 Midwives ;
- 2 Midwife-premature baby nurses.

Designed to meet the needs of the City the establishment provides for 36 full-time midwives and 4 part-time midwives, the equivalent of 3 full-time midwives. Replacements following retirement and resignations, despite repeated advertisements, have been insufficient and account for the reduction of staff.

NURSERIES. Nine day nurseries are each staffed with a matron, deputy matron and the appropriate number of nursery nurses and of students. Owing to restricted opportunities for their training only five nurseries have a trained warden in charge of the toddlers.

MOTHER AND BABY HOME. A matron and deputy matron with a cook-housekeeper are employed at the Mother and Baby Home. This staff is adequate as the babies are accommodated in the nearby day nursery when the mothers go out to work.

DENTAL CARE

EXPECTANT AND NURSING MOTHERS. One session a week is set aside at the Nottingham General Dispensary for the treatment of expectant and nursing mothers. Arrangements have been made to expand these facilities as necessary, but as yet the number of mothers who are not under the care of private dental practitioners and who may be persuaded to accept dental treatment, are adequately catered for at the weekly session. In 1952, 206 mothers took advantage of this service.

YOUNG CHILDREN. In January 1952 the part-time services were secured of a dental practitioner interested in work with mothers and young children. Through the School Dental Service this dentist is providing a weekly treatment session—including conservative—for pre-school children referred from Maternal and Child Health Centres.

Children who have received dental treatment are re-called every 6 months for re-inspection and half-yearly inspections of all children over 2 years of age attending the day nurseries are carried out.

STEPS TAKEN TO EXPAND THE ARRANGEMENTS. It is hoped that the provision of these facilities and the education of the mothers will result in an increased demand. Arrangements have been made with the School Dental Service to expand the number of sessions as required from one per week to four.

MOTHERCRAFT TEACHING

There has been a considerable increase in the extent of mother-craft and health teaching at the ante-natal clinics.

In the last 2 years the student health visitors have been given extended teaching in voice production, the technique of group discussion and practical demonstrations, and the preparation of visual aids.

The Deputy Superintendent Health Visitor is in charge of organising the teaching in the Maternal and Child Health Centres and helps the health visitors to prepare appropriate demonstration material.

Special mothercraft classes are run in conjunction with the Relaxation Training class at Huntingdon Street Maternal and Child Health Centre.

It must be said, however, that the health visitors are considerably handicapped in carrying out this work by the unsuitable premises in which most of the clinics are held.

Discussions have recently taken place with the staff at the Firs Maternity Hospital with a view to arranging mothercraft teaching at the Hospital ante-natal clinics and relaxation classes.

CARE OF PREMATURE INFANTS

DOMICILIARY. Training in premature baby nursing has been undertaken at the Sorrento Maternity Home, Birmingham, by 4 domiciliary midwives, 2 of whom are employed full-time as premature baby nurses. They take over immediately a premature baby is born, where the conditions are suitable or can be made so, and the condition of the infant is satisfactory.

The type of case suitable for home care has been agreed with the obstetricians and the paediatricians, and the medical practitioners practising in the City have been informed of the service and of its scope.

LIAISON WITH HOSPITALS. Arrangements exist for the admission to the maternity wards of the City Hospital, wherever possible, of all women in premature labour up to the 34th week of gestation. Between the 34th and 36th weeks admission is not automatic unless abnormality or a bad obstetric history exists, and women over the 36th week are delivered at home unless there are obstetric or medical reasons for hospital confinement.

EQUIPMENT. There are two categories :—

For Nursing Care and Prevention of Infection : complete individual set of nursing equipment, as follows :—

Metal tray	Breast pump
Assorted kidney dishes and bowls	Low reading rectal thermometer
Assorted glass and enamel measures	Cord dressings
Mucus catheter	Glucose
Spare mouth pieces and connections	Sterile liquid paraffin
Hypodermic syringe	Milton
Feeding bottles and teats	Sterile cotton wool, etc.
	Steriliser
Nursing gowns and masks	
Weighing scales	
Medicaments iron preparations ; vitamins A, B, C, D and K.	

For Modification of Environment : washable draught-proof cot with pockets at the sides and foot for covered hot-water bottles.

Blankets and hot-water bottles.

Baby clothing designed to reduce handling to a minimum and to assist cot nursing. Each domiciliary midwife has been issued with a set of this special clothing.

Cot thermometer, room thermometer and hygrometer,

In this connection the premature baby nurse enlists the co-operation of the parents and other relatives in rendering the accommodation suitable for nursing premature babies. Ideally the baby should have a room to itself but as this is rarely possible the mother's room must be cleared of unnecessary furniture and furnishings, and suitable space allowed for laying out the special equipment. When the accommodation cannot be made suitable home care should *not* be undertaken.

WELFARE FOODS

DISTRIBUTION. Until recently clerks of the Ministry of Food attended every children's clinic for the issue of National dried milk, cod liver oil and orange juice, but owing to reduction in the Ministry's staff children's clinics are now attended on alternate weeks only.

Arrangements have been made with the Ministry of Food for Vitamin A and D tablets to be issued by health visitors at the ante-natal clinics.

DISTRIBUTION OF OTHER DRIED MILKS AND NUTRIENTS. These are stocked at all centres and are issued at children's and toddlers' clinics.

MIDWIFERY SERVICE

For purposes of midwifery the City is divided into areas and the midwives work in groups for relief and for off-duty. They reside in their own district, 24 midwives living in houses rented from the Health Committee and 6 in their own homes. The Health Committee also maintains 2 hostels with accommodation for 6 midwives and 4 pupils.

Telephones are maintained in all accommodation.

Motor transport is used by 15 midwives, 12 having their own cars for which they receive a car allowance on the National Scale, 2 have auto-cycles and 1 midwife has a motor-cycle, the appropriate allowances being paid. For the remainder cars of the City Transport Department are used for night calls.

SUPERVISION

Periodic inspections of premises, appliances and methods of practice and special visits when notification of infection is received, are carried out by the medical Supervisor of Midwives.

Otherwise the two non-medical Supervisors carry out their function to the following extent :—

CITY MIDWIFERY SERVICE	} Full supervision.
DOMICILIARY MIDWIVES IN PRIVATE PRACTICE	

MIDWIVES IN NURSING HOMES : Supervision as provided for by the rules of the Central Midwives Board :—Regular inspection of

- (a) personal registers of deliveries ;
- (b) ante-natal and post-natal records ;
- (c) scrutiny of books of prescribed forms.

MIDWIVES IN HOSPITALS :

Supervision is restricted to :—

- (a) receiving and forwarding notifications of intention to practise ;
- (b) notifications of change of name and address ;
- (c) checking of notifications of artificial feeding.

ANALGESICS

Pethidine is administered by all domiciliary midwives.

A total of 22 gas and air machines is provided and all midwives on the staff are qualified in its administration.

No. of machines kept at the homes of midwives with cars	..	11
" " " " " " City Transport Department for immediate delivery to patients' homes as required	..	9
" " " " " " Centres for demonstrations at Ante-natal Clinics	..	2

THE DEMAND. The use of analgesics in routine cases commenced here in 1949 and was employed at first on a small scale. The demand, however, has steadily increased and during the past year it has been used in 50.1% of domiciliary confinements ; a percentage which continues to rise.

SUPPLY OF MATERNITY OUTFITS

Sterile maternity outfits are delivered to the midwives' houses so that expectant mothers to be confined at home can conveniently obtain them without having to make a special journey to the Health Department. During the past year 2,673 maternity outfits were issued.

ANTE-NATAL SUPERVISION BY MIDWIVES

After a patient is booked the midwife visits the home to complete the arrangements for home confinement, and thereafter re-visits at regular intervals to carry out physical examination, blood pressure estimation and urine testing, the results being recorded in the midwife's ante-natal record.

The midwives also attend the ante-natal clinics and are present at the doctors' examinations.

SELECTION OF CASES FOR HOSPITAL CONFINEMENT ON SOCIAL GROUNDS

Women requiring hospital confinement on social grounds are referred to the Health Department by medical officers at ante-natal clinics, general practitioners, midwives and hospital obstetricians ; the latter will not accept any application for hospital confinement on social grounds unless confirmed by the Medical Officer of Health.

When an application is received the midwife visits the home and reports on the accommodation, the number and relationship of the occupants and gives her view on the suitability for home confinement. Since hospital beds in the area are restricted—11 beds monthly are allocated in the maternity wards of the City Hospital for social bookings—the cases recommended are decided according to necessity and not according to the patients' wishes.

REFRESHER COURSES

Midwives are sent every 5 years for general refresher courses organised by the Central Midwives Board. As already recorded selected midwives have been sent for premature baby training at the Sorrento Maternity Home and to relaxation training at Lordswood Maternity Home, Birmingham.

Each Supervisor of Midwives attends, in alternate years, the refresher course organised by the Association of Supervisors of Midwives.

THE TRAINING OF PUPIL MIDWIVES

Sixteen domiciliary midwives have been approved by the Central Midwives Board as district teachers of Part II pupil midwives. The pupils reside with the midwife teachers who are responsible for supervision of the district cases and the pupil's record book.

The non-medical supervisor gives an educational talk with the aid of films and discusses district conditions with the pupils ; she also visits with the pupils during their patients' lying in periods to approve their nursing techniques.

Regular meetings of district teachers are held and the non-medical supervisors of midwives meet periodically with the Sister Tutor of the Firs Maternity Hospital which is the Part II Training School.

CO-OPERATION WITH GENERAL PRACTITIONERS

Generally speaking the Department enjoys the goodwill of practitioners though active measures of co-operation are not on a considerable scale.

There has been since 1948 a steady increase in the number of women taking advantage of the general practitioner maternity medical services. A valuable effort is being made to improve liaison between midwives and general practitioner obstetricians and books of forms were issued in March 1951 to all practitioners practising in the area ; a liaison form is reproduced below. About 60 per cent. of practitioners make use of the form ; in the remainder of the cases the midwife may be unaware of the doctor's intentions, but where she understands that the practitioner has in fact been booked she usually telephones him to enquire about the arrangements for ante-natal care and to receive any special instructions.

At one stage arrangements were completed for midwives of the district to attend the ante-natal clinic of a lady practitioner who undertakes a considerable amount of midwifery. A health visitor also was to attend to carry out mothercraft teaching but illness of the three midwives concerned caused postponement of the plans and later the general shortage of domiciliary midwives entailed indefinite postponement.

A few practitioners whilst providing maternity medical services themselves send their patients to the local clinic for ante-natal care as well.

CITY OF NOTTINGHAM
HEALTH DEPARTMENT
MATERNITY SERVICE

To Midwife

I have to-day undertaken to provide Maternity Medical Services for :—

Name

Address

I do (not) wish to be notified of the onset of labour.

I do (not) wish to be present at the delivery.

Date Signed

Medical Practitioner.

CITY OF NOTTINGHAM
HEALTH DEPARTMENT
MATERNITY SERVICE

To Doctor

I have to inform you that on I delivered

your patient Mrs. of a ^{son}
~~daughter~~ weighing

..... lbs. oz. at birth.

Date Signed

Midwife.

ANCILLARY PROVISIONS

DAY NURSERIES. There are 9 Day Nurseries, providing 135 places for children under 2 years of age and 205 for children aged 2-5 years. Each nursery is staffed by a Matron, Deputy Matron and the appropriate number of nursery nurses and students.

Due to restricted opportunities for their training trained wardens are in charge of the toddlers at only 5 of the nurseries.

MOTHER AND BABY HOMES. One home has been in operation for many years and continues to accommodate annually an average of 22 expectant mothers. This home is run in conjunction with a Day Nursery.

Another home is now in course of adaptation and will shortly accommodate 8 expectant mothers.

While at the existing home admissions are restricted to unmarried girls of good character having their first baby the second home will provide for the more difficult cases of women having second babies and for those who have a doubtful background.

In addition to the homes case work for special cases is carried out for the Corporation by the Southwell Diocesan Board of Moral Welfare, and for this purpose and to cover the maintenance of unmarried mothers at the Board's Shelter an annual grant is made.

The Corporation also accepts financial liability at Mother and Baby Homes or Hostels outside the City for a small class of girl—usually very young—whose circumstances make it imperative that they be removed temporarily to a distance.

CHILD MINDERS. There have never been at any time during the period under review more than four child minders.

HEALTH VISITING SERVICE

The Service is carried out entirely by qualified health visitors engaged in the full-time service of the Authority and who are concerned only with duties in connection with expectant mothers and young children ; the School Health Service in Nottingham is a separate Department. For the most part the health visitors are based on the Health Department, though a number of them work from their district Welfare Centre which is in the charge of a health visitor who is the Superintendent of the Centre.

It was envisaged in 1948 that with an imperfect view of the scope of the future health visitor's duty an establishment of 30 health visitors would suffice and steps were taken to achieve that number. It was for only a very short period, however, that the number was reached and despite a training course here the number of health visitors throughout the period under review has averaged 25 approximately.

As the conception of the scope of her work has widened the Authority has been unable to increase the number engaged and in the near future a scheme for the provision of transport for health visitors—initially mentioned in the Authority's proposals—will be considered.

Not only is the Service for mothers and young children separate from that for School Health but it has not yet been practicable to bring the tuberculosis health visitors into the general service and thus provide the necessary variety of work to assist in ensuring satisfactory recruitment.

The national shortage of health visitors has made it impossible to implement the statement in the Authority's proposals that " additional health visitors will be employed as needed and as they can be secured ".

EXTENT OF VISITING

MOTHERS AND YOUNG CHILDREN. The case load has risen from 830 to over 1,000 children under 5 years, and as a result selective visiting is imperative, the high infant death rate from respiratory infection indicating the need for frequent visiting of infants under 1 year. This policy has been shown to be right by the diminution by one half during two years of infant deaths between the age of 4 weeks and 1 year. The health visitors average 6-7 sessions weekly for home visiting.

THE AGED. Old age pensioners living alone and in receipt of supplementary pensions are visited twice yearly, while visits to aged people, requested by general practitioners, the Geriatric Unit of the City Hospital and relatives are also made.

PROPOSED FOSTER HOMES. Visits are paid on behalf of the Nottinghamshire Children's Officer to homes in which it is proposed that children shall be boarded out.

INFECTIOUS DISEASES. Such visits are confined to enquiries regarding cases of poliomyelitis. Occasional special visits are paid in connection with other infectious diseases.

LINKAGE WITH OTHER SERVICES

HOSPITALS. No special arrangements have yet been made for the practical association of health visitors or medical officers, with the hospitals, but close contact is maintained by the Superintendent Health Visitor with the hospital almoners.

GENERAL PRACTITIONERS. Arrangements have been made for general practitioners, who have shown themselves interested in the care of child patients, to be made acquainted with the health visitors in their districts and to know how and where they may be reached ; the number of practitioners to date is 5. It is believed that no useful purpose would be served by making health visitors available to unwilling doctors, some of whom do not understand the function or the qualifications of health visitors. However it is hoped that the brochure being issued describing the Maternal and Child Health Services will bring more requests for co-operation.

TRAINING FACILITIES

A Training Course for health visitors is run jointly with the Nottinghamshire County Council at the University of Nottingham, and provides places for 16 students of the two Authorities or of other Authorities—if places are available. The tutor, who possesses the Tutor's Certificate, is on the staff of this Authority.

Bursaries of £330 per annum are granted, tuition and examination fees are paid, and the students agree to serve their respective Authority for two years after qualifying.

The course extends over an academic year of three terms commencing annually in October, the students thus taking their examination in July of the following year and assuming duty during the month of August.

Applicants for bursaries are interviewed in the early part of each year, and should an applicant be available a considerable period before the commencement of the course in October she would be engaged as a clinic nurse. The necessity to offer facilities to other nurses has not arisen.

FACILITIES FOR REFRESHER COURSES

Health visitors are sent every 4-5 years to courses organised by the Royal College of Nursing or by the Women Public Health Officers' Association. The numbers involved are not considerable as so many health visitors leave for wider experience when their two year contract of service has expired.

The Superintendent Health Visitor and Deputy Superintendent Health Visitor and Health Visitor Tutor are similarly provided for, and in addition these members of staff attend a number of useful professional conferences.

HOME NURSING SERVICE

GENERAL

The Service is administered as a section of the Health Department, having been transferred from the Nottingham and District Nursing Association, at the request of this voluntary body and with the Minister's approval, on August 20th, 1951.

Since this transfer the demands have increased for a wider service of greater efficiency and the extent to which these two latter criteria have been met is judged from the appended statistics. The demand has arisen not only from family doctors and from members of the public who were formerly subscribers to the Nursing Association, but from the hospitals and chest clinics. The claim that hospital beds have been spared to a considerable extent by the degree to which pre-operative and post-operative care has been carried out, and the degree to which also cases of active pulmonary tuberculosis have been successfully treated at home, can be fully substantiated.

The receiving of these demands and their execution necessitated good communications, and the service has now in addition to the "calling place"—usually the chemist's shop—telephones which are installed in the homes of 35 of a staff of 51 nurses.

All requests for nursing are made to the headquarters of the service at 13 Regent Street, Nottingham, where the administrative staff—a Superintendent and two Assistant Superintendents—are resident. Outgoing instructions are communicated to individual nurses at their homes at agreed times, usually between 7.15 and 8 a.m. and from 1-2 p.m. Additionally nurses on their rounds are informed of further visits required through the medium of the "calling place" which the nurse makes a rule of visiting during the day.

Emergency and late evening visits are carried out by those nurses—14 in all—who have motor transport and who are on the telephone. Each of these nurses takes an evening on rota additional to daily duty and is instructed at 6.30 p.m. on her duty evening.

VOLUME AND TYPE OF WORK

A great increase in the demand for home nursing has taken place since 1948 and especially during the past two years by reason of a wider awareness of the service, the enhanced reputation of an efficient service in the eyes of medical practitioners and the pressure on hospital beds.

Such increase has, despite repeated additions to the nursing staff, kept the service at full stretch. From a staffing scale of one nurse to 7,000 population in 1951 the scale has been increased to one nurse to 6,000 population at the present time. Despite this increase the number of monthly visits carried out by each nurse remains substantially in excess of 400; a case load which is against an efficient standard of nursing.

Two factors are responsible for this rise: the annual increase in the population of those over 65 years of age and the wider use of anti-biotics, especially streptomycin for cases of pulmonary tuberculosis. The persistent demand for the nurse's service has led to a not inconsiderable degree of overstrain, with the inevitable result that minor sickness amongst the nurses has been more than twice as high as in any other comparable section of workers.

* See table on page 181.

ANCILLARY AIDS—TRANSPORT, ETC.

With this degree of strain, and the disproportionate efforts needed to obtain suitable staff, careful consideration has been given to providing each nurse with as much assistance as possible. Eleven cars are now in use, as well as 9 Vespa auto-cycles, the bulk of the remainder of nurses getting about by cycle; a few of the older members of the service working in the tightly packed areas still carry out their calls on foot.

Ten of the eleven cars are the property of the nurses and the Corporation pays an allowance on the National Scale for their use, while in the case of the auto-cycles which are the property of the Corporation—two are self-owned—a small mileage allowance to cover petrol and garage only is paid, monthly servicing and all repairs being met by the Corporation.

CO-OPERATION WITH GENERAL PRACTITIONERS, ETC.

Excellent co-operation obtains between the nursing service and the family doctors, from whom 85% of requests for nursing originate.

The request, with initial directions for treatment, is made to the headquarters of the service and after the nurse's first visit a small folder of regulation type is left at the patient's house for notes between doctor and nurse. Only 15% of requests are received from other bodies, including hospitals, welfare departments, etc.

A valuable link between home nurses and the hospitals is provided by the arrangements whereby student nurses from the hospitals pay a small number of visits as part of their training with their colleagues engaged in domiciliary nursing.

NIGHT AND EMERGENCY SERVICE

The night care of very ill persons constitutes a problem, as it is not always possible for immediate admission to hospital to be effected, either because of extreme illness or because of a shortage of bed accommodation. To deal with these cases a skeleton staff of nurses within the service is needed.

For the long term case where, by reason of infirmity night care is necessary an arrangement between the two home services—the Home Nursing and Home Help Services—secures, in general the necessary care. A home nurse will pay a late visit, while a home helper of the Night Care Section remains at hand within the patient's house from 10 p.m. to 8 a.m.

Late evening calls up to 10 p.m. and occasional night visits are paid by nurses in their own areas.

REFRESHER COURSES

A Course for Senior and Junior Administrators organised by the Queen's Institute of District Nursing and held at Roffey Park, Horsham, was attended by the Deputy Superintendent in 1951, and by the Superintendent in 1952. It has not yet been possible for nurses to attend refresher courses due to shortage of staff and continually increasing work.

ARRANGEMENTS FOR TRAINING

The City of Nottingham has not yet instituted a training centre for home nursing but active arrangements are now in hand.

In 1952 one nurse was trained in the Queen's Nurses' Roll and was successful in the subsequent examination, while two other nurses commenced a similar course in November, 1952.

THE FUTURE

Recent experience in meeting the fast rising demand for nursing in the home poses the problem of where to draw a convenient and well recognised line between home nursing and hospital nursing. Both services suffer from the national shortage of nurses and also from some reduction in the individual efficiency of nurses, and a very praiseworthy effort has been made by the Health Committee to meet, through the home nurses, the call for lessening pressure on hospital beds. It has been on these grounds that the Committee, persuaded of the lower cost to the Exchequer of home nursing as compared with hospital nursing, have agreed to the expenditure of considerable sums on increased establishments as well as on the purchase of more and better equipment for the service. It may be that a clear line cannot be drawn and that the recurring difficulties of both local health authority and hospital services in meeting demands which are at times urgent and clamant, will be met by closer co-operation at officer level.

VACCINATION AND IMMUNISATION

PROPAGANDA

PERSONAL. The health visitor is the principal agent for all efforts. The essential need for these procedures is brought to parents' notice at the health visitor's first visit and, if necessary, is endorsed during subsequent routine calls for other purposes and in resistant cases during a special visit.

Talks to mothers collectively and persuasion to the individual mother are carried out at the clinics. Parents whose response to propaganda is delayed or who default from timed appointments receive four reminders before the case is discarded, the health visitor being kept informed.

POSTERS AND LEAFLETS. Those issued by the Central Council for Health Education are used from time to time for display in clinics and offices and for distribution to the general public.

ADMINISTRATION

The health visitor carries with her to the home a consent form and where this is obtained, in the case of vaccination an appointment is sent to the parents to attend at a vaccination clinic.

In the case of diphtheria immunisation the parents of all children attaining the age of 8 months receive an explanatory and persuasive letter, together with a consent form, from the Medical Officer of Health. On return of the form an appointment is sent for the child to attend an immunisation clinic.

ARRANGEMENTS

VACCINATION. An average of 9 monthly sessions are held at 6 conveniently sited welfare centres, 8 of the sessions being conducted by general practitioners—there are 6 so engaged—and one session is carried out by a full-time medical officer of the Department, a health visitor and a clerk attending each session.

IMMUNISATION—PRIMARY. Similar arrangements as above obtain.

“**BOOSTER**”. Injections are given, if requested, at the immunisation clinics but the main effort to increase numbers is made shortly after the child commences school.

School teachers are provided with consent forms for distribution to children and to parents, which forms, when completed, are returned to the School Health Service. Since the latter is administered separately, close liaison is maintained between the two departments for the registration of consents and for the making of appointments, etc.

The work is carried out by a mobile team—general practitioner, nurse and clerk—and at each session 4-7 schools are visited, arrangements being made so that at each, children from nearby smaller schools, including private schools, are offered the opportunity for immunisation about once monthly.

At these sessions about 1 in every 4 children requires primary immunisation.

IMMUNISATION AGAINST WHOOPING COUGH. Immunisation against whooping cough is not carried out. A scheme is, however, receiving consideration whereby combined primary immunisation against diphtheria and inoculation against whooping cough can be done simultaneously at the 5th-6th month of life.

AMBULANCE SERVICE

The very full returns for the year 1952 pages 83-86, and especially the Financial Summary and Statistical Record for 1948-52 on page 87 clearly indicate the present efficient state of the service and the trends through the period under review.

All applications for journeys calling for the use of an ambulance or a car must be supported by a medical certificate or by the certificate of a midwife or nurse. Cases of known abuse have been rare.

As the returns show, transfer of persons by rail is used in appropriate cases.

The introduction of two-way radio on the vehicles in March, 1952 has already led to a decrease of some 15,000 miles and a further decrease annually is anticipated.

Arrangements are in force with the local hospitals for the conveyance at mutual convenience of out-patients and in-patients, while a scheme for mutual assistance in an emergency between the City service and that of the Nottinghamshire County Council is in existence.

PREVENTION, CARE AND AFTER-CARE TUBERCULOSIS

HEALTH VISITORS. The basic work of prevention, care and after-care is directed by the chest physicians and is carried out by the health visitors of whom there are seven and who are employed specifically for tuberculosis and have no responsibility for general work. The visiting of patients and contact tracing form the most important part of this work, but in order to obtain continuity with their patients the health visitors also attend clinical sessions at the Chest Centre. Health visitors are kept informed of new notifications and of discharges from sanatoria.

ALMONER. Social problems are usually as important as the clinical condition, and in furtherance of welfare in this field an almoner is fully engaged. She is assisted by a clerk and the almoner interviews each newly diagnosed case of tuberculosis. Weekly visits are also paid to patients in the Newstead Sanatorium.

STAFF CARE COMMITTEE. Problems which cannot be solved by individual social workers are referred to a Staff Care Committee which consists of the chest physician, the tuberculosis almoner, the senior tuberculosis health visitor and the health visitor concerned with the case. No voluntary committee exists.

The committee administers funds which are provided for "comforts": bedding, clothing, milk at reduced price, domestic help, laundry grants, etc.

NURSING EQUIPMENT. At the Chest Centre there is a separate store of nursing equipment which is loaned free to tuberculous patients. The equipment ranges from bed pans and rubber sheets to wheel-chairs and spinal carriages.

GARDEN SHELTERS. In the past garden shelters have been available in order to effect the isolation of infectious patients. In a City of this size, however, the demand has been poor, and it is not intended at present to provide more shelters. Two existing shelters have not been in use for a very long time.

CONVALESCENCE. Tuberculous patients who are certified by the Chest Physician as likely to benefit by a period of convalescence are accepted as the financial responsibility of the Health Committee and sent to suitable convalescent homes in various parts of the country. The patient's income is assessed and he may be called upon to bear part of the cost.

HOME HELPERS. A growing number of tuberculous patients apply for "home help", and the demand has not been fully satisfied owing to the lack of helpers volunteering to undertake such cases. The helpers are usually selected women who, being over the age of 40, have no young children of their own. All helpers undertaking work of this kind are advised to have a periodic X-ray of the chest and arrangements are made by the Health Department. No extra financial inducement is thought advisable for helpers undertaking work in tuberculous households.

STREPTOMYCIN. Since streptomycin became available in large quantities, its effect on the home treatment of tuberculosis has been revolutionary. Many cases now being treated at home satisfactorily would have had to wait a considerable period for a sanatorium bed. The effect has been to increase the work of the Home Nursing Service and to decrease the pressure and demand for sanatorium accommodation.

The home nurse works under the direction of the family doctor who is advised by the chest physician; the monthly average of tuberculous persons receiving streptomycin is shown:—

1950	..	..	..	68
1951	..	..	..	91
1952	..	..	..	94

B.C.G. VACCINATION

The Corporation, in December 1950, amended proposals under Section 28 : National Health Service Act 1946, to authorise the use of B.C.G. vaccine for suitable contacts. The medical work entailed is carried out by the chest physicians assisted by the tuberculosis health visitors. The procedure necessary for vaccination is lengthy, involving a considerable amount of organisation, and is very consuming of professional time. However, rapid strides have been made and a system which covers all suitable contacts of tuberculous patients is working well. At present 1,054 contacts have been vaccinated. To assist in the segregation of children undergoing B.C.G. vaccination, a scheme has been adopted for the boarding out of suitable persons, the cost being borne by the Corporation. Owing to the lack of families willing to accept these children for boarding out the scheme has not been a very great success, only 7 children having been boarded out, and alternative methods have to be adopted to secure effective segregation of children during the vaccination period. The Children's Officer has co-operated by accepting suitable cases in the residential Children's Homes : 28 children in all since the scheme started in 1950. B.C.G. vaccination is at present used only for contacts.

REHOUSING OF TUBERCULOUS FAMILIES. In January 1951 the Corporation's Estates Committee agreed that 20 per cent. of all new Council houses and re-lets would be made available to tuberculous families. Previously the allocation had been 7½ per cent. and had been dealt with strictly by date order of inclusion on the Tuberculosis Waiting List ; a method which prevented urgent cases being dealt with quickly. Hence when the 20 per cent. allocation was introduced each recommended case was considered by the Medical Officer of Health, the senior chest physician, the senior tuberculosis health visitor and the tuberculosis almoner jointly and recommendations for re-housing on grounds of need only were made. This method has proved effective and it can be said that the most desperate cases, where danger to young children existed, have now disappeared from the waiting list, and current cases of distress are dealt with as quickly as they become known. Priority rehousing on grounds of tuberculosis has proceeded as follows :—

1948	..	..	90	rehoused
1949	..	..	64	..
1950	..	..	77	..
1951	..	..	141	..
1952	..	..	234	..

MASS RADIOGRAPHY. Extensive use is made of the Mass Radiography Unit for the survey of special groups : expectant mothers attending ante-natal clinics, home helpers working in tuberculous households, the staffs of day nurseries, and the staff and trainees at the Occupation Centre.

CO-ORDINATION OF PREVENTIVE AND THERAPEUTIC SERVICES

The policy adopted before the 5th July 1948, in concentrating at "Forest Dene" Chest Centre all arrangements for prevention, care and after-care, diagnosis and treatment, has continued. The Centre has been taken over by the Regional Hospital Board, but the tuberculosis health visitors continue to use it as their headquarters. The almoner and her clerk have also continued to have office accommodation there, and accommodation is also available for the storage of all types of nursing equipment loaned to tuberculous patients.

A financial agreement has been reached between the Corporation and the Regional Hospital Board which allows a considerable amount of co-ordination and merging of the services given at "Forest Dene". The agreement makes the Corporation responsible for three elevenths of the salary and allowances of a full-time chest physician, and for this contribution the senior chest physician assists in the prevention, care and after-care arrangements. In addition the other chest physicians of the Centre give part of their time to this work, particularly in connection with B.C.G. vaccination.

The agreement also covers an arrangement whereby the No. 5 Nottingham Hospital Management Committee pays to the Corporation a sum of money equivalent to the salaries of two health visitors, this being the estimated amount of service given by health visitors to the clinical work of the Centre. The Corporation under the agreement pay 50% of the salary of a clerk engaged largely on B.C.G. vaccination work.

Mutual arrangements are also in force which are of benefit to both the Corporation and the Clinic service. For instance a garage at the Centre is used to accommodate one of the Health Department vans, in return for which transport is available to the Centre for the carrying of sputum and other specimens to the Public Health Laboratory or X-ray plates and reports from the Centre to the Mass Radiography Unit.

Close co-operation between professional members of the staffs of both Health Department and Chest Centre is maintained by the Staff Care Committee and the Priority Housing Committee already described.

ILLNESS GENERALLY

ALMONERS. There is considerable division of opinion as to who is the best person to carry out the vast amount of social work which comes the way of any Health Department. In Nottingham this work is carried out by almoners. With the shortage of health visitors and the poor prospects of increase in recruitment it is as well that this system has been adopted. Two full-time almoners were employed until the middle of 1952 when a further part-time almoner was appointed. One almoner is engaged full-time in tuberculosis work; the other two almoners share between them the work of general medico-social care.

VENEREAL DISEASES. One almoner spends a large part of her time on social work in connection with venereal diseases. All new female patients and boys under the age of 15 attending the Special Treatment Clinic are interviewed by the almoner. An important part of the work is the tracing of named contacts and the follow-up of patients defaulting in treatment: a work which has been highly successful, as less than 3% of patients cease to attend before their treatment is complete.

Approximately 75% of named contacts have been interviewed and persuaded to attend the Clinic for examination or treatment.

Special attention is given to pregnant women in order that they shall not default. Part-time clerical assistance is provided for the almoner.

CONVALESCENCE. The demand for financial assistance for convalescence has steadily increased over the past four years from a handful of applications in 1948 to a total of 138 in 1951. All applications, which must be supported by a medical certificate, are investigated by the almoner. Cases accepted are strictly limited to those who would benefit by convalescence to such an extent as to be able to return to their normal work. It is not intended as a holiday nor are cases accepted where medical or nursing treatment is needed. Patients must contribute to the cost of convalescence if their financial circumstances, after due assessment, are above the Health Department scale.

NURSING EQUIPMENT. Prior to 1948 the needs were met by the British Red Cross Society or the St. John Ambulance Brigade. Since 1948 considerable stocks of nursing equipment have been built up by the Health Department and the demand has shown a tremendous increase from a total of 186 items loaned in 1949 to 2,018 in 1951. A central store for nursing equipment has been set up from which all items of equipment are drawn, whether they be for the subsidiary store at the Chest Centre, for the Home Nursing Service or for the direct delivery to patients.

Small items of equipment normally used in the sick room by the home nurse are loaned free of charge. For larger items such as wheel-chairs, spinal carriages, bed mattresses, commode chairs, etc. a quarterly charge is made based on 10% of the cost price of the article per year. The charge is waived in those cases which, after assessment, come below the scale, and in cases of tuberculosis. These assessments as well as the routine inspection of equipment on hire are carried out by the almoners.

GENERAL MEDICO-SOCIAL WORK. Varying aspects of this work which cannot be divorced from normal duties are carried out by all Health Department staff, whether they be sanitary inspectors, midwives, health visitors, home nurses, duly authorised officers, etc. There is, however, a residue which falls to the almoners, either by direct reference from family doctors or from hospital almoners. Many of these cases need assistance in obtaining the help of the statutory or voluntary bodies concerned with social welfare, and thus it is that the almoner, through her constant association with various organisations, can help in the overall welfare of the cases.

CARE OF OLD PEOPLE. Arising out of Section 47 of the National Assistance Act 1948, a scheme has been devised to help the welfare of needy old people. Only on very rare occasions has it been necessary to take statutory action, largely due to the fact that when cases of old persons in difficulties come to notice they are visited by a Medical Officer of the Department and the Chief Sanitary Inspector. Between them they are able to call on the available agencies and, in most cases, enable the old person to remain at home with conditions improved; admission to hospital or hostel is arranged where necessary. The health visitors play a valuable part by making reports on home circumstances of cases which are waiting for admission to the City Hospital—a procedure which has proved helpful to the Physician in Charge.

ULTRA-VIOLET RAY CLINIC. This clinic has been established for many years and continues to be administered by the Health Committee in spite of the transfer of treatment services from Local Health Authority control to Regional Hospital Boards. A general practitioner engaged part-time sees all new patients and follows up those under treatment which is given by three full-time attendants; approximately 650 new cases are dealt with each year.

HEALTH CENTRES. An experiment in the co-operation of General Practitioners and Local Health Authority services has recently been started by the establishment of the John Ryle Health Centre at the Corporation's new housing estate at Clifton. The Centre, which provides accommodation for family doctors and for a Maternal and Child Health Centre, and which acts as a focus from which all other Health Department activities may radiate, was opened on 17th October, 1952. It is too early to see how increased co-operation will develop.

INFECTIOUS DISEASES. A close liaison exists between the Health Department and the Isolation Hospital and details of cases admitted and of provisional and final diagnoses are transmitted each day: information which with routine notifications from family doctors, is helpful in the prevention of spread of infection.

All cases are investigated by Sanitary Inspectors.

HOME HELP SERVICE

A token service was in existence before 1948, but since then a great increase has been seen ; at times the number of applications for assistance doubling within a period of three-four months.

An indication of the value of the service and of its rapid rise can be obtained from the overall cost of the service during the past five years.

			Total expenditure	Income from persons assisted
			£	£
1948/49	..	..	9,638	3,240
1949/50	..	..	18,262	5,330
1950/51	..	..	27,075	3,223
1951/52	..	..	46,966	4,359
1952/53	..	..	78,971*	6,079*

* approx.

It is inevitable that with a rise of this character annual estimates could not be accurate, and supplementary estimates have been necessary.

From a central office and a small organisation the service is now organised from the same central office with the same experienced organiser at the head but with 4 districts, each district being in the charge of an organiser, and working with her a case-worker and a clerk. Small offices in Corporation property or hired rooms are constantly manned so that the maximum convenience to applicants and, at the same time, considerably increased efficiency to the service is achieved.

Experience has shown that this division of the service has brought about much improvement.

TYPE, ETC. OF HELPERS. Each district has a number of part-time and full-time helpers allocated to it. Supervision of the actual assistance in the homes being carried out by a senior helper—a woman of long experience in the service and who receives an additional hourly payment of 6d.

In all cases a request for immediate help is met, frequently the same day. After help has been supplied the organiser estimates the need and the type of help required and assesses also the ability of the applicant to make payment. If the need of the house is not occasioned by sickness, aged people or young children—those cases where the need is social—the helper remains only sufficiently long for any family crisis to be met, and generally in the brief initial period with assistance forthcoming, the householder is able to make private arrangements.

In cases other than those of acute medical emergency an application for help is made beforehand. In maternity cases full-time help is provided for two weeks, which from time to time, at the request of a medical practitioner, is increased by part-time help for a further similar period.

Cases of tuberculosis and cases of carcinoma, blind applicants and families bereft of a wife or mother through illness, death or other causes are also provided with full-time help.

Difficult social cases and problem families are assisted to a small extent, usually by actual assistance in the house for a short period followed by "supervision" in the shape of occasional calls by a helper who, having secured the trust of the family, is able tactfully to offer helpful guidance on such points as household spending, care of children, etc. More urgent calls for acute work do not permit extension of this necessary work, though with a problem which at first sight appears insoluble, valuable information and experience of dealing with the difficulty are being gathered.

NIGHT SERVICE. A small service to give assistance during the night hours in the homes of aged or sick people living alone and having no relatives was commenced in 1951. The immediate needs are being met as they arise, the helper being a volunteer, permitted to take some sleep during the night, though remaining nearby after dealing with the person's immediate needs, and being in receipt of a nightly fee of 12/6d., formerly 10/-d.

FACILITIES FOR TRAINING. The experience of the past five years and previously has shown that training is not essential and that supervision of a helper during her first few weeks of employment provides a guide as to her suitability for the service and to the type of case to which she should be sent. The senior helper in the district visits especially homes where a new helper is working and to whom she will give instruction, e.g. the use of electrical apparatus, special sick room cooking, management of the sick person, etc.

It is believed that this method provides tuition which cannot be covered in any set course.

A series of evening lectures on home dressmaking, cooking for aged sick, economical dishes and special dishes for children has been held during the past year and has proved valuable.

UNIFORM. An outdoor uniform of a maroon coat, pull-on felt hat and two green overalls is issued to each full-time helper on completing three months' satisfactory service. Two aprons are provided for part-time helpers after a similar period, when both full-time and part-time helpers are entitled to wear an enamelled badge bearing the City Crest and the words "Home Help Service".

NUMBERS OF STAFF IN THE SERVICE, DECEMBER, 1952.

Organiser	1
District Organisers	4
Case-workers	4
Clerks	7
Helpers :	
i. Part-time	} 520
ii. Full-time	

TYPES OF CASES. The types of cases receiving assistance and the benefits of the service to the community during the period 1949-50 are shewn below :—

OLD AGE PENSIONERS :

Chronic illness	11 %
Acute illness	16 %

OTHERS :

Chronic illness	11 %
Acute illness	22 %
Aged infirm	15 %
Maternity	17 %
Tuberculosis	5 %
Social cases	2 %

Workers enabled to continue at work	46 %
Hospital beds being " saved " or their usage reduced	47 %
Avoidance of necessity for hostel accommodation for old persons or in a home for young children	24 %
Children enabled to continue at school	4 %

More than one effect operates in some cases.

HEALTH EDUCATION

PROPAGANDA MATERIAL. Full use is made of posters and leaflets published by the Central Council for Health Education, The Royal Society for the Prevention of Accidents, The National Association for the Prevention of Tuberculosis, and other bodies. All responsible Officers in the Health Department are aware of the existence of these posters and leaflets so that suitable ones may be chosen as occasion demands. Samples of all published material of this kind are kept in the Health Department and a stock of the more frequently used items is kept for instant use.

A film strip projector is in use and a small library of suitable film strips is available.

PUBLICATIONS FOR THE GENERAL PUBLIC. The booklet "Better Health" published by the Central Council for Health Education is bought in bulk by the Health Department and is on sale at all Maternal and Child Health Centres.

Recently the British Medical Association's publication "Family Doctor" has been made available to specially selected persons, whose influence is likely to help in the spread of instruction on health matters. The persons concerned are the medical and clerical staffs of the Health Department, matrons of day nurseries and head teachers of all Secondary Schools. Copies are also sent to the Central Library and its branches, to all Welfare Centres, to the Mental Health, Sanitary Inspection and Home Help Sections and the Chest Centre, where large numbers of people are likely to see the publication. All members of the Health Committee are also circulated with copies.

INSTRUCTION TO OUTSIDE BODIES. All Officers of the Health Department give lectures from time to time to outside bodies and particularly to women's organisations. The health visitors and sanitary inspectors are particularly involved in this way. The sanitary inspectors give instruction to food handlers employed by catering firms and the health visitors to Women's Institutes, Towns Womens Guilds and to Youth Organisations, etc.

INSTRUCTION AT WELFARE CENTRES. Health Visitors give frequent talks to groups of mothers at the Welfare Centres, particularly on mothercraft training and the care of the young child. These activities are described in greater detail on page 93 of this review.

HOME ACCIDENTS. Following a joint meeting held in Nottingham by the Royal Institute of Public Health and Hygiene and the Royal Society for the Prevention of Accidents, a Home Safety Committee was set up. Members include the Medical Officer of Health, the Home Help Organiser and the Superintendent of the Home Nursing Service, together with representatives from the Education Department and the Police and Fire Services, and from interested voluntary bodies. This Committee is of recent origin and is beginning to extend its activities in the field of home accident prevention.

SPECIAL EXHIBITIONS. As opportunity allows special exhibitions are devised and over the past 3 years the Department has organised displays at the Local Government Exhibition during the Quincentenary celebrations in Nottingham, during the Festival of Britain in connection with the history of the Social Services of Nottingham and at the Nottingham Ideal Homes Exhibition.

SPECIFIC PROPAGANDA EFFORTS. The Health Department supported the Venereal Disease campaign by exhibiting notices in suitable places throughout the City.

Similar support was given to mass miniature radiography two years ago by the publication of posters relating to the service.

POSTERS. The Health Department vans—4 in all—have been adapted so that full size posters can be attached to either side. The posters used are chosen for their short crisp messages to the general public and are changed monthly, this allowing the exhibition of topical posters, e.g. coughs and sneezes during the 'catarrhal' months and the dangers of bathing and of picnic fires in the summer. The vans are constantly about the City and are seen by large numbers of people in the course of a day.

The same principle of frequently changed posters is also applied in specially designed cases, which have been fitted in practically all the public lavatories in the City.

The exhibition stands issued by the Central Council for Health Education have been used extensively and new health topics as they are received are circulated to large retail stores for exhibition and to other places—Electricity showrooms, Gas showrooms and the Public Library—where they are seen by the public.

No special posters are in use,

CLEAN FOOD GUILD. The Department has attempted, in association with the Nottingham Junior Chamber of Commerce, to form a Clean Food Guild. After protracted negotiations, the project was deferred because of lack of co-operation on the part of the Food Traders' Associations.

GENERAL. Although the measures outlined above are of value, the real object of Health Education is best achieved by the constant efforts of all members of the Department in the normal course of duty. This, in conjunction with the training given to pupil health visitors, sanitary inspectors, midwives and nursery nurses at the various training centres in the City, will ultimately attain a better result at a personal level than by more expensive and temporary general propaganda.

The view is held that Health Education on any effective scale should be the duty of a special department.

MENTAL HEALTH

This service was already combined before 1948 and provided by the Mental Health Committee of the City Council discharging functions both under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts.

The present Medical Superintendent of the Mapperley Mental Hospital was the Medical Officer of Mental Health, and the Mental Deficiency Department was also directed by him.

Implementation of the Corporation's proposals, therefore, made little alteration and a unified administration of hospitals and of community care and after-care was achieved.

PRESENT ADMINISTRATION

The Health (Mental Health) Sub-Committee, which meets every two months, consists of the Chairman, the Vice-Chairman and four members of the Health Committee, and is responsible for the administration of the Service.

FULL-TIME STAFF :—

MENTAL HEALTH DEPARTMENT :

Mental Health Officer
Deputy Mental Health Officer
Authorised Officer/Social Workers (7)
Clerks (2)
Shorthand-typists (3)

OCCUPATION CENTRE :

Supervisor
Assistant Supervisors (4)
Male Instructors (2)
Trainees (2)

There are no medical staff and no psychiatric social workers specifically for this section.

CO-ORDINATION

All patients discharged from mental hospitals and mental defectives licensed from institutions to addresses in Nottingham are referred to the Mental Health Service for supervision.

Co-ordination is largely achieved by the joint use of officers. The Physician Superintendent of Mapperley Hospital advises the Mental Health Sub-Committee on all psychiatric matters and conducts mental deficiency clinics for the Local Health Authority.

Three social workers from Mapperley Hospital are seconded for duty in the authority's service and work under the Mental Health Officer.

A clinical psychologist is employed jointly by the Hospital Management Committee and the Local Health Authority, each paying a due proportion of his salary.

DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS

The Nottingham Association for Mental Health undertakes no case work but concerns itself with propaganda and the provision of recreational facilities for the mentally ill and for mental defectives. The Association receives from the Health Committee an annual grant which for the past 4 years has totalled £450.

TRAINING OF STAFF

The scheme of training instituted here for mental health workers comprises attendance at a course of instruction for external students organised by the University of Sheffield, at lectures in psychiatry and psychopathology given by the medical staff of the Mapperley Hospital and in personal tuition by experienced members of the staff.

WORK UNDERTAKEN IN THE COMMUNITY

PREVENTION OF MENTAL ILLNESS

Since 1948 the Nottingham Association for Mental Health has arranged for talks to be given to debating societies, Towns Womens Guilds, Church Fellowships, etc. on the subject of mental illness and facilities for prevention, care and after-care.

CARE AND AFTER-CARE OF THE MENTALLY ILL AND DEFECTIVE

In this field the close co-operation with the Hospital Management Committee has achieved integration of Local Health Authority and Hospital Services, which offer uninterrupted service from out-patient clinics, hospital treatment, care and after-care to rehabilitation.

Such liaison also ensures that out-patient treatment can be supplemented by help from a social worker where desirable and has often been successful in averting admission to hospital.

With few exceptions all discharges from the mental hospital are referred to the Mental Health Service for after-care. In some cases the social worker makes the acquaintance of the patient whilst still in hospital and makes advance arrangements for discharge. In other cases an initial visit is paid soon after discharge and the work of rehabilitation commenced immediately.

The after-care work is performed under psychiatric supervision. At each visit to or interview of a person the mental health worker writes a report, a copy of which is sent to the hospital for the information of the psychiatrist from whom the patient had received treatment, while the workers attend a weekly hospital case conference which gives the opportunity of frequent discussion of case work with the appropriate psychiatrist.

All mental defectives licensed to addresses in the City are visited regularly by a mental health worker who submits progress reports to the institution concerned.

LUNACY AND MENTAL TREATMENT ACTS 1890-1930

At the request of the Physician Superintendent of Mapperley Hospital Duly Authorised Officers do not apply for Summary Reception Orders in the first instance and wherever possible arrangements are made for admission as voluntary patients under the Mental Treatment Acts. Where compulsory admission is necessary use is made of the Lunacy Act 1890, Section 20.

As so many aged persons were reported as being in need of mental hospital treatment a technique had to be devised for dealing with these cases. Immediately a person over 65 years of age is reported a Duly Authorised Officer visits to assess the urgency of the case. In a few cases there is found to be an acute breakdown where immediate action under Section 20 is desirable, while in other cases a report is made to the Physician Superintendent who accompanied by the Senior Social Worker pays a domiciliary visit for purposes of diagnosis and advice as to disposal. Such visits are arranged twice weekly as accommodation of cases necessitates.

Many cases are found to be other than primarily psychiatric cases and are referred appropriately, e.g. welfare services, chronic sick ward, or for community care, etc. Where hospital treatment is indicated the case is admitted to one of two wards at the City Hospital, which are used by the Mapperley Hospital as a geriatric unit.

DISPOSAL OF CASES

	1948 (6 mths.)		1949		1950		1951		1952		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
No. of cases reported	98	95	230	310	243	343	285	409	337	410	1,193	1,567
Admissions to Mental Hospital :												
Sect. 16 : Lunacy Act ..	—	—	—	—	—	—	2	4	2	1	4	5
Sect. 20 : Lunacy Act ..	36	48	72	93	53	80	91	125	123	114	375	460
Sect. 1 : Ment. Treat. Act	46	29	94	130	97	126	79	94	104	117	420	496
For community care :												
Mental Health Service ..	5	5	27	34	39	57	37	81	31	79	139	256
Not accepted ..	11	13	37	53	54	80	76	105	77	99	255	350
TOTALS ..	98	95	230	310	243	343	285	409	337	410	1,193	1,567

MENTAL DEFICIENCY ACTS 1913-1938

ASCERTAINMENT AND SUPERVISION OF DEFECTIVES

All children excluded from school as ineducable and those about to leave special day schools and who are ascertainable under the Mental Deficiency Acts are reported by the Local Education Authority under Section 57 : Education Act 1944.

The Senior School Medical Officer also supplies a list of children who, about to leave the special school, though not subject to be dealt with, will need some measure of voluntary supervision. Only rarely are defectives reported from other sources.

All defectives under Statutory or Voluntary Supervision are visited regularly, the frequency of visiting being determined by the needs of the case.

Every effort is made by the mental health workers to enable the defectives to live happily and usefully within the community. Special thought is given to the obtaining of work adapted to the needs of those defectives capable of entering any form of gainful employment ; a watchful eye is kept on home conditions and improvements made to the environment when necessary.

The work is gravely hampered by the lack of institutional accommodation. The waiting list for the City of Nottingham now numbers 122 and includes many urgent cases whose continued presence in the home inflicts serious social damage. Complaints from parents who are unable to obtain sufficient rest to enable them efficiently to follow their daily work are frequent and repeated acts of delinquency are committed by the same juvenile defectives with whom the courts are powerless to deal except by way of institutional care and for whom such care cannot be provided.

However some relief to parents of defectives is afforded by the occasional admission to the mental hospital for short periods of defectives whose presence in the home leads to intolerable situations. Short term admissions in other circumstances of social urgency are also effected from time to time.

GUARDIANSHIP

For many years extensive use was made of Section 30 (e) : Mental Deficiency Act and in all cases where financial assistance was given a Guardianship Order was made.

In 1949, however, after the National Assistance Board had assumed responsibility for giving financial assistance to mental defectives aged 16 years and above, the Board of Control, on the application of the Local Health Authority, agreed to the discharge of those Guardianship Orders made solely for the purpose of providing financial assistance towards maintenance (*vidé* Ministry of Health Circular 177/48).

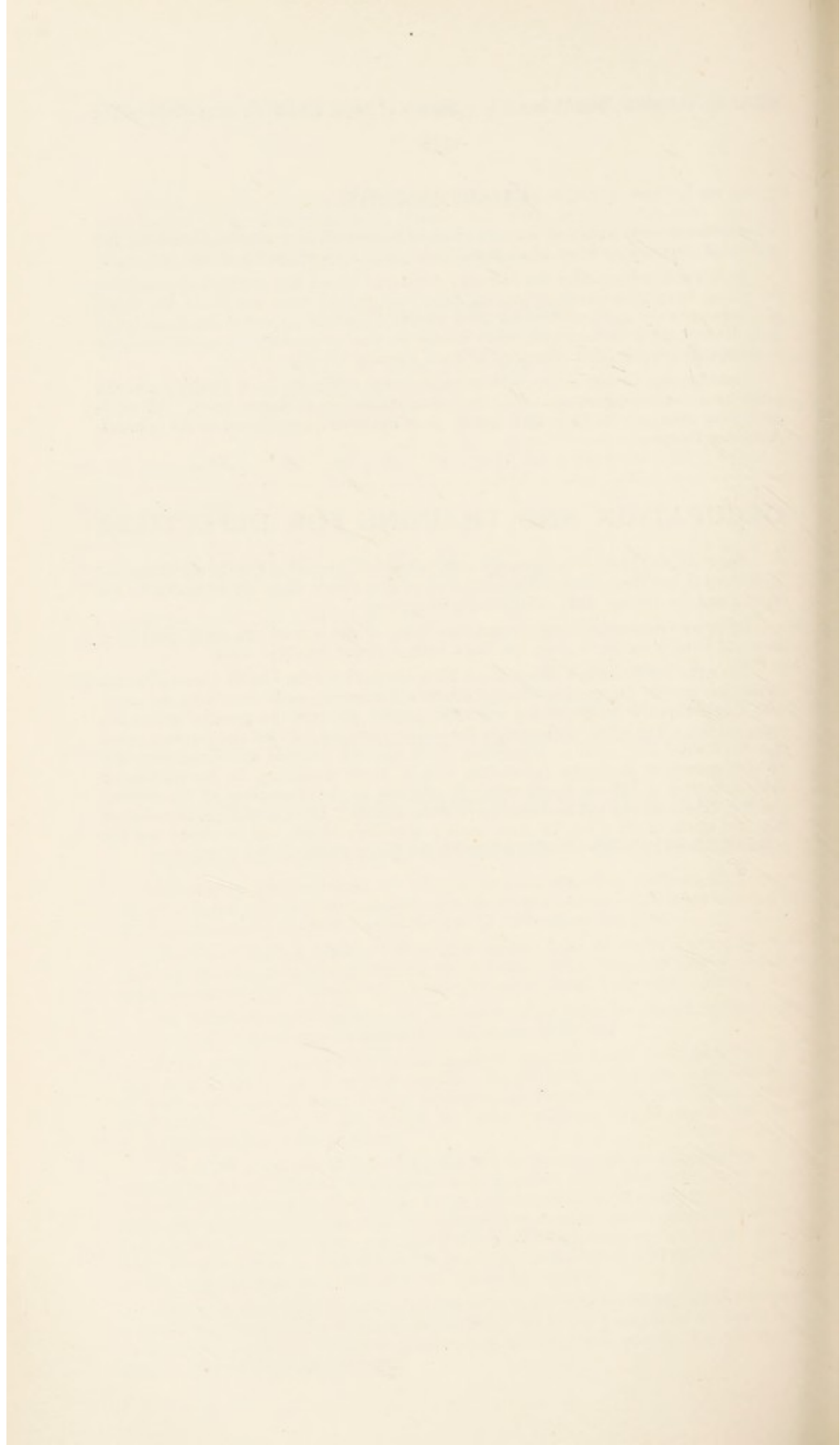
Guardianship Orders are not seldom made except where the Local Health Authority contributes to the maintenance of a defective under the age of sixteen years. All applications for assistance for those aged sixteen years and above are referred to the National Assistance Board.

OCCUPATION AND TRAINING FOR DEFECTIVES

The Rosebery House Occupation Centre which was opened in 1946 to accommodate 45 defectives, has been overcrowded for most of that time : there are 67 names on the register and the average daily attendance is 60 approx.

Despite overcrowding and the fact that many of the trainees are really institution cases and already on the waiting list, the Centre is doing excellent work.

The old City Smallpox Hospital has been acquired by the Health Committee for conversion into an Occupation Centre, which will stand on a site some acres in extent with ample facilities for gardening and other outside activities not possible on a more restricted site. The work of adaptation was commenced early in 1952 and it is anticipated that the Centre will open in September, 1953 and will provide accommodation for 120-150 trainees in large airy classrooms, with an ample workshop for the training of older defectives in heavier handicrafts. In addition to the conversion of the existing building a new dining hall and kitchen is being added. The Centre should suffice to meet the needs of the City for some years ; Rosebery House will be closed and the premises utilised by another section of the Health Department.



PART III.

NURSES ACT 1943—NURSING AGENCIES

NURSING HOMES

BIRTH CONTROL

NOTTINGHAM CREMATORIUM

PUBLIC MORTUARY

NURSES ACT 1943—NURSING AGENCIES

Private nurses are supplied by two nursing agencies which have at their disposal 31 State Registered Nurses, 7 State Certified Midwives and 11 State Enrolled Assistant Nurses. The two agencies have been granted licences since 1945 and have been inspected annually in accordance with the Nurses Act 1943 and the Nursing Agency Regulations 1945. In both cases the conditions were found to be satisfactory in all respects and licences were renewed.

NURSING HOMES

One nursing home was closed during the year leaving ten homes on the register. These homes provided between them 25 maternity beds and 50 others. Regular visits of inspection have been carried out by medical officers and by the supervisors of midwives in the case of those homes taking maternity cases.

BIRTH CONTROL

The Nottingham Women's Welfare Centre in their new premises at the Nottingham General Dispensary have held 84 Birth Control sessions during the year. The sessions are held twice weekly, one on Friday evening and on Tuesday afternoon.

A total of 740 women attended the Centre, 92 on the recommendation of family doctors and 534 women attended on their own initiative.

The Corporation assists the Centre financially, in accordance with the provisions of the Ministry of Health Circular 1208, 1931, in respect of women referred from the Maternal and Child Health Centres and the Chest Centre ; 163 and 29 women were referred. Of these 114 actually attended for advice ; an acceptance rate of 60%.

The organisers of the Centre remark, as they have done on previous occasions, that the majority of women attended for advice on the spacing of families because of the housing shortage and the high rents of both houses and lodgings.

NOTTINGHAM CREMATORIUM

The number of cremations carried out since the crematorium opened has increased with each successive year from 70 in 1931 to 2,856 in 1951. In 1952, however, for the first time a decrease occurred.

Despite this decrease in the number of persons cremated the general trend is still upwards although at a decreasing rate. The figures for 1951 were exceptional and have created the impression that the peak of demand has been reached. In actual fact the figures for 1951 were abnormally high due to the increased death rate during the first two months of the year as a result of the influenza epidemic. The figures for the past eight years are given.

ALL CREMATIONS			CREMATIONS OF CITY RESIDENTS		
Year	No. of Cremations	Increase over previous year	No. of Cremations	Increase over previous year	Percentage of 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 %	28.3 %
1952	2,777	— 2.8 %	969	— 8.4 %	30.5 %
TOTAL 14,578		—	5,503	—	—

Slightly less than 38% of all cremations carried out in the past eight years were of City residents. The figures analysed further with regard to place of residence are as follows :—

Cremation and Residence

Place of Residence						No. of Cremations
City	..	..	..	..	..	969
County (excluding West Bridgford)	..	..	..	..	..	671
West Bridgford	..	..	..	..	..	149
Other areas	..	..	..	..	..	988
						<hr/> 2,777 <hr/>

PUBLIC MORTUARY

The mortuary at Leenside has lacked many of the essential facilities required for the adequate conduct of post-mortem examinations and in recent years many mortuaries have been criticised for their scant equipment and poor design.

In order to improve the conditions at Leenside considerable alterations were made in the post-mortem room in the course of the year and for this purpose the mortuary was closed from the 15th September to the 12th October. The work during this period was carried on at the General Hospital.

Further alterations are still required ; a viewing room should be provided and plans for this have been made and will be put into operation during 1953.

Most of the cases dealt with at the mortuary come under the jurisdiction of the City Coroner who had charge of 581 of a total of 598 bodies admitted ; 375 post-mortem examinations were carried out.

PART IV.

NATIONAL ASSISTANCE ACT 1948 : SECTION 47

as amended by the

NATIONAL ASSISTANCE ACT 1951

RECORD OF CASES

NATIONAL ASSISTANCE ACTS 1948-1951

The practice has continued whereby each case reported to the Health Department for consideration under the Act is investigated by a medical officer and the Chief Sanitary Inspector. That the avoidance of compulsion in the removal of cases to hospital or to an institution has been successful is borne out by the figures which show that all cases were satisfactorily disposed of. Instead of compulsion, emphasis is placed on the use of existing health services and in the cases where a person is fit to remain at home a home helper is sent.

No cases were requiring supervision at the end of 1952.

Cases investigated.

New cases reported in 1952	14
Cases carried over from 1951	2
<hr/>	
Cases requiring statutory action	Nil
" voluntarily removed to hospital	6
" voluntarily removed to hostel	1
" remaining at home	4
" living under improved conditions at home after a period in hospital	1
No action required	1
Left the district	1
Died	2
	<hr/>
	16

Details of New Cases Dealt with

Case	Sex	Age	Circumstances of Case	Action Taken	Outcome of Case
1. M.S.	F.	87	Reported by Sanitary Inspector. Frail old person in a confused state of mind. Home in filthy condition.	Advised to enter hospital in view of deterioration in general condition.	Admitted to hospital voluntarily where she died a week later.

Case	Sex	Age	Circumstances of Case.	Action Taken.	Outcome of Case.
2. A.F.	F.	64	Reported by Welfare Officer. Suffered from a severe nervous condition causing her to be restricted to a chair all day.	Home Helper sent for a period and progress watched.	Condition deteriorated. Admission to hospital arranged.
3. M.A.	F.	85	Reported by police. Her person was in a filthy state; home however, clean. Patient very active.	Home Helper sent in an endeavour to improve patient's personal cleanliness.	Severe illness two months later necessitated admission to hospital.
4. C.W.	F.	74	Reported by Sanitary Inspector. Patient and son partially handicapped; house not unduly dirty.	Home Helper sent.	Patient and son continue to live together under satisfactory conditions.
5. M.B.	F.	83	Reported by Home Nurse. Patient confined to bed; Meals and help supplied by sub-tenant; Home Nurse daily.	Since patient lived entirely alone and only had occasional services from the nurse and sub-tenant, hospital admission suggested.	Removed to hospital voluntarily.
6. M. F.	F.	75	Reported by Welfare Officer. Home in deplorably filthy condition. No lighting. Recent flooding had made matters worse. Slept in chair with minimum of wrappings.	Home Helper sent.	Complete transformation in the house. Walls redecorated; electricity installed; single bed obtained. Home Helper calls twice weekly. No further supervision necessary.
7 & 8 C.H.R. A.M.R.	M. F.	82 83	Reported by Sanitary Inspector. General condition good; Both persons in fairly good health. The bedding, however, was in a deplorable condition.	All that was required was Home Help.	Owing to a subsequent illness A.M.R. was removed to hospital. C.H.R. remains at home with the assistance of a Home Helper.
9. E. H.	F.	85	Reported by Sanitary Inspector. An unwanted old lady, whose personal cleanliness was poor; home filthy and needed decoration. Landlady refused any help.	Relatives were to be approached and in view of this the case was left for a short time.	On a subsequent visit the patient had removed to an unknown destination. Cannot be traced.

Case	Sex	Age	Circumstances of Case.	Action Taken.	Outcome of Case.
10. A.A.	M.	65	Reported by an Estate Agent. A border-line mental defective who gets on quite well in an ordinary community. Home showed signs of neglect, as did his person.	Arrangements made for patient to live in hostel for men.	After eviction from his home, he is now living satisfactorily in a hostel.
11 & 12 Mr. & Mrs. T.	M F.	68 76	Reported by Housing Visitor. Home dirty and untidy ; Bedding filthy ; Mrs. T. unwilling to help in the house ; Mr. T. too frail to do anything for himself.	Home Helper supplied	Mr. T. died. Mrs. T. removed to mental hospital.
13. M.K.	F.	81	Reported by Sanitary Inspector. Patient aged but active ; quite happy ; very little wrong with home except need of decoration.	Apart from sending a Home Helper it was felt inadvisable to take any further steps.	No further supervision required.
14. F.S.	F.	50	Case reported by a sub-tenant on what would appear to be malicious grounds. On inspection no obvious cause for complaint.	Nil.	Circumstances satisfactory.

PART V.

PUBLIC HEALTH ACTS 1875-1936

NOTTINGHAM CORPORATION ACTS 1923-1952

FACTORIES ACT 1937

SHOPS ACT 1950

INFECTIOUS AND INFECTIVE DISEASES

SANITARY SERVICES

INFECTIOUS AND INFECTIVE DISEASES

The number of cases of notifiable infectious disease which were reported to the Registrar General during 1952 are tabulated together with the final figures for 1951 for the purpose of comparison :—

Disease.	1952.					1951. Total.
	Number of Cases occurring each Quarter.				Total.	
	1st	2nd	3rd	4th		
Measles	253	401	723	2,330	3,707	5,009
Whooping Cough ..	311	301	293	335	1,240	1,346
Scarlet Fever	126	57	92	178	453	297
Pneumonia	78	53	17	60	208	286
Dysentery	101	41	1	—	143	98
Puerperal Pyrexia ..	16	10	21	9	56	52
Erysipelas	14	6	6	10	36	39
Ophthalmia Neonatorum	1	3	5	4	13	26
Poliomyelitis :						
Paralytic	1	1	2	7	11	16
Non-Paralytic ..	—	—	—	1	1	9
Encephalitis :						
Infective	—	1	—	1	2	2
Post Infective ..	—	2	1	—	3	9
Food Poisoning ..	4	53	13	7	77	9
Cerebro-Spinal Fever ..	4	1	4	—	9	5
Typhoid Fever ..	—	—	—	—	—	2
Paratyphoid Fever ..	8	—	—	—	8	1
Diphtheria	—	—	—	—	—	—

The figures call for no general comment but details on matters of interest connected with individual infectious diseases follow in subsequent paragraphs.

Food Poisoning. There was a considerable increase in the number of cases ascertained compared with the previous year but it is a matter of speculation whether this should be regarded as a true increase. The number officially notified by family doctors does not show any marked increase over that of previous years ; the relatively large number now known being due to investigations carried out by the Health Department.

It is clear that notification was not complete as in many of the ascertained cases a doctor had not been consulted because of the mildness of the symptoms. The figures suggest that the true incidence of food poisoning is not known and that comparison of annual figures can be misleading.

No. of cases notified by family doctors	..	39
No. of cases ascertained later	..	38
		<hr/>
Reported to Registrar General	..	77
Late notified or ascertained cases	..	14
		<hr/>
Total cases known	..	91
		<hr/>

There were two outbreaks involving eight persons in which the responsible organism was identified as salmonella typhimurium. In one instance the suspected food was not determined, in the other it is almost certain that fried duck egg was the transmitting agent. It is interesting to note that members of the same family eating hard boiled duck eggs from the same batch were not affected. Ducks are well known as conveyors of salmonella organisms but in spite of an attempt to trace the eggs to their source it was found that the collection and distribution system was so complicated as to make the attempt useless. Under circumstances when the infected bird cannot be traced there is a possibility of further outbreaks occurring.

A further five outbreaks caused illness in thirty-eight persons in whom it was not possible to identify the causal organism.

The foods suspected were—

- (a) Fresh lobster.
- (b) Tinned lobster.
- (c) Steamed Cod.
- (d) Rissoles.
- (e) Sausage meat partially cooked the previous day.

The biggest outbreak in this series involved twenty-six persons at a Mental Hospital where strong evidence was obtained of rissoles being the transmitting agent ; the suspicion however was never finally confirmed.

Contrary to popular belief food poisoning does not always occur in outbreaks and indeed the experience during 1952 revealed that forty-five of the ninety-one known cases were individual illnesses unconnected with any other known source of infection. It was possible to identify the salmonella responsible in thirty-three cases ; in the remaining twelve cases the organism was not identified.

Salmonella typhi murium	..	..	..	21 cases
„ give	..	..	..	7 „
„ newport	..	..	..	2 „
„ reading	..	..	..	1 case
„ stanley	..	..	..	1 „
„ thompson	..	..	..	1 „
				<hr/> 33 cases <hr/>

As often happens in single cases of food poisoning it was extremely difficult to determine the food responsible and in only four cases involving chicken, tinned spaghetti, baked herrings and tinned lobster respectively was any suspicion raised. In none of these cases was it possible to identify any food poisoning organism other than a member of the very prevalent salmonella group.

The greatest incidence occurred during the second quarter of the year which is unusual ; the experience in Nottingham and in the Country as a whole is for more cases to be revealed during the third quarter which usually coincides with the highest air temperatures.

In no case was it possible to obtain the suspected food for bacteriological examination.

No fatal cases occurred.

Diphtheria. For the third successive year there have been no cases of diphtheria. Seven cases suspected and admitted to hospital were proved to be other conditions, mostly tonsilitis.

Although diphtheria is absent from the City the disease has broken out sporadically in various parts of the Country, affecting in the main non-immunised persons. There are thus no grounds for complacency as long as the diphtheria bacillus is still widespread and the only safeguard is well maintained immunisation particularly in the child population.

Acute Anterior Poliomyelitis and Polioencephalitis. The total of twelve cases included one death ; a woman aged 24 years. The remainder recovered but all except a girl aged 16 years, suffered some degree of paralysis during the course of the illness.

ANALYSIS BY AGES

Age Group	Male	Female
0 — 5	1	2
5 — 10	2	—
10 — 15	—	—
15 — 25	1	3
25 +	2	1

The age distribution shows the pattern which has developed in recent years ; older persons are as liable to infection as children. A few years ago the incidence would have been highest in children.

SEASONAL INCIDENCE.

Season	Quarter			
	1st	2nd	3rd	4th
Number of cases	1	1	2	8

All cases were admitted to the Heathfield Isolation Hospital during the acute infectious state, and those showing residual paralysis were transferred to other hospitals for follow-up orthopaedic treatment.

The uncorrected notification rate for England and Wales during 1952 was 10·28 per 100,000 population. These areas ; Midland, North Midland and North Western had a much lower incidence than the rest of the Country with figures of 9·1, 5·6 and 5·1 per 100,000 population respectively. All other areas had an incidence of well over 10 per 100,000.

Nottingham was fortunate with an incidence rate of only 3·92 per 100,000 population.

Acute Dysentery. All the notified cases were Sonne dysentery, which compared with other types of dysentery is a relatively mild disease. The 143 cases notified did not represent the true incidence as this was clearly shown in investigations carried out following outbreaks of Sonne dysentery in three day nurseries.

In these outbreaks more than half the children infected were discovered only after routine bacteriological examination.

There is a very widespread distribution of the organism and there are many symptomless carriers, a fact which is emphasised by the routine examination of specimens from a large number of home contacts of infected children. Of 187 home contacts examined 48 were found to be carriers of Sonne Dysentery.

These circumstances make difficult the control of a widespread and insidious organism especially when the clinical reaction is mild but very infectious.

The illness is considered lightly by home contacts of whom 20% refused to submit specimens. Further difficulties were encountered because of the length of time taken by many carriers to become free from infection ; in some cases twenty specimens were necessary. The nurseries were affected for three months before normal working could be resumed.

Sonne Dysentery is a winter disease and most of the cases occurred in the first three months of the year.

Paratyphoid Fever. Eight persons were known to have been infected and constituted the members of two families living in adjoining houses. The disease started in No. 1 household in a boy aged 18 months and his condition necessitated admission to hospital. Within sixteen days his play-mate a boy aged 19 months in No. 2 household, was taken ill with milder symptoms. The father of case No. 1 had slight intestinal symptoms which soon cleared up.

Swabs were taken from all members of both families. All proved to be positive for paratyphoid B.V.(i) phage type "Taunton". All were symptom free except those already mentioned in whom, apart from the first case, the symptoms were mild. One of the symptomless cases with a positive stool was a breast-fed six weeks old baby.

All cases were followed by routine specimens over a long period but in spite of treatment with chloromycetin and sulpha drugs by the family doctor positive stools were still being produced intermittently after four months by which time both families had lost interest and refused to co-operate further.

Smallpox. On the 3rd July a boy aged 3 years was reported as a suspected case of smallpox. No other cases were known in the area and the family had not had any contact with persons from abroad. The boy was not ill but had a rash closely resembling that of smallpox with a distribution almost identical ; the boy's father was employed as a hide sorter.

The family was vaccinated and specimens were obtained from the pustules and sent to the Public Health Laboratory at Colindale, London ; slide and culture tests proved to be negative for smallpox. The probable diagnosis was bullous impetigo ; a diagnosis which was confirmed when the rash cleared up rapidly under treatment with chloromycetin.

The family was kept in strict isolation for six days until the diagnosis was beyond doubt.

Scarlet Fever. The incidence remained high but the disease was mild in form. Although cases were notified throughout the year 294 cases of a total of 453 occurred during the colder months in the first and fourth quarters. No cases occurred under the age of 1 year and few over the age of 14 years ; more than half of the notifications were for children aged from 4 to 6 years.

Although 105 of the notified cases were admitted to hospital it was not because of the severity of the disease but because of home circumstances. The mildness of the disease can be judged

from the few complications which occurred in those admitted to hospital. The complications were nephritis, one case, quinsy and cervical adenitis, one case.

Measles. Epidemics of measles usually start in November and reach their peak in March of the following year. This occurs fairly regularly every two years. The end of 1952 saw the beginning of an epidemic when the weekly total of notified cases rose rapidly from 83 in the first week of November to 449 in the last week of December, though the full effect of this epidemic is not shown in the present returns ; hence the relatively small number of cases reported in 1952.

The number sent to hospital was small. Twenty-six cases aged six years or under were admitted for actual suspected complications. In 13 cases the complications were broncho-pneumonia (3), acute bronchitis (5), acute laryngitis (2), otitis media (3).

Whooping Cough. Unlike the other common infectious diseases of childhood whooping cough remains a serious condition with a relatively high mortality rate and a high incidence of serious complications. The numbers of cases have increased within the last ten years, as the average number of cases notified annually from 1943-47 was 506, while the figure for 1947-52 was 1,154. Cases occurred at a fairly constant rate throughout the year.

The seriousness of this disease is that it has a greater tendency to affect very young children than has most other infectious diseases ; it is not uncommon for a baby of a few weeks to become infected. This tendency is shown in the following table :—

AGE INCIDENCE

Age	Notified Cases	Cases Admitted to Hospital
Under 1 year ..	105	13 (under 3 months—7) (3 — 6 months —4) (6 — 12 months —2)
1 — 2 years ..	342	13
3 — 4 years ..	390	5
5 — 9 years ..	359	1
10 — 14 years ..	34	—
15 — 24 years ..	3	—
25 years and over ..	7	—
TOTAL ..	1,240 643 females 597 males	32

Though only 32 cases were admitted to hospital, 9 were complicated by broncho-pneumonia.

Gastro Enteritis. Redcot Nursery which is administered by the Children's Committee and has accommodation for 20 children below the age of 2 years was placed in quarantine between the 6th of October and the 7th November and again between 4th December and the 16th December because of an outbreak of gastro enteritis. Between the 6th and 15th of October three children suffered from diarrhoea and vomiting and were immediately admitted to the Isolation Hospital. No organisms of the enteric or dysentery groups were isolated but a type of *B. Coli* which is often present in the normal bowel and can occasionally cause intestinal symptoms, was isolated. This organism was *B. Coli* 055.

Following this outbreak all members of the staff and all the remaining children were swabbed and *B. Coli* 055 was isolated from the faeces of two other children who had suffered no symptoms. During the routine swabbing two children were found to have salmonella typhi-murium—a food poisoning

organism—in the stools but neither suffered any symptoms. One member of the staff had mild symptoms but no specific organism could be isolated.

By the end of the year all children and staff were negative.

Influenza. There was no undue incidence of influenza though arrangements were made with a number of family doctors and industrial medical officers practising in various parts of the City to report in the early stages of an influenza outbreak. The arrangement is made for purposes of control and also to enable material to be collected from affected persons in an endeavour to isolate the virus.

In addition there are trials of influenza vaccine proceeding in Nottingham under arrangements made by the Ministry and the Medical Research Council and early information of an epidemic is important.

Venereal Disease. New cases of syphilis at various stages of the disease numbered 73. This was an increase over 1951 but is still approximately at the pre-war level.

The situation with regard to syphilis is better than the figures would indicate since there were only 5 new primary and 2 new secondary cases in the whole area served by the Venereal Diseases Centre compared with 25 in 1951 and indicates a considerable decrease in new infections. The rest of the cases of syphilis treated for the first time were all in the late stages.

New cases of gonorrhoea in the City were 214 in 1952 as against 199 in 1951. There was an increase in gonorrhoea infections but the incidence is still considerably below pre-war level and the huge increase noted during the war years has now passed.

Contacts or Carriers of Infectious Diseases. It was necessary to use 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 on six occasions. The persons concerned who were not suffering from any disease were either food handlers or were engaged in an occupation which made them potentially dangerous to the general public.

Certificates were issued in respect of dysentery (3), food poisoning (1), scarlet fever (1), suspected smallpox (1) : Total 6 cases.

SANITARY SERVICES

Progress was made despite the fact that the staff was not at full strength at any time and despite further responsibilities being undertaken.

The extension of the City boundary on April 1st to include Clifton, Wilford and Glapton brought problems of a rural character. Improvement in the sanitation of the houses of the newly acquired areas is essential and surveys were made to ascertain the extent of the improvement possible ; the present construction of sewers will make sanitary conveniences, satisfactory drainage systems, etc. for the houses and other premises in the village, possible in due course. The Corporation Housing Estate at Clifton progressed rapidly during the year and 1,010 houses had been let by the end of December.

The depreciation of the older property in the City that has taken place during the past twelve years goes on but there appears to be prospect of improvement in the near future. Over thirteen hundred houses were considered to be unfit for human habitation in 1939, the majority of which continue to be occupied. A great many other houses, through deterioration, have since become unfit with the result that the problem grows still greater. It is, however, possible to report some progress for during the year the clearance of the Sneinton Elements Area was almost completed. In addition it was possible to deal, by Demolition Orders with a few individual houses where serious dilapidation had arisen.

Several complaints were again received of food purchased being unfit for human consumption because of the presence of foreign material such as nails, wire, stones, etc.

THE YEAR'S WORK

NOTICES

INFORMAL

TOTAL NUMBER SERVED	10,385
Outstanding at 1.1.52 .. 3,230	
Outstanding at 1.1.53 .. 2,752	
	478
TOTAL NUMBER COMPLIED WITH	10,863

Details of Nuisances Found :

	Nuisances etc. found	Nuisances etc. remedied
Houses—filthy	62	56
Houses—verminous	1	1
Licensed Premises—cleansing and improve- ment of	1	—
Drains—clearance of	120	130
Drains—repair of	362	395
Panternpits—abolition of	5	5
Additional water-closets—provision of	1	—
Water-closets—clearance of	169	179
Water-closets—repair of	2,169	2,075
Closets—cleansing of	1	1
Courts, Yards and Passages—paving of	1	1
Courts, Yards and Passages—cleansing of	5	2
Courts, Yards and Passages—repair of	261	307
Nuisance from pigs	—	1
Nuisance from fowls	1	3
Nuisance from other animals	5	5
Nuisance from accumulations of refuse	30	25
Dustbins—provision of	1,874	1,894
Miscellaneous nuisances	456	360
Tents, Vans and Sheds	7	4
Houses-let-in-lodgings	50	50
Factories (with mechanical power)	162	138
Factories (without mechanical power)	1	—
Workplaces	1	3
TOTAL	5,745	5,635

Defects in Houses

				Defects found	Defects remedied
Roofs	..	..	..	1,828	1,885
Walls	..	..	..	1,550	1,945
Floors and Ceilings	..	..	..	1,210	1,354
Windows	..	..	..	1,593	1,562
Fireplaces	..	..	..	963	995
Coppers	..	..	..	148	167
Sinks provided	..	..	..	75	76
Sinks—repair of	..	..	..	207	195
Defective water pipes and fittings	..	..	..	134	141
Defective rainwater conductors	..	..	..	876	988
Others	..	..	..	722	765
TOTAL	..	..	..	9,306	10,073

Number of Defective Houses dealt with .. 5,476

STATUTORY**Notices under Public Health Act, 1936**

			Served	Complied With
Sect. 39	Drainage	..	276	279
Sect. 44	Inadequate Closet Accommodation	..	6	3
Sect. 45	Closets	..	27	28
Sect. 56	Paving of Courts, Yards and Passages (Dwelling-houses)	..	133	142
Sect. 75	Dustbins	..	822	905
Sect. 83	Dirty houses	..	5	1
Sect. 92 (a)	Houses	..	60	69
„ (b)	Others	..	2	4
Sect. 287	Notice of Entry	..	11	11

Notices under Nottingham Corporation Act, 1923

Sect. 64	Paving of Courts, Yards and Passages (Other Premises)	4	4
Sect. 73	Repair of water-closets	124	133

Notices under Nottingham Corporation Act, 1935

Sect. 19	Cleansing and repair of drains, water-closets and soil pipes	1,461	1,415
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Notices under Housing Act, 1936

Sect. 9	..	1,531	1,499
TOTAL	..	4,462	4,493

Number of Inspections					Served	Complied With
First Visits	..	..	..	..	16,617	
Re-Visits	..	..	..	..	29,383	
TOTAL						46,000

Consequent upon the failure of owners to comply with statutory notices, the Corporation ordered work on private contractors and recovered expenses incurred in 925 cases as follows :—

			£	s.	d.
Nottingham Corporation Act, 1923, Sect. 73	..	..	39	8	10
Nottingham Corporation Act, 1935, Sect. 19	..	..	694	9	11
Housing Act 1936, Sects. 9 and 10	..	..	1,482	5	5
Public Health Act, 1936, Sect. 39	..	..	179	8	6
Public Health Act, 1936, Sect. 44	..	..	50	10	8
Public Health Act, 1936, Sect. 45	..	..	2	7	5
Public Health Act, 1936, Sect. 56	..	..	293	18	5
			<u>£2,742 9 2</u>		

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 £749. 10s. 11d.

ATMOSPHERIC POLLUTION

The figures for smoke emission show a reduction but although the fuel supply position during the year became easier, there were still many industrial plants using inferior or unsuitable fuels. There was no improvement in the supply of suitable skilled labour for stokehold duties and it is to be regretted that advantage was not taken of the boiler-room staff training at the Nottingham and District Technical College.

The standard of smoke emission in Nottingham is two minutes black smoke in the aggregate during a continuous period of thirty minutes ; any emission in excess of that limit is deemed to be a nuisance.

Monthly Average Emission of Dense Smoke per Chimney.

January ..	1.65 minutes	July ..	0.84 minutes
February ..	1.46 "	August ..	0.92 "
March ..	1.42 "	September ..	0.94 "
April ..	1.68 "	October ..	1.35 "
May ..	1.16 "	November ..	1.53 "
June ..	1.36 "	December ..	1.17 "

Observations and Notices	1951	1952
Half-hourly observations of chimneys ..	1,351	1,329
Total No. of minutes dense smoke emitted ..	2,135	1,691
Average No. of minutes of dense smoke per chimney ..	1.6	1.3
Intimation notices served ..	93	69
Advisory visits (including verbal cautions) ..	413	409
Statutory notices served ..	22	17
Complaints investigated ..	136	128
Cases where work was executed for smoke and/or grit nuisance abatement ..	56	36

Work carried out by Owners	1951	1952
Chimney stacks erected or extended ..	8	9
Chimney stacks dismantled ..	7	2
Boilers converted from hand to mechanical stoking ..	6	20
Mechanical stokers overhauled or renewed ..	11	18
New boilers installed ..	13	9
Steam locomotives replaced by diesel engines ..	1	2

Estimated cost to the owners £74,710.

An important preliminary for the shaping of future policy under this heading was the measurement at six points of the solids deposited and of the sulphur content of the atmosphere. The results of the analyses are now available.

Summary of Analyses*

	Deposit Gauges			Lead Peroxide Apparatus
	Total solids deposited during year	Max. monthly deposit	Av. monthly deposit	Max. figures mgm. S.O. ₂ per day per 100 sq. cm. of Lead Peroxide
	IN TONS PER SQUARE MILE			
City Centre	264·64	32·42—Dec.	22·05	3·08—Feb.
Basford ..	294·50	32·82—Jan.	24·54	2·10—Dec.
Bulwell ..	275·55	28·95—July	22·96	1·55—Dec.
Meadows ..	285·03	38·31—Dec.	23·75	3·50—Jan.
Mapperley ..	156·51	16·21—Dec.	13·04	1·83—Dec.
Wollaton ..	136·73	18·71—May	11·39	0·84—Feb.
Av. for City	235·49	—	19·62	—

* For full details see page 184.

The results establish that the most heavily polluted areas are those of Basford and the Meadows, each of which showed deposits of 300 tons per square mile per annum and that Mapperley and Wollaton, with approximately 150 tons, show only 50% of the deposit of the industrial areas.

The Department of Scientific and Industrial Research point out that 'month to month variations in deposited matter are often the result of variations in weather, and a long period of observation, perhaps five years, is needed before reliable conclusions can be drawn about the average level of pollution or about the rate at which it is being produced'.

It is, moreover, difficult to make comparisons between Nottingham and other towns because so much depends on the siting of the instruments in relation to points of possible pollution.

WATER SUPPLY

The water supply has been satisfactory in quality and quantity and all but a few houses in remote situations are supplied direct from the mains.

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 were made and the results 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.

A few of the routine bacteriological reports of samples of water were unsatisfactory though after treatment no contamination was evident. During the autumn, however, on one occasion contamination of a serious character was reported. Immediate steps were taken to minimise the effect of the high degree of pollution and fortunately no ill effects occurred.

Enquiry into the cause of the pollution revealed that an unsatisfactory sewage disposal system for a small community in the collecting grounds was discharging an effluent of high bacteriological content into a main reservoir. The fault of the sewage plant was known to the responsible authority who had previously initiated steps to secure sanction for its replacement by an improved type.

The facts were reported to the Health Committee whose resolution to expedite the starting date for new works was transmitted to the Ministry of Housing and Local Government.

SWIMMING BATH WATER

There are ten swimming baths in the City all of which are owned and controlled by the Corporation ; seven baths are indoor and three are open-air lidos. Only five remain open for the use of swimmers during the winter months.

Samples of the swimming bath water are taken periodically throughout the year, mainly in the summer months, and submitted to the City Analyst for chemical and, if necessary, bacteriological examination. Of the 56 samples taken four were reported upon as being under-chlorinated and the remainder were satisfactory. The result of all the samples was reported to the Baths Superintendent who took prompt action where a sample was adversely reported upon. The unsatisfactory samples came from baths where the chlorination plants were known to be inefficient and which were later replaced by modern break-point chlorinating units—all subsequent samples being satisfactory.

In addition three samples were taken of the water of the paddling pool at the Bulwell Lido and found to be satisfactory.

Though all samples of water taken at a given time are found to be satisfactory the necessity for care in the cleanliness of bath surrounds is important, for drainings from the bath side or the presence in the baths of foreign material, e.g. apple cores, pieces of paper which have been trodden underfoot, etc. raise the bacterial count considerably. The occurrence of poliomyelitis, though not solely identified with swimming in closed waters, demands that swimming bath water shall, in fact, approximate to the ideal—that is, the purity of drinking water.

FACTORIES ACT, 1937

The tables indicate the scope and extent of work carried out. No prosecutions and no references to H.M. Inspectors were necessary.

PART I**Inspections for purposes of provisions as to health.**

Premises	No. on Register	Inspections Made	Written Notices Served
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	297	74	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities	2,260	953	162
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises) ..	—	—	—
TOTAL	2,557	1,027	163

Details of Defects.

Nature	Found by Sanitary Inspectors	Referred by H.M. Inspectors	Remedied
Want of cleanliness	—	—	3
Overcrowding	—	—	—
Unreasonable temperature	—	—	1
Inadequate ventilation	—	—	—
Ineffective drainage of floors	—	—	—
Sanitary Conveniences :			
(a) Insufficient	3	—	—
(b) Unsuitable or defective	167	33	134
(c) Not separate for sexes	2	—	2
Other offences against the Act (not including offences relating to Outwork)	4	—	9
TOTAL	176	33	149

PART VIII

Outwork

With outworkers engaged in 1,633 premises, no cases of default of any kind arose.

Nature of Work.	No. of Outworkers
Wearing Apparel :	
Making, etc., cleansing and washing ..	583
Household linen	53
Lace, lace curtains and nets	912
Brass and brass articles	26
Nets other than wire nets	179
Paper bags	1
Carding, etc. of buttons, hooks and eyes, pins and hair pins	41
Weaving of textile fabrics	4
	<hr/> 1,799 <hr/>

SHOPS ACT, 1950

The work, summarised below, in connection with this Act, required 1,573 first visits and 115 re-visits.

Health and Comfort of Shopworkers.

Details of action under the provisions of the Act :—

Details.	Notices Served	Notices Complied With
Want of heating	2	7
„ „ adequate artificial lighting	2	3
„ „ facilities for washing	3	26
„ „ „ „ taking meals	—	1
Sanitary accommodation :		
Insufficient, unsuitable or defective	23	20
Not separate for sexes	—	—
Repair of walls, floors and ceilings	9	51
„ or cleansing of drains	1	2
Removal of offensive accumulations	3	10
Dust bins, provision of	—	1
Miscellaneous nuisances	6	7
Absence of forms required by the Act	18	38

The provisions of the Act regarding closing hours, early closing days and other conditions of employment were generally well observed ; 22 warnings were given regarding infringements of the Act, including 9 cases in which there was failure to observe the requirements as to closing hours and 9 cases in which the provisions as to early closing day were contravened.

Legislation relating to closing hours during the winter months ceased to operate. They were formerly contained in Defence Regulation 60AB, introduced in the early part of the last war with a view to saving fuel and light and as a precaution against the risks of air raids, and laid down a general closing hour of 7.30 p.m. on the late day and 6 p.m. on other days from the first Sunday in November to the day before the first Sunday in March.

The general closing hours of 9 p.m. on the late day and 8 p.m. on other days now apply, therefore, throughout the year.

Sales of clothing and other articles at various halls in the City were visited and one firm was warned regarding non-observance of the weekly half-holiday. In all cases warnings were sufficient to ensure compliance ; it was not necessary during the year to institute prosecutions.

A survey of all the shops in the country, published by the Board of Trade during the year revealed that Britain has one shop for every 89 persons. Nottingham is even better served, having one shop for every 50 persons.

PUBLIC HEALTH ACT, 1936

Workplaces

Two cases required action in relation to the sanitary accommodation provided.

YOUNG PERSONS EMPLOYMENT ACT, 1938

Eleven inspections only were required.

In 1950 it was observed that the number of young persons employed in retail shops appeared to be decreasing owing to the attraction of the five-day working week operative in most factories and wholesale shops. An inspection of 79 wholesale shops in the City during 1952 revealed that 26 firms employed a total of 154 young persons whose working hours averaged 40 and in some cases were as low as 36, per five-day week, compared with the maximum of 48 hours per week prescribed by the Shops Act in respect of retail premises ; an observation which tends to confirm the reason for the drift of young people from the retail trade.

In certain cases young persons may not be employed after midnight. An inspection was made in the early hours of the morning at three all-night cafes, four dance halls and two hotels and it is satisfactory to record that no young persons were found to be employed.

PUBLIC HEALTH ACT, 1936

MISCELLANEOUS PROVISIONS

Houses-let-in-Lodgings

Houses-let-in-lodgings provide an unsatisfactory form of accommodation but their existence is encouraged by the present-day housing shortage. Many of the large old houses in the City are used to house several families, but give poor facilities and amenities for the occupants ; overcrowding problems frequently arise in such premises.

There are 157 known houses-let-in-lodgings in the City but this does not represent the total number, there being no obligation upon the "occupiers" to notify the Local Authority of the existence of such establishments.

The byelaws regarding the cleansing and decoration of such premises during the month of April were enforced in those houses registered by the Authority.

Common Lodging Houses

The municipal hostel known as 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 are the only two establishments now in use.

Both hostels are satisfactory and have not undergone any major change in the past year.

Canal Boats

The canals and other navigable waters within the City have been visited on twenty occasions during the year and sixteen boats were inspected. Visits were made at various times and the Inspector was allowed free access to the cabins. There were no women or children carried on the boats inspected.

It was not necessary to serve a notice for any contravention, no case of infectious disease was reported nor was it necessary to detain any boat for cleansing or disinfection.

One boat was registered during the year ; the number of boats now in use and registered by this Authority is forty-one.

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

The Act requires :—

- (a) Registration of premises where filling materials of specified types are used in manufacturing bedding, toys, etc.
- (b) Licensing of premises in which rag flock is manufactured or stored for distribution.

The registration of premises used for reconditioning upholstery is not required.

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

Sixty-two visits were made to upholstery premises and forty-eight samples of filling materials were taken and submitted to a prescribed analyst. All samples complied with the requirements.

The table shows the number of licences and registrations :—

Upholstery premises registered	..	..	35
Licences to store rag flock	..	..	4
„ to manufacture rag flock	..	..	—

MEASURES AGAINST RODENT AND INSECT PESTS

The degree of infestation of land and premises has shown considerable improvement in recent years. Investigations have shown that there are no large colonies of rats in the City and in only one instance in an isolated place was an infestation of 50 rats located.

The City Engineer's staff periodically treats the public sewers with a view to the destruction of sewer rats and the Health Department operators at the same time deal with any infested drainage systems. Rat infestations have been found in new building developments due to drainage and sewerage systems being left open for long periods during the course of construction. Steps should be taken to seal the drain and sewer openings as the work proceeds to prevent rats harbouring in the pipes.

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. Of 89 rats and 44 mice examined it was found that 4 rats carried salmonella organisms thus emphasising the need for strict control of rat infestations and the need for early reporting.

A total of 1,607 infestations by rats and 1,030 by mice were dealt with ; 3,742 properties were surveyed and 11,885 visits were made.

MEASURES AGAINST DROUGHT AND FLOOD

PART

The first of the measures against drought and flood is the construction of dams and levees. These structures are built to hold back water and prevent it from flooding the land. They are also used to store water for use during dry periods.

The second measure is the construction of canals and ditches. These are used to divert water from one area to another. They are also used to drain excess water from the land and prevent flooding.

The third measure is the construction of flood control structures. These are built to prevent water from overflowing its banks and flooding the land. They are also used to control the flow of water and prevent it from causing damage.

The fourth measure is the construction of flood control structures. These are built to prevent water from overflowing its banks and flooding the land. They are also used to control the flow of water and prevent it from causing damage.

PART VI.

HOUSING ACTS 1936-1949

HOUSING

HOUSING

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

THE YEAR'S WORK

Inspection of Dwelling-houses

(1) (a)	Total No. of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts) ..	10,391
(b)	No. of inspections made for the purpose	16,717
(2) (a)	No. of dwelling-houses (included under Sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1938 ..	1,537
(b)	No. of inspections made for the purpose	4,876
(3)	No. of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	6
(4)	No. 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	5,173

Informal Action

No. of defective dwelling-houses rendered fit in consequence of informal notices by the Local Authority or their Officers	3,977
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Action under Statutory Powers

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

(a)	No. of dwelling-houses in respect of which notices were served requiring repairs	1,531
(b)	No. of dwelling-houses in which defects were remedied after service of formal notices :—	
1.	By owners	1,324
2.	By Local Authority in default of owners ..	175

2. Proceedings under the Public Health Acts.

(a)	No. of dwelling-houses in respect of which notices were served requiring defects to be remedied ..	469
(b)	No. of dwelling-houses in which defects were remedied after service of formal notices :—	
1.	By owners	327
2.	By Local Authority in default of owners ..	94

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

(a) No. of dwelling-houses in respect of which demolition orders were made	4
(b) No. of dwelling-houses demolished in pursuance of demolition orders	2

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

(a) No. of separate tenements or underground rooms in respect of which Closing Orders were made	—
(b) No. of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

Progress was made in the Sneinton Elements area. By December 81 houses had been demolished and only 8 tenants were in occupation of the remaining 24 houses.

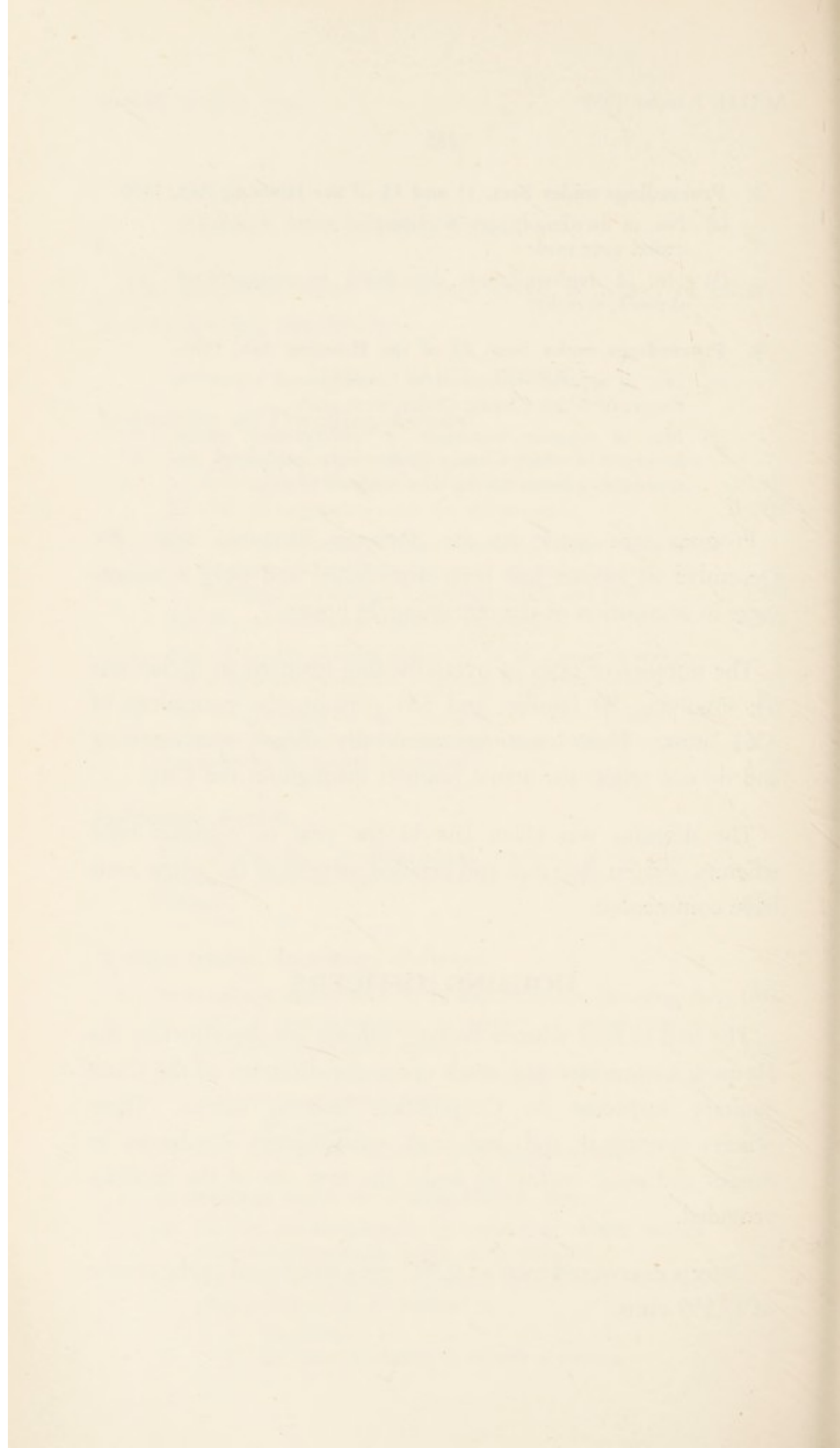
The number of cases of overcrowding brought to notice was 64, involving 90 families and 534 persons, the equivalent of 436½ units. These cases represent only illegal overcrowding and do not reflect the actual position throughout the City.

The decision was taken late in the year to consider bold schemes of slum clearance and detailed surveys of the worst areas have commenced.

HOUSING OFFICERS

The staff of four women housing officers are appointed by the Housing Committee and work under the direction of the Chief Sanitary Inspector on Corporation housing estates. These officers investigate and deal with unsatisfactory conditions in houses and assist tenants to make the best use of the facilities provided.

Defects discovered totalled 9,302 and were found in the course of 17,599 visits.



PART VII.

FOOD AND DRUGS ACTS 1938-1950

FOOD SUPERVISION AND INSPECTION

FOOD SUPERVISION AND INSPECTION

FOOD HYGIENE

Regular inspections continued to premises where human food was prepared, stored or sold. Particular attention was paid to the way in which food was handled and to protection from all forms of contamination.

Although the standard of food premises has improved considerably in recent years there are still many that require reconstruction. In many cases where owners of old buildings wished to carry out structural alterations in the interest of food hygiene, the applications to the Ministry of Works for building licences have been supported by the Health Department and in most cases have received favourable consideration.

The Officers of the Ministry of Food have also co-operated by referring applicants for catering licences to the Chief Sanitary Inspector so that the proposed premises could be inspected before licences were issued. This liaison enables the inspectors to advise intending food manufacturers as to the suitability of the premises for the purpose and the extent to which improvements would be necessary.

In 3,722 visits made it was found necessary to draw the attention of the occupiers to 365 defects and the requirements of the Department were met in 442 cases, including defects outstanding from 1951. During the year 123 premises were registered under Sect. 14 of the Act for the manufacture of sausages and other meat products bringing the total of registered premises up to 288.

Although the number of complaints received of foreign bodies in foodstuffs was less than in the previous year, many were of a serious nature as the foods contained such things as nails, wire and glass. It is realised that food manufacturers receive imported dried fruits and other bulk ingredients which contain foreign bodies ; nevertheless they are responsible for the purity of the food they sell.

In all cases of complaint a thorough investigation of the circumstances at the premises was carried out and the offenders were subsequently warned officially.

Legal proceedings were instituted against a food trader for failing to maintain a supply of hot water for the use of his staff and a fine of two pounds was imposed.

FOOD SAMPLING

A total of 1,529 samples were taken, the details being as follows :

Formal Samples	..	406	Analysed by Public Analyst.
Informal Samples	..	601	do.
Informal Milk Samples		522	Tested by Inspectors
		<hr/> 1,529 <hr/>	

The following samples were found to be not genuine :—

Formal	Action taken
Banana Curd—slight deficiency in fat content.	Cautionary letter to manufacturers.
Beef Sausage—deficient in meat 10·2%	Prosecution—Fined £3, costs £1. 15s. 0d.
Cheese Spread (Imported)—contained excess moisture and deficient in butter-fat.	Referred by Town Clerk to Ministry of Food (Food Standards and Labelling Division).
Compound Glycerin of Thymol B.P.C.—deficient in glycerin 7%.	Cautionary letter to manufacturers.

Formal	Action taken
Glaubers Salt—consisted wholly of exsiccated sodium sulphate.	Cautionary letter to seller.
Ice Cream—deficient in sugars	Public Analyst not prepared to certify the deficiency.
Ice Cream— „ „ „	Cautionary letter to seller.
Ice Cream— „ „ „ 1.28%.	Public analyst not prepared to certify the deficiency. Attention of manufacturer drawn to the matter by Chief Sanitary Inspector.
Lemon Curd—deficient in fat content.	Cautionary letter to manufacturers.
Non-brewed condiment—contained less than 4% Acetic Acid.	Distributors interviewed and further samples taken.
Pork Sausage—deficient in meat 2.25%.	Cautionary letter to manufacturers.
Pork Sausage— „ „ „ 2.50%.	„ „ „
Pork Sausage— „ „ „ 4.40%.	„ „ „
Pork Sausage— „ „ „ 4.80%.	„ „ „
Pork Sausage— „ „ „ 3.9%.	Warning letter to manufacturer from Town Clerk.
Pork Sausage Meat— „ „ 19%.	Prosecution—Fined £5, costs £1. 15s. 0d.
Pork Sausage Meat— „ „ 4.5%.	Warning letter to manufacturers from Town Clerk.
Synthetic Cream—Analysis did not conform with statutory statement on label.	Prosecution—Vendors fined £10, costs £3. 17s. 0d.
Informal.	Action taken.
Apricots in Syrup—low in total sugars.	Seller's stocks exhausted.
Baking Powder—deficient in available carbon dioxide content.	Verbal warning to seller by Inspector. Stocks now exhausted.

Informal	Action taken
Banana Curd—deficient in fat content.	Followed by formal sample.
Charcoal Biscuits B.P.C.—misleading description.	Verbal advice to seller.
Cheese Spread (Imported)—contained excess moisture and deficient in butter fat.	Followed by formal sample.
Chocolate Liqueurs (Imported)—contained no alcohol.	Letter to local distributor re labelling.
Compound Glycerine of Thymol B.P.C.—deficient in glycerin content.	Followed by formal sample.
Full Cream Colwick Cheese—incorrectly described as “full cream”.	Letter to sellers from Chief Sanitary Inspector.
Glauber Salts—consisted of exsiccated sodium sulphate.	Followed by formal sample.
Ice Cream—deficient in sugars.	“ “ “ “
Ice Cream— “ “ “ 20%.	“ “ “ “
Ice Cream— “ “ “	“ “ “ “
Lemon Curd— “ “ fat content.	“ “ “ “
Non-Brewed Condiment—contained less than 4% Acetic Acid.	“ “ “ “
Non-Brewed Condiment— “ “	Local packers advised ; stocks withdrawn and returned to suppliers.
Pork Sausage—deficient in meat 9·6%.	Followed by formal sample.
Pork Sausage Meat— “ “ 10·1%.	Followed by formal sample leading to prosecution.
Pork Sausage Meat— “ “ 10·5%.	Followed by formal sample.
Potted Meat (Imported)—contained extraneous starchy matter 7·56%.	Referred to the Ministry of Food (Food Standards & Labelling Division).
Synthetic Cream—Analysis did not conform with the statement on the label.	Followed by formal sample.

Results of sampling of MILK and ICE CREAM—see page 166.

Details of sampling of “OTHER FOODS”—see page 188.

Unsound Food Surrendered

Artificial Cream	..	..	..	1½ stones	
Bacon	..	..	..	187½	„
Biscuits	..	..	..	80	„
Black Puddings	..	..	..	1¾	„
Butter	..	..	..	9	„
Cake	..	..	..	39½	„
Cake Mixture	..	..	..	4¾	„
Canned Goods	..	..	..	8,785	„
Cereals	..	..	..	8½	„
Cheese	..	..	..	74	„
Cocoa	..	..	..	7	„
Coconut	..	..	..	14	„
Confectionery (Sweets, chocolate, etc.)				9½	„
Cooked Meats	..	..	..	13	„
Dried Fruit	..	..	..	91½	„
Eggs—Shell	..	..	..	4½	„
Egg Substitute	..	..	..	2	„
Fish	..	..	..	1,638	„
Fish, Shell	..	..	..	1,306	„
Fish Cakes	..	..	..	1½	„
Flour	..	..	..	42½	„
Fruit	..	..	..	76¾	„
Jams, etc.	..	..	..	35½	„
Margarine	..	..	..	15½	„
Miscellaneous	..	..	..	68¾	„
Nuts	..	..	..	11½	„
Oats	..	..	..	2¾	„
Pies, Meat	..	..	..	2¾	„
Poultry	..	..	..	19	„
Pudding Mixture	..	..	..	4½	„
Rabbits	..	..	..	432	„
Sandwich Spread		3	„
Sauces	7½	„
Sausages	66¾	„
Sugar	41¾	„
Syrup	1½	„

Carried forward .. 13,109 „

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<i>Brought forward</i>	..	13,109	stones
Tea	4	..
Tripe	12	..
Vegetables	65½	..
Yeast	11½	..
		<hr/>	
		13,201½	stones
Meat*	.. .. .	71,486½	stones
		<hr/>	
Grand Total of all foodstuffs	..	84,687¾	stones or 529¼ tons approx.

* For details see page 164.

THE MEAT SUPPLY

Because of the great increase in the number of pigs received for slaughter and the limited hanging space available at the Public Slaughter-house, the Ministry of Food re-opened the Slaughter-house occupied by Messrs. Furniss Bros. in Traffic Street. Thus the following slaughter-houses were in use :—

The Public Slaughter-house, Cattle Market—all types of animals ;
 Egerton Street Slaughter-house—Nottm. Co-op. Soc.—beasts and sheep ;
 Church Street Slaughter-house— " " " " " " " ;
 Egerton Street Slaughter-house—J. S. Beardall—sheep ;
 Traffic Street Slaughter-house—Messrs. Furniss Bros.—pigs.

Inspections

Animals arriving at the slaughter-houses were, as far as practicable, subjected to ante-mortem inspection and any found showing abnormal conditions were noted and slaughtered without delay, special attention being given to the carcase. If necessary specimens were submitted to the Public Health Laboratory or to the Veterinary Inspectors of the Ministry of Agriculture and Fisheries.

All carcasses and offals were inspected and in addition to routine inspections at the wholesale and retail markets meat inspectors made 1,374 visits to private slaughter-houses and 2,102 to other premises.

ANIMALS SLAUGHTERED FOR FOOD.

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Number Killed*	13,992†	8,620	13,821	75,889	41,560	153,882
Reason for Condemnation ..	NUMBER OF CARCASES CONDEMNED					
All diseases except tuberculosis :						
Whole carcase con- demned ..	14	23	57	141	100	335
Carcases part (or organ) condemned ..	4,608	3,536	34	1,959	918	11,055
Percentage affected ..	33	41·2	·65	2·7	2·4	79·95
Tuberculosis only :						
Whole carcasses condemned ..	53	331	3	—	79	466
Carcases part (or organ) condemned ..	1,708	4,064	2	—	3,107	8,881
Percentage affected with tuberculosis ..	12·5	50·9	·03	—	7·6	71·03

* ALL carcases were inspected.

† Bulls 450 ; bullocks 6,736 ; heifers 6,806.

Meat Surrendered. All unfit meat was surrendered ; no meat was seized.

	Home killed meat	Imported meat
	in	stones
Beef	29,833½	114
Mutton and Lamb ..	706	45¾
Pork	4,627½	—
Veal	197	—
Offals	35,957½	5
TOTAL	71,321½	164¾
GRAND TOTAL SURRENDERED : 71,486½ stones = 446¾ tons.		

Meat Transport

The handling and transport of meat from the slaughtering establishments was under daily supervision. All vehicles are thoroughly washed out with hot water and hosed down at the end of each day. Protective clothing as laid down in the Public Health Meat Regulations was worn by all workers handling or transporting meat and offals.

The unloading of meat from meat vans into butchers' premises in all parts of the City has been observed and in all cases was reasonably satisfactory.

THE MILK SUPPLY

REGISTRATIONS

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 Milk (Special Designation) (Specified Areas) Order, 1952, came into operation on the 1st November, 1952, its effect being to render the use of a "Special Designation" (Tuberculin Tested, Pasteurised, Sterilised or combinations of these terms) obligatory for the purpose of all sales of milk by retail for human consumption in an area which embraces the whole of the City and surrounding districts.

The following details applied at 31st December, 1952 :—

Processing establishments	..	..	..	..	5
Other Dairies	..	..	..	..	6
Dairymen operating from wholesalers' dairies	..				18
„ „ „ dairies outside the City	..				11
Milk Distributors—shopkeepers	..	..	..	..	480

LICENSING

DESIGNATED MILKS

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

Dealers' Licences to pasteurise milk	5
„ „ „ sterilise milk	3
„ „ „ sell tuberculin tested milk	81
„ „ „ „ pasteurised milk	239
„ „ „ „ sterilised milk	510
Supplementary licences to sell tuberculin tested milk	11
„ „ „ „ pasteurised milk	11
„ „ „ „ sterilised milk	9

MILK SAMPLING

BACTERIOLOGICAL EXAMINATION

Examination for Tubercle Bacilli

A total of 106 samples including 16 samples of designated milks was obtained, 98 showing negative results on biological testing. Three samples were not reported upon owing to technical difficulties at the laboratory.

Five samples including one sample of a designated milk, 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 this and previous years were as follows :—

1952	4.71 per cent.
51	9.18 „
50	5.40 „
49	1.66 „
48	1.72 „
47	5.08 „

Tuberculin Tested Milk—Raw

Forty-six samples were procured and all complied with the prescribed standards.

Pasteurised Milk—including Tuberculin Tested Pasteurised Milk

Of 646 samples of pasteurised milk sold under licence and subjected to the Methylene Blue Test, one was unsatisfactory. To test the efficiency of pasteurisation, these samples were also subjected to the Phosphatase Test and 642 were proved to have been correctly heat-treated.

Sterilised Milk—including Tuberculin Tested Sterilised Milk.

A total of 224 samples of milk processed under licence were obtained for examination and all were found to have been satisfactorily treated.

CHEMICAL EXAMINATION**Milk Samples analysed by the Public Analyst**

1952	No. of Samples.	Average Percent of Fat.	Average Percent of Solids not Fat.
January	30	3.583	8.780
February	27	3.441	8.556
March	39	3.456	8.678
April	39	3.374	8.472
May	24	3.489	8.727
June	27	3.432	8.844
July	33	3.365	8.647
August	12	3.725	8.595
September	38	3.798	8.790
October	34	3.784	8.797
November	40	3.892	8.842
December	18	3.552	8.734
AVERAGE	—	3.578	8.709
The Standard for Milk is "Fat" 3.0% and "Solids not Fat" 8.50%.			

Of the 522 informal samples of milk which were tested by the Inspectors during the year by the Gerber process, 36 or 6.9% were found to be adulterated.

ACTION TAKEN ON UNSATISFACTORY MILK SAMPLES

Samples taken formally and found not genuine	Action taken
3 samples Deficient in milk solids other than milk fat and/or in milk fat.	Letters to Producer and to Milk Production Officer.
2 samples Deficient in milk solids other than milk fat.	" " " "
3 samples Deficient in milk fat.	" " " "
1 sample Deficient in milk solids other than milk fat.	" " " "
2 samples Containing added water 5% and 3% respectively.	Prosecution—Producer fined £5 —Costs £4. 3s. 0d.
1 sample Low in solids not fat.	Further samples found to be genuine.
2 samples Deficient in fat and in solids not fat.	Letters to Producer and to Milk Production Officer.
1 sample Deficient in fat and in solids not fat.	" " " "
6 samples Containing added water 8%, 11%, 11%, 15%, 18% and 22% respectively.	Prosecution—Producer fined £19, costs £18. 6s. 6d.
1 sample Deficient in fat.	Letter to Producer and to Milk Production Officer.
1 sample " " "	" " " "
1 sample " " "	" " " "
2 samples " " solids not fat.	" " " "
1 sample Large piece of wood in bottle.	Warning letter from Town Clerk to dairyman.
1 sample Containing added water 4%.	Cautionary letter from Town Clerk to dairyman.
1 sample Deficient in fat.	Referred to County Sampling Officer for action.
2 samples Deficient in fat and in solids not fat.	Letters to Producer and to Milk Production Officer.
1 sample Deficient in fat.	" " " "
3 samples Deficient in fat and in solids not fat.	" " " "
3 samples Deficient in solids not fat.	" " " "
3 samples Deficient in fat and/or solids not fat.	" " " "
1 sample Low in fat content.	" " " "

Samples taken formally and found not genuine		Action taken			
1 sample	Contained small amount of extraneous water.	Informal testing sample from processing plant. Fault rectified.			
1 sample	Contained foreign bodies (insects).	Warning letter from Town Clerk to Processors.			
1 sample	Deficient in milk fat.	Letters to Producer and to Milk Production Officer.			
3 samples	Deficient in solids not fat.	..	..	..	..
1 sample	Deficient in fat.	..	..	..	..

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 by those persons must be registered under the provisions of the Food and Drugs Act, 1938.

1,971 inspections were made.

Registrations in force at the end of the year :—

MANUFACTURERS.

" Hot Mix " method	..	..	11
" Cold Mix " method	..	..	17
			—28

VENDORS AND DEALERS.

" Pre-packed " ices	..	..	551
" Loose " ices	..	..	239
			—790
New registrations	..	..	65
Transfer of registrations	..	..	52

Sampling

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

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

In July, 1952, the following amended standard came into operation :—

Fat	..	..	Not less than	4%
Sugar	..	..	" "	10%
Milk Solids	Other than			
Fat	..	..	" "	5%

Of 74 samples taken for analysis three 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	215
2	2½ — 4	26
3	½ — 2	9
4	0	4

In addition, 4 samples of "Iced Lollies" were examined and three found to be satisfactory. One was unsatisfactory and the manufacturer when warned did not make any further supplies.

SHELL FISH

Shell fish from various sources were received into the Wholesale Fish Market and samples were frequently submitted to the Public Health Laboratory for bacteriological examination.

Fresh consignments of mussels from sources which previously had been found to be unsatisfactory, were retained and sampled and were not allowed to be sold unless a satisfactory report was received from the Public Health Laboratory.

Very few mussels were received from Ireland and in all cases they arrived in sealed bags with evidence of having passed through a cleansing station. The time is long overdue for the compulsory cleansing of mussels from all sources.

Eight tons, three hundredweights, one quarter, of shell fish were found to be unfit for human consumption and were confiscated.

Of thirty-nine samples of mussels taken, thirteen were found to be unsatisfactory. Details are given :—

Origin of Layings	No. of Samples	Satisfactory	Unsatisfactory
Boston, Lincolnshire ..	30	17	13
Lytham St. Ann's, Lancashire ..	1	1	—
King's Lynn, Norfolk ..	1	1	—
Ireland	3	3	—
Denmark	4	4	—
TOTALS ..	39	26	13

FERTILISERS AND FEEDING STUFFS ACT, 1926

Samples taken	Satisfactory	Unsatisfactory	Total
Plant Food	—	1	1
Sulphate of Potash ..	3	—	3
Hoof and Horn	—	2	2
Fish Meal Fertiliser ..	—	2	2
Soluble Dried Blood ..	—	1	1
Sulphate of Ammonia ..	1	—	1
Hydrated Garden Lime ..	1	—	1
Liquid Manure	1	—	1
Meat and Bone Meal Fertiliser	1	—	1
National Growmore ..	—	2	2
Blood and Bone Fertiliser ..	—	1	1
Steamed Bone Flour ..	—	1	1
Basic Slag	—	1	1
National Pig Food No. 2 (Fattening)	1	—	1
Silage Pellets	1	—	1
Greenbone for Poultry ..	—	1	1
Balancer Meal	—	3	3
TOTALS	9	15	24

Action taken on unsatisfactory samples was as follows :—

1 Plant Food	Retailer's old stock—remainder withdrawn from sale.
2 Hoof and Horn	Cautionary letters to sellers regarding small nitrogen deficiency. Stocks withdrawn from sale.
1 Fish Meal Fertiliser	Seller failed to provide correct statutory statement. Prosecution—Fined £2.
1 Fish Meal Fertiliser	Letter to manufacturers and warning to seller re discrepancies found on analysis.
1 Soluble Dried Blood	Retailer's old stock—remainder withdrawn from sale.
2 National Growmore Fertiliser	Old stocks—now exhausted. Seller cautioned by Inspector.
1 Blood and Bone Fertiliser	Followed by formal sample. Result awaited.
1 Steamed Bone Flour	do.
1 Basic Slag	Apparent labelling error. Investigation proceeding.
1 Greenbone for Poultry	Communications with Agricultural Analyst and Ministry to decide classification of product.
2 Balancer Meal	Cautionary letter to manufacturers from Town Clerk and communication of details to Ministry.
1 Balancer Meal	Warning letter to seller re labelling.

Six cautionary letters were also sent to persons for minor infringements of the Act.

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	27
Approved	26
Withdrawn	1
Transfer of licences	3
Registrations not renewed, owing to discontinuance of the Sales of Part II Poisons	14

Ten cautionary letters were sent to persons for minor infringements of the Act and arrangements were made for the safe disposal of 80 lbs. of an arsenical sheep-dip at a wholesaler's request.

PART VIII.

HEALTH COMMITTEE

HEALTH COMMITTEE STAFF

ATTENDANCES AT WELFARE CENTRES

“ “ DAY NURSERIES

HOME NURSING SERVICE—

RECORD OF PATIENTS NURSED

THE TUBERCULOSIS REGISTER

MEASUREMENT OF ATMOSPHERIC POLLUTION

DETAILS OF SAMPLING OF “OTHER FOODS”

FINANCIAL SUMMARY

SICKNESS RETURNS—MINISTRY OF NATIONAL
INSURANCE

HEALTH COMMITTEE
1952

LORD MAYOR :
COUNCILLOR LEON H. WILLSON, M.C., J.P.

CHAIRMAN :
ALDERMAN ERNEST PURSER

VICE-CHAIRMAN :
COUNCILLOR (Miss) GLEN BOTT, J.P., M.B., B.S., F.R.C.O.G.

ALDERMAN R. ARBON
ALDERMAN W. CRANE, J.P.
ALDERMAN H. O. EMMONY
COUNCILLOR C. CAMERON, J.P.
COUNCILLOR (Mrs.) L. E. CHAMBERS, J.P.
COUNCILLOR E. A. DOBSON
COUNCILLOR J. W. KENYON
COUNCILLOR L. MITSON
COUNCILLOR J. F. MURDEN
COUNCILLOR W. H. MURDOCK
COUNCILLOR A. W. NORWEBB, J.P.
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.

Maternal and Child Health—

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.

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

NELLIE M. PLOWRIGHT, M.B., Ch.B., D.C.H. From 19.5.52.

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

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. To 16.7.52

District Midwives—32 Full-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.

To 5.7.52.

„ —Miss M. MACFIE, S.R.N., S.C.M. From 6.8.52.

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 —Maternal and Child Health —27.

Tuberculosis — 6.

Trainees — 2.

Day Nurseries.

Supervisor —Mrs. D. E. WISE, S.R.N., S.C.M., H.V. To 23.4.52.

„ —Miss K. THOMPSON. From 24.4.52.

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

Nursery Assistants—9.

BELLS LANE .. *Acting Matron*—Miss M. R. M. DALE, C.N.N.

Nursery Assistants—9.

Day Nurseries—continued

BULWELL	..	Matron—MISS D. GARSIDE, S.R.N. Nursery Assistants—9.
DOWSON	..	Matron—MRS. P. BATES, C.N.N. Nursery Assistants—4.
HEATHCOAT STREET		Matron—MISS J. TALBOT. Nursery Assistants—9.
PIERREPONT	..	Matron—MRS. M. STEED S.R.N., S.C.M. Nursery Assistants—9.
QUEEN'S DRIVE	..	Matron—MRS. E. MACKINTOSH, S.R.N. S.C.M. Nursery Assistants—6.
RADFORD	..	Matron—MRS. M. A. R. NAYLOR, S.R.N. Nursery Assistants—9.
SYCAMORE ROAD	..	Matron—MRS. H. PROSENJUK, Nursery Assistants—9. R.S.C.N., C.N.N.

Mother and Baby Home.

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

Home Nursing.

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

Deputy Superintendent —Vacant.

„ „ —MISS M. M. LAYCOCK, S.R.N., S.C.M.

To 1.8.52.

Home Nursing Sisters—48.

Home Help Service.

Organiser—MRS. L. E. GRAY.

District Organisers 4.

Case Workers 3.

Home Helpers .. Full-time .. 142.
Part-time .. 375.

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.

*In conjunction with Regional Hospital Board.

Mental Health—continued

WILFRID L. JONES, M.B., B.S., D.P.M. *
Consultant Psychiatrist, Mapperley Hospital.

JULIUS KAMIENIECKI, Ph.D., M.A., L.L.M. *
Clinical Psychologist.

KENNETH O. MILNER, M.D., M.R.C.S., L.R.C.P., D.P.M. *
Physician Superintendent, Aston Hall Institution.

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.

Almoners.

Miss A. C. REID, A.M.I.A. Senior.

1 Full-time and 1 Part-time Almoner.

Ambulance Service.

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

Superintendent—A. K. HICKS.

Deputy Superintendent—J. W. GANNON.

Ultra Violet Ray Clinic.

HENRY N. JAFFE, M.B., B.S. †

SOPHIA K. G. STUART, M.A., M.B., Ch.B. †

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

Nurse Attendants—2.

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.

Deceased 2.4.52.

„ „ —R. YOUNG, M.R.San.I. From 1.6.52.

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—6.

*In conjunction with Regional Hospital Board.

†Part-time.

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. *

City Analyst.

W. W. TAYLOR, B.Sc., F.R.I.C. †

Clerical.

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

Chief Clerk—J. C. SLIGHT.

Clerks, all sections—46.

Other Staff.

Mortuary Attendants—2.

Maintenance Assistant—1.

Van Drivers—3.

*In conjunction with Regional Hospital Board.

†Part-time.

ATTENDANCES AT DAY NURSERIES

	ARNOLD ROAD			BELLS LANE			BULWELL			HEATHCOAT STREET			DOWSON NURSERY			PIERREPONT			QUEEN'S DRIVE			RADFORD			SYCAMORE ROAD		
	A*	B*	C*	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
JANUARY ..	23	229	451	46	168	460	20	157	422	73	413	273	-	133	392	23	184	489	72	217	258	-	-	-	7	217	438
FEBRUARY ..	4	221	397	37	105	368	35	120	448	10	77	94	-	78	368	19	112	401	83	205	332	14	96	198	-	166	367
MARCH ..	16	255	427	32	153	427	35	70	452	-	74	173	-	76	426	21	133	420	119	171	319	50	129	436	-	111	225
APRIL ..	17	155	251	20	197	371	47	113	415	18	188	212	-	51	316	11	109	375	106	110	235	38	115	415	12	112	269
MAY ..	15	153	356	7	240	431	52	162	491	68	287	285	-	95	415	58	182	536	169	206	305	43	203	496	30	213	447
JUNE ..	-	147	344	16	194	427	36	118	410	64	210	342	-	89	402	44	172	426	120	212	288	35	131	385	34	197	489
JULY ..	-	145	429	23	261	509	35	181	446	95	244	438	-	133	430	72	213	471	88	179	311	28	132	485	87	203	556
AUGUST ..	-	66	173	3	83	197	12	64	167	17	130	156	-	40	155	26	67	167	37	73	134	17	42	163	35	71	172
SEPTEMBER ..	-	158	380	10	221	543	22	192	446	42	294	343	-	98	454	66	141	461	20	277	361	70	153	582	87	256	479
OCTOBER ..	24	177	374	-	178	409	8	234	516	55	325	366	-	83	491	36	165	462	23	284	287	61	176	504	46	278	515
NOVEMBER ..	58	210	391	-	152	417	8	186	440	38	195	280	-	97	426	10	103	489	40	236	256	35	160	405	55	212	397
DECEMBER ..	46	131	329	3	124	386	9	156	388	14	179	164	-	85	366	8	126	348	23	65	159	33	140	419	44	148	343
TOTALS	203	2,047	4,302	197	2,076	4,945	319	1,753	5,041	494	2,616	3,126	-	1,058	4,641	394	1,707	5,045	900	2,235	3,245	424	1,477	4,488	437	2,184	4,697
	6,552			7,218			7,113			6,236			5,699			7,146			6,380			6,389			7,318		

* Age Groups :—A : 0-6 months ; B : 6 months-2 years ; C : 2-5 years.
 Attendances :—0-6 months—3,368 ; 6 months-2 years—17,153 ; 2-5 years—39,530 ; Total : 60,051 ; Daily Average : 27.6.

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 ..	99	221	1,367	67	1,655	16.7	99	327	4,889	49.3	50	8	792	15.84
Basford ..	51	177	1,096	68	1,341	26.3	99	199	3,660	37.	51	6	599	11.74
Bilborough ..	51	149	921	69	1,139	22.3	101	318	5,025	49.7	52	29	739	14.21
Bulwell ..	52	201	1,053	65	1,319	25.4	99	259	3,506	35.41	51	14	708	13.9
Edwards Lane ..	49	137	779	63	979	19.9	100	238	4,098	40.98	51	12	769	15.08
Huntingdon Street ..	100	392	1,799	69	2,260	22.6	102	345	4,842	47.47	52	23	777	14.94
Hyson Green ..	—	—	—	—	—	—	100	328	5,928	59.28	—	—	—	—
Jarvis Avenue ..	50	115	784	60	959	19.2	100	213	3,728	37.28	50	34	743	14.86
Lenton Abbey ..	—	—	—	—	—	—	51	45	1,316	25.8	—	—	—	—
Radford ..	152	528	2,890	201	3,619	23.8	153	710	8,815	57.61	50	39	1,070	21.4
Sneinton ..	101	291	1,776	91	2,158	21.3	101	391	5,764	57.07	50	29	716	14.32
Wilford Road ..	102	310	1,885	112	2,307	22.6	102	362	4,858	47.62	49	32	827	16.87
John Ryle H. C. ...	10	15	48	2	65	6.5	9	29	301	33.4	—	—	—	—
TOTALS ..	817	2,536	14,398	867	17,801	21.8	1,216	3,764	56,730	46.65	506	226	7,740	15.3
Consultant Clinic ..	52	407	543	69	950	18.3								

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*Classified in other Columns—Not to be included in Total

TUBERCULOSIS REGISTER

	PULMONARY			NON-PULMONARY			Total		
	Adults		Child- ren	Adults		Child- ren	1952	1951	1950
	M.	F.		M.	F.				
Cases B/Fwd. ..	1,288	1,443	481	66	117	104	3,499	3,360	3,173
Transfers from other areas ..	30	18	—	—	1	—	49	58	35
"Lost" cases returned ..	3	4	—	—	—	—	7	9	4
	1,321	1,465	481	66	118	104	3,555	3,427	3,212
NEW CASES ..	186	177	67	5	19	5	459	506	517
	1,507	1,642	548	71	137	109	4,014	3,933	3,729
Cases written off ..	201	152	28	14	20	12	427	434	369
	1,306	1,490	520	57	117	97	3,587	3,499	3,360
Children becoming adults ..	+11	+7	—18	+4	+4	—8			
Cases on Register at end of year ..	1,317	1,497	502	61	121	89	3,587	3,499	3,360
DETAILS OF CASES WRITTEN OFF :—									
Recovered							192	176	106
Deaths							124	111	156
Transferred to other areas or lost sight of							111	147	107
DEATHS :—									
Total No.							124	111	156
Rate per 1,000 population—Pulmonary							0·38	0·35	0·47
do. —All forms							0·40	0·36	0·49
Average Rate per 1,000 population for past 10 years—									
do. Pulmonary							0·52		
do. —All forms							0·57		
EXAMINATION OF CONTACTS :—									
No. of contacts examined							2,138	1,087	858
do. found to be tuberculous							34	28	29
WORK OF THE TUBERCULOSIS HEALTH VISITORS :									
No. of visits paid to patients' homes							13,020	10,471	10,748

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
January	13.02	10.78	23.80	17.33	15.49	32.82	11.88	10.30	22.18	14.47	8.56	23.03	6.55	6.53	13.08	5.67	4.69	10.36
February	15.00	7.68	22.68	15.73	6.18	21.91	15.85	6.90	22.75	13.93	6.19	20.12	7.64	2.79	10.43	7.20	2.96	10.16
March	16.16	10.78	26.94	16.82	10.11	26.93	18.28	9.63	27.91	17.80	8.91	26.71	8.07	6.00	14.07	8.05	6.74	14.79
April	14.04	8.18	22.22	17.88	7.64	25.52	14.06	7.43	21.49	14.44	6.65	21.09	8.02	5.50	13.52	7.68	2.30	9.98
May	14.31	11.59	25.90	17.45	8.01	25.46	15.20	9.22	24.42	18.29	12.21	30.50	5.77	8.27	14.04	11.07	7.64	18.71
June	9.83	7.45	17.28	11.71	6.34	18.05	13.88	7.01	20.89	10.20	9.05	19.25	8.65	4.28	12.93	6.99	4.42	11.41
July	11.33	4.26	15.59	17.48	4.18	21.66	19.86	9.09	28.95	11.31	2.42	13.73	8.98	3.72	12.70	11.77	3.68	15.45
August	11.70	6.53	18.23	12.89	6.48	19.37	11.70	6.28	17.98	11.29	6.10	17.39	8.82	5.06	13.88	7.31	4.92	12.23
September	8.76	6.76	15.52	13.90	6.53	20.43	12.99	7.84	20.83	9.60	7.80	17.40	7.82	3.71	11.53	6.90	2.66	9.56
October	13.43	10.06	23.49	15.55	9.50	25.05	13.53	10.10	23.63	21.83	11.56	33.39	6.39	6.34	12.73	—	—	—
November	10.34	10.23	20.57	18.59	9.39	27.98	12.19	8.93	21.12	13.21	10.90	24.11	6.07	5.32	11.39	4.33	6.81	11.14
December	19.64	12.78	32.42	17.66	11.66	29.32	11.35	12.05	23.40	22.99	15.32	38.31	7.58	8.63	16.21	5.02	7.92	12.94
TOTAL	157.56	107.08	264.64	192.99	101.51	294.50	170.77	104.78	275.55	179.36	105.67	285.03	90.36	66.15	156.51	81.99	54.74	136.73

LEAD PEROXIDE

Amount of Sulphur in the atmosphere expressed as milligrammes of Sulphate per day per 100 sq. cm. of Lead Peroxide.

	City Centre	Basford	Bulwell	Meadows	Mapperley	Wollaton
January ..	2.92	1.56	1.18	3.50	1.54	0.82
February ..	3.08	1.78	1.25	3.19	1.35	0.84
March ..	1.58	1.49	0.82	2.10	1.16	0.56
April ..	1.91	1.01	0.79	1.75	0.76	0.42
May ..	1.17	0.83	0.63	1.29	0.57	0.30
June ..	1.21	0.65	0.53	1.18	0.39	0.25
July ..	0.84	0.45	0.41	1.00	0.34	0.24
August ..	0.98	0.59	0.43	1.22	0.42	0.23
September ..	1.31	0.83	0.68	1.68	0.54	0.50
October ..	1.88	1.13	0.76	1.97	0.91	0.51
November ..	2.32	1.53	1.15	2.38	0.99	0.83
December ..	3.01	2.10	1.55	2.71	1.83	0.68

MINISTRY OF NATIONAL INSURANCE SICKNESS RETURNS

The number of claims for sickness benefit in Nottingham and the immediately surrounding areas give an indication of sickness of the population month by month.

	Nottingham (& District-part) Area*		City of Nottingham*							
	Average No. of sickness claims per week		Notifs. of pneumonia		Deaths attributed to conditions associated with influenza					
					Influenza		Bronchitis		Pneumonia	
	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952
JANUARY ..	2,813†	1,340	36	13	19	—	65	3	48	211
FEBRUARY ..	2,492†	1,416	146	30	71	1	76	8	84	211
MARCH ..	1,176	1,290	25	33	9	1	58	10	44	277
APRIL ..	1,136	1,034	8	30	—	—	26	5	24	166
MAY ..	898	910	13	12	—	—	16	2	19	166
JUNE ..	784	801	3	2	—	—	11	—	13	88
JULY ..	781	800	5	4	—	—	11	—	15	66
AUGUST ..	681	794	7	9	—	—	4	2	14	22
SEPTEMBER ..	941	1,035	3	3	—	—	3	3	13	22
OCTOBER ..	1,315	1,294	10	10	1	—	5	2	12	99
NOVEMBER ..	1,143	1,271	16	10	—	—	6	7	14	100
DECEMBER ..	936	1,220	8	30	—	1	2	5	18	300

* The two areas are not identical.

† Influenza epidemic.

Actual cost for the year ended 31st March 1952
Estimated cost for the year ended 31st March 1953

SERVICE	Year ended 31st March, 1952						Year ended 31st March, 1953		
	Gross Expenditure	Income other than Government Grants	Government Grants	Net Expenditure to be met from Rates	Equivalent Rate Poundage	Cost per head of Population	Estimated Net Expenditure to be met from Rates	Equivalent Rate Poundage	Cost per head of Population
	£	£	£	£	s. d.	s. d.	£	s. d.	s. d.
Administration (not charged to other services)	5,162	3,075	73	2,014	.22	1.58	2,020	.22	1.58
Sanitary Inspection and Other Services	35,440	1,438	1,423	32,579	3.53	2 1.50	35,074	3.83	2 3.45
Health Centres	122	—	61	61	.01	.05	2,167	.24	1.70
Maternal and Child Health	59,376	6,387	26,499	26,490	2.87	1 8.73	33,118	3.62	2 1.92
Midwifery	36,447	1,429	17,509	17,509	1.90	1 1.70	17,791	1.94	1 1.92
Health Visiting	20,687	363	10,322	10,002	1.08	7.83	10,960	1.20	8.58
Home Nursing	27,836	492	13,672	13,672	1.48	10.70	17,539	1.92	1 1.73
Vaccination and Immunisation	3,300	—	1,650	1,650	.18	1.29	1,901	.21	1.49
Ambulance Service	49,788	4,309	22,740	22,739	2.47	1 5.80	22,837	2.50	1 5.88
Prevention of Illness, Care, and After-Care	13,133	3,433	4,850	4,850	.53	3.80	7,199	.79	5.64
Mental Health	16,055	315	7,870	7,870	.85	6.16	8,913	.97	6.98
Domestic Help	46,966	4,359	21,303	21,304	2.31	1 4.68	35,316	3.86	2 3.64
TOTAL	314,312	25,600	127,972	160,740	1 5.43	10 5.82	194,835	1 9.30	12 8.51

DETAILS OF SAMPLING OF "OTHER FOODS".

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
1. Milk	361	3	364	315	—	315	46	3	49
2. Milk, condensed full cream, sweetened ..	—	7	7	—	7	7	—	—	—
3. Milk, condensed skimmed, sweetened ..	—	9	9	—	9	9	—	—	—
4. Milk, condensed evaporated ..	—	1	1	—	1	1	—	—	—
5. Milk, condensed skimmed, unsweetened ..	—	1	1	—	1	1	—	—	—
6. Ice Cream	3	71	74	—	68	68	3	3	6
7. Acelet	—	1	1	—	1	1	—	—	—
8. Almonds (chopped) ..	—	1	1	—	1	1	—	—	—
9. Almond Flavouring ..	—	1	1	—	1	1	—	—	—
10. Anchovy Paste	—	1	1	—	1	1	—	—	—
11. Angelica	—	1	1	—	1	1	—	—	—
12. Apple and Blackberry Conserve ..	—	1	1	—	1	1	—	—	—
13. Apple and Blackberry Slices ..	—	1	1	—	1	1	—	—	—
14. Apples in light Syrup ..	—	1	1	—	1	1	—	—	—
15. Apple Puree	—	1	1	—	1	1	—	—	—
16. Apple and Strawberry Jam ..	—	1	1	—	1	1	—	—	—
17. Apple Tart and Custard ..	—	1	1	—	1	1	—	—	—
18. Apricots in Syrup	—	1	1	—	—	—	—	1	1
19. Arrowroot	—	2	2	—	2	2	—	—	—
20. Artificial Food Colour ..	—	2	2	—	2	2	—	—	—
21. Asparagus Soup	—	1	1	—	1	1	—	—	—
22. Aspirin Tablets	—	2	2	—	2	2	—	—	—
23. Bacon	—	7	7	—	7	7	—	—	—
24. Baking Powder	—	2	2	—	1	1	—	1	1
25. Banana Flavouring ..	—	1	1	—	1	1	—	—	—
26. Banana Curd	1	1	2	—	—	—	1	1	2
27. Barley Flour	—	1	1	—	1	1	—	—	—
28. Barley Kernels	—	1	1	—	1	1	—	—	—
29. Barley Wine	—	1	1	—	1	1	—	—	—
30. Bartlett Pears in Syrup ..	—	1	1	—	1	1	—	—	—
31. Batter Flour	—	1	1	—	1	1	—	—	—
32. Beans in Tomato Sauce ..	—	2	2	—	2	2	—	—	—
33. Beans with Pork in Tomato Sauce ..	—	1	1	—	1	1	—	—	—
34. Beef Paste	—	1	1	—	1	1	—	—	—
35. Beef Sausages	7	1	8	6	1	7	1	—	1
36. Beef Sausage Meat	4	2	6	4	2	6	—	—	—
37. Beef Soup	—	1	1	—	1	1	—	—	—
38. Beef Suet	—	1	1	—	1	1	—	—	—
39. Beef Tea	—	1	1	—	1	1	—	—	—
40. Bicarbonate of Soda ..	—	1	1	—	1	1	—	—	—
41. Bilberries	—	1	1	—	1	1	—	—	—
42. Biscuits	—	4	4	—	4	4	—	—	—
43. Black Puddings	—	1	1	—	1	1	—	—	—
44. Black Currant Jam ..	—	1	1	—	1	1	—	—	—
45. Blancmange Powder ..	—	2	2	—	2	2	—	—	—
46. Boracic Acid Powder ..	—	1	1	—	1	1	—	—	—
47. Borax B.P.	—	1	1	—	1	1	—	—	—
Carried forward	376	149	525	325	140	465	51	9	60

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Brought forward	376	149	525	325	140	465	51	9	60
48. Bovril	—	1	1	—	1	1	—	—	—
49. Bran	—	1	1	—	1	1	—	—	—
50. Brandy	1	—	1	1	—	1	—	—	—
51. Brandysnap	—	1	1	—	1	1	—	—	—
52. Brawn	—	2	2	—	2	2	—	—	—
53. Brisling	—	2	2	—	2	2	—	—	—
54. "Butta Licorice"	—	1	1	—	1	1	—	—	—
55. Buttanuts	—	1	1	—	1	1	—	—	—
56. Butter	—	8	8	—	8	8	—	—	—
57. Butter Beans (canned)	—	1	1	—	1	1	—	—	—
58. Butter Dabs	—	1	1	—	1	1	—	—	—
59. Buttered Macaroons	—	1	1	—	1	1	—	—	—
60. Butterscotch	—	1	1	—	1	1	—	—	—
61. Butter Toffee	—	1	1	—	1	1	—	—	—
62. Cachous (Silver)	—	1	1	—	1	1	—	—	—
63. Cake Flour	—	1	1	—	1	1	—	—	—
64. Cake Mixture	—	3	3	—	3	3	—	—	—
65. Calamine Lotion B.P.	—	1	1	—	1	1	—	—	—
66. Calves Feet Jelly	—	1	1	—	1	1	—	—	—
67. Camphorated Oil B.P.	—	1	1	—	1	1	—	—	—
68. Cape Gooseberries	—	1	1	—	1	1	—	—	—
69. Carrots (Canned)	—	1	1	—	1	1	—	—	—
70. Castor Oil	—	1	1	—	1	1	—	—	—
71. Charcoal Biscuits	—	1	1	—	—	—	—	1	1
72. Cheese	—	7	7	—	7	7	—	—	—
73. Cheese Cakes	—	1	1	—	1	1	—	—	—
74. Cheese Spread	1	1	2	—	—	—	1	1	2
75. Cheese Straws	—	2	2	—	2	2	—	—	—
76. Chelsea Buns	—	1	1	—	1	1	—	—	—
77. Cherry Flavouring	—	1	1	—	1	1	—	—	—
78. Cherries in Syrup	—	1	1	—	1	1	—	—	—
79. Chicken Pie (canned)	—	1	1	—	1	1	—	—	—
80. Chicken and Rabbit Slices	—	1	1	—	1	1	—	—	—
81. Chocolate Liqueurs	—	1	1	—	—	—	—	1	1
82. Chocolate Pudding	—	1	1	—	1	1	—	—	—
83. Christmas Pudding	—	3	3	—	3	3	—	—	—
84. Cider	—	1	1	—	1	1	—	—	—
85. Cochineal Colouring	—	1	1	—	1	1	—	—	—
86. Cockles	—	1	1	—	1	1	—	—	—
87. Cocktail Cakettes (sweets)	—	1	1	—	1	1	—	—	—
88. Cocoa	—	2	2	—	2	2	—	—	—
89. Coconut (sugared)	—	1	1	—	1	1	—	—	—
90. Cod Liver Oil	—	1	1	—	1	1	—	—	—
91. Coffee	—	4	4	—	4	4	—	—	—
92. Coffee and Chicory	—	5	5	—	5	5	—	—	—
93. Coffee Flavoured Beverage	—	1	1	—	1	1	—	—	—
94. Compound Glycerin of Thymol B.P.C.	1	1	2	—	—	—	1	1	2
95. Compound Syrup of Figs	—	1	1	—	1	1	—	—	—
96. Cooked Meat Rissoles	—	2	2	—	2	2	—	—	—
97. Cooking Fat	—	2	2	—	2	2	—	—	—
98. Cooking Salt	—	1	1	—	1	1	—	—	—
Carried forward	379	229	608	326	216	542	53	13	66

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Brought forward	379	229	608	326	216	542	53	13	66
99. Cornflour	—	2	2	—	2	2	—	—	—
100. Cottage Pie	—	1	1	—	1	1	—	—	—
101. Crab (dressed)	—	2	2	—	2	2	—	—	—
102. Crab Paste	—	1	1	—	1	1	—	—	—
103. Cream of Magnesia B.P.C. ..	—	1	1	—	1	1	—	—	—
104. Cream of Tartar	—	2	2	—	2	2	—	—	—
105. Cream of Tomato Soup	—	1	1	—	1	1	—	—	—
106. Currants	—	2	2	—	2	2	—	—	—
107. Currie Powder	—	2	2	—	2	2	—	—	—
108. Custard Powder	—	4	4	—	4	4	—	—	—
109. Cut Candied Peel	—	1	1	—	1	1	—	—	—
110. Damson Jam	—	1	1	—	1	1	—	—	—
111. Damsons in Syrup	—	2	2	—	2	2	—	—	—
112. Dandelion Coffee Essence ..	—	1	1	—	1	1	—	—	—
113. Dates (stoned)	—	1	1	—	1	1	—	—	—
114. Dehydrated Pineapple	—	1	1	—	1	1	—	—	—
115. Dessert	—	1	1	—	1	1	—	—	—
116. Diabetic Chocolate	—	1	1	—	1	1	—	—	—
117. Doughnuts	—	2	2	—	2	2	—	—	—
118. Dried Brewers' Yeast	—	1	1	—	1	1	—	—	—
119. Dried Parsley	—	1	1	—	1	1	—	—	—
120. Dried Thyme	—	1	1	—	1	1	—	—	—
121. Drinking Chocolate	—	1	1	—	1	1	—	—	—
122. Dripping	—	2	2	—	2	2	—	—	—
123. Edible Fat	—	1	1	—	1	1	—	—	—
124. Epsom Salts	—	3	3	—	3	3	—	—	—
125. Faggots	—	1	1	—	1	1	—	—	—
126. Figs	—	1	1	—	1	1	—	—	—
127. Fish Cakes	—	1	1	—	1	1	—	—	—
128. Fish Paste	—	3	3	—	3	3	—	—	—
129. Flaked Rice	—	1	1	—	1	1	—	—	—
130. Flaked Tapioca	—	1	1	—	1	1	—	—	—
131. Fresh Garden Peas (canned) ..	—	1	1	—	1	1	—	—	—
132. "Frizets"	—	1	1	—	1	1	—	—	—
133. Fruit Cake	—	1	1	—	1	1	—	—	—
134. Fruit Chutney	—	1	1	—	1	1	—	—	—
135. Fruit Mincemeat	—	1	1	—	1	1	—	—	—
136. Fruit Pectin	—	1	1	—	1	1	—	—	—
137. Fruit Salad	—	2	2	—	2	2	—	—	—
138. Fruit Squash	—	2	2	—	2	2	—	—	—
139. Full Cream Colwick Cheese ..	—	1	1	—	—	—	—	1	1
140. Fuller's Earth Powder	—	1	1	—	1	1	—	—	—
141. Gee's Linctus	—	1	1	—	1	1	—	—	—
142. Gelatine	—	4	4	—	4	4	—	—	—
143. Ginger Beer	—	1	1	—	1	1	—	—	—
144. Ginger Biscuits	—	2	2	—	2	2	—	—	—
145. Ginger Marmalade	—	1	1	—	1	1	—	—	—
146. Ginger Wine Essence	—	1	1	—	1	1	—	—	—
147. Glace Cherries	—	1	1	—	1	1	—	—	—
148. Glauber Salts B.P.	1	1	2	—	—	—	1	1	2
149. Glucose Drink	—	1	1	—	1	1	—	—	—
150. Glucose Powder	—	2	2	—	2	2	—	—	—
Carried forward	380	303	683	326	288	614	54	15	69

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Brought forward	380	303	683	326	288	614	54	15	69
151. Glucose Tablets	—	1	1	—	1	1	—	—	—
152. Glycerine B.P.	—	2	2	—	2	2	—	—	—
153. Glycerine of Borax B.P. ..	—	1	1	—	1	1	—	—	—
154. Golden Glucose Spread ..	—	1	1	—	1	1	—	—	—
155. Golden Raising Powder ..	—	2	2	—	2	2	—	—	—
156. Golden Syrup	—	1	1	—	1	1	—	—	—
157. Gooseberries in Syrup ..	—	1	1	—	1	1	—	—	—
158. Gooseberry Jam	—	1	1	—	1	1	—	—	—
159. Goulash	—	1	1	—	1	1	—	—	—
160. Grapefruit Juice	—	2	2	—	2	2	—	—	—
161. Grapefruit Segments ..	—	1	1	—	1	1	—	—	—
162. Grapefruit Squash	—	1	1	—	1	1	—	—	—
163. Gravy Browning	—	2	2	—	2	2	—	—	—
164. Green Beans (Canned) ..	—	1	1	—	1	1	—	—	—
165. Greengages in Syrup ..	—	1	1	—	1	1	—	—	—
166. Gripe Water	—	1	1	—	1	1	—	—	—
167. Groats	—	1	1	—	1	1	—	—	—
168. Ground Almonds	—	2	2	—	2	2	—	—	—
169. Ground Cinnamon	—	1	1	—	1	1	—	—	—
170. Ground Mace	—	1	1	—	1	1	—	—	—
171. Ground Rice	—	1	1	—	1	1	—	—	—
172. Guavas in Syrup	—	1	1	—	1	1	—	—	—
173. Halva (sweetmeat)	—	1	1	—	1	1	—	—	—
174. Hard Herring Roes	—	1	1	—	1	1	—	—	—
175. Herrings in Tomato	—	1	1	—	1	1	—	—	—
176. Honey	—	3	3	—	3	3	—	—	—
177. Horse-radish	—	1	1	—	1	1	—	—	—
178. Horse-radish Cream	—	1	1	—	1	1	—	—	—
179. Horse-radish Sauce	—	1	1	—	1	1	—	—	—
180. Ice Cream Powder	—	1	1	—	1	1	—	—	—
181. Indian Brandee	—	1	1	—	1	1	—	—	—
182. Indian Tonic Water	—	1	1	—	1	1	—	—	—
183. "Inglis Food"	—	1	1	—	1	1	—	—	—
184. Iron Brew	—	2	2	—	2	2	—	—	—
185. Jelly	—	1	1	—	1	1	—	—	—
186. Jelly Crystals	—	2	2	—	2	2	—	—	—
187. Jam	—	1	1	—	1	1	—	—	—
188. Junket Tablet	—	1	1	—	1	1	—	—	—
189. Kali Powder	—	1	1	—	1	1	—	—	—
190. Kidney Soup	—	1	1	—	1	1	—	—	—
191. "Kipper Snacks"	—	1	1	—	1	1	—	—	—
192. "Krusty Krums"	—	1	1	—	1	1	—	—	—
193. Lard	—	4	4	—	4	4	—	—	—
194. Lemon Butter and Honey Spread	—	1	1	—	1	1	—	—	—
195. Lemon Curd	1	1	2	—	—	—	1	1	2
196. Lemon Juice	—	2	2	—	2	2	—	—	—
197. Lemon Squash	—	1	1	—	1	1	—	—	—
198. Lemonade Crystals	—	1	1	—	1	1	—	—	—
199. Linctus Scillae Co. B.P.C. ..	—	1	1	—	1	1	—	—	—
200. Liquid Extract Cascara Sagrada B.P.	—	1	1	—	1	1	—	—	—
Carried forward	381	366	747	326	350	676	55	16	71

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Brought forward	381	366	747	326	350	676	55	16	71
201. Liquid Paraffin B.P. ..	—	1	1	—	1	1	—	—	—
202. Licorice Crunch	—	1	1	—	1	1	—	—	—
203. Lime Jelly Marmalade ..	—	1	1	—	1	1	—	—	—
204. Lime Juice Cordial ..	—	1	1	—	1	1	—	—	—
205. Liver Sausage	—	1	1	—	1	1	—	—	—
206. Luncheon Meat	—	5	5	—	5	5	—	—	—
207. Mackerel (canned) ..	—	1	1	—	1	1	—	—	—
208. Malt Vinegar	—	5	5	—	5	5	—	—	—
209. Malted Milk	—	1	1	—	1	1	—	—	—
210. Margarine	—	7	7	—	7	7	—	—	—
211. Marmalade Pudding ..	—	1	1	—	1	1	—	—	—
212. Marshmallow Creme ..	—	1	1	—	1	1	—	—	—
213. Marzipan	—	1	1	—	1	1	—	—	—
214. Mayonnaise	—	1	1	—	1	1	—	—	—
215. Meat and Vegetable Soup ..	—	1	1	—	1	1	—	—	—
216. Meat Soup	—	1	1	—	1	1	—	—	—
217. Medicinal Charcoal Biscuits B.P.C.	1	—	1	1	—	1	—	—	—
218. Menthol and Eucalyptol Pastilles	—	2	2	—	2	2	—	—	—
219. Meringue Powder	—	1	1	—	1	1	—	—	—
220. Milk Food Beverage ..	—	1	1	—	1	1	—	—	—
221. Mince Pies	—	1	1	—	1	1	—	—	—
222. Mince Beef Loaf	—	1	1	—	1	1	—	—	—
223. Minced meat	—	4	4	—	4	4	—	—	—
224. Malt, Cod Liver Oil and Parrish's Food B.P.C. ..	—	1	1	—	1	1	—	—	—
225. Mock Cream and Meringue Powder	—	1	1	—	1	1	—	—	—
226. Molasses	—	2	2	—	2	2	—	—	—
227. Mushroom Sauce	—	1	1	—	1	1	—	—	—
228. Mushroom Soup Powder ..	—	1	1	—	1	1	—	—	—
229. Mussels (Cooked)	—	1	1	—	1	1	—	—	—
230. Mustard	—	2	2	—	2	2	—	—	—
231. National Flour	—	3	3	—	3	3	—	—	—
232. Neatsfoot Oil	—	1	1	—	1	1	—	—	—
233. "Nobbies" (sweets) ..	—	2	2	—	2	2	—	—	—
234. Non-brewed Condiment ..	1	6	7	—	3	3	1	3	4
235. Oatmeal	—	1	1	—	1	1	—	—	—
236. Oatflakes	—	1	1	—	1	1	—	—	—
237. Oil of Peppermint B.P. ..	—	1	1	—	1	1	—	—	—
238. Olive Oil	—	1	1	—	1	1	—	—	—
239. Onions (cooked and canned) ..	—	1	1	—	1	1	—	—	—
240. Orange Curd	—	1	1	—	1	1	—	—	—
241. Orange Juice	—	1	1	—	1	1	—	—	—
242. Orange Marmalade	—	1	1	—	1	1	—	—	—
243. Orange Slices in Syrup ..	—	1	1	—	1	1	—	—	—
244. Paprika	—	1	1	—	1	1	—	—	—
245. Peaches in Syrup	—	1	1	—	1	1	—	—	—
246. Peach Melba Spread	—	1	1	—	1	1	—	—	—
247. Pea Flour	—	1	1	—	1	1	—	—	—
248. Pea Nut Butter	—	1	1	—	1	1	—	—	—
Carried forward	383	441	824	327	422	749	56	19	75

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Brought forward	383	441	824	327	422	749	56	19	75
249. Pearl Barley	—	1	1	—	1	1	—	—	—
250. Pears in Syrup	—	1	1	—	1	1	—	—	—
251. Peas, Dried	—	1	1	—	1	1	—	—	—
252. Pepper, white	—	3	3	—	3	3	—	—	—
253. Petroleum Jelly B.P. ..	—	1	1	—	1	1	—	—	—
254. Piccalilli	—	1	1	—	1	1	—	—	—
255. Pickled Cabbage	—	1	1	—	1	1	—	—	—
256. Pickled Onions	—	1	1	—	1	1	—	—	—
257. Pig's Tripe	—	1	1	—	1	1	—	—	—
258. Pilchards in Tomato ..	—	1	1	—	1	1	—	—	—
259. Pineapple Curd	—	1	1	—	1	1	—	—	—
260. Pineapple Juice	—	1	1	—	1	1	—	—	—
261. Plain Flour	—	1	1	—	1	1	—	—	—
262. Polony	—	1	1	—	1	1	—	—	—
263. Pop-corn	—	1	1	—	1	1	—	—	—
264. Pork Brawn (canned) ..	—	1	1	—	1	1	—	—	—
265. Pork Luncheon Meat ..	—	1	1	—	1	1	—	—	—
266. Pork and Beef Sausage ..	1	—	1	1	—	1	—	—	—
267. Pork Sausage	14	3	17	9	2	11	5	1	6
268. Pork Sausage Meat	4	3	7	2	1	3	2	2	4
269. Potato Crisps	—	2	2	—	2	2	—	—	—
270. Potato Straws	—	1	1	—	1	1	—	—	—
271. Potted Beef Paste	—	2	2	—	2	2	—	—	—
272. Potted Meat Paste	1	4	5	1	4	5	—	—	—
273. Potted Meat (canned) ..	—	1	1	—	—	—	—	1	1
274. Pressed Chicken	—	1	1	—	1	1	—	—	—
275. Preserved Ginger	—	1	1	—	1	1	—	—	—
276. Processed Peas	—	2	2	—	2	2	—	—	—
277. Prunes	—	1	1	—	1	1	—	—	—
278. Pudding Mixture	—	1	1	—	1	1	—	—	—
279. "Puff Crunch"	—	1	1	—	1	1	—	—	—
280. Pure Wheat Embryo	—	1	1	—	1	1	—	—	—
281. Rabbit Casserole	—	1	1	—	1	1	—	—	—
282. Rabbit in Jelly	—	1	1	—	1	1	—	—	—
283. "Rainbow Sugar-Puffs" ..	—	1	1	—	1	1	—	—	—
284. Raisins	—	1	1	—	1	1	—	—	—
285. Raisin Wine (non-alcoholic)	—	1	1	—	1	1	—	—	—
286. Raspberries in Syrup ..	—	1	1	—	1	1	—	—	—
287. Ravioli in tomato sauce ..	—	1	1	—	1	1	—	—	—
288. Real Turtle Soup	—	1	1	—	1	1	—	—	—
289. Rhubarb and Date (conserve)	—	1	1	—	1	1	—	—	—
290. Rhubarb in Syrup	—	1	1	—	1	1	—	—	—
291. Rice	—	2	2	—	2	2	—	—	—
292. Rice Madeira Cake	—	1	1	—	1	1	—	—	—
293. Rich Ruby Wine	—	1	1	—	1	1	—	—	—
294. Rock Lobster	—	2	2	—	2	2	—	—	—
295. Rose Hip Syrup	—	1	1	—	1	1	—	—	—
296. Rum Flavoured Sauce ..	—	1	1	—	1	1	—	—	—
Powder	—	1	1	—	1	1	—	—	—
297. Saccharine Tablets	—	1	1	—	1	1	—	—	—
298. Salad Cream	—	6	6	—	6	6	—	—	—
299. Salmon Spread	—	1	1	—	1	1	—	—	—
Carried forward	403	510	913	340	487	827	63	23	86

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Brought forward	403	510	913	340	487	827	63	23	86
300. Salted Almonds	—	1	1	—	1	1	—	—	—
301. Sandwich Spread	—	1	1	—	1	1	—	—	—
302. Sage and Onion Stuffing	—	1	1	—	1	1	—	—	—
303. Sardines in Oil	—	1	1	—	1	1	—	—	—
304. Sauerkraut	—	1	1	—	1	1	—	—	—
305. Sausage Pate	—	1	1	—	1	1	—	—	—
306. Scotch Whisky	1	—	1	1	—	1	—	—	—
307. Seidlitz Powders	—	1	1	—	1	1	—	—	—
308. Self Raising Flour	—	3	3	—	3	3	—	—	—
309. Semolina	—	1	1	—	1	1	—	—	—
310. Shortcakes	—	1	1	—	1	1	—	—	—
311. Shredded Beef Suet	—	7	7	—	7	7	—	—	—
312. Sild in oil and tomato	—	1	1	—	1	1	—	—	—
313. Soft Herring Roes	—	1	1	—	1	1	—	—	—
314. Soft Drink Powder	—	1	1	—	1	1	—	—	—
315. Spaghetti in Tomato Sauce	—	3	3	—	3	3	—	—	—
316. "Sparkling Orange"	—	1	1	—	1	1	—	—	—
317. "Spartona" Beverage	—	1	1	—	1	1	—	—	—
318. Sponge Mixture	—	3	3	—	3	3	—	—	—
319. Stewed Steak	—	2	2	—	2	2	—	—	—
320. Strained Plums with Semolina	—	1	1	—	1	1	—	—	—
321. Strained Spinach	—	1	1	—	1	1	—	—	—
322. Strawberry Flavouring	—	1	1	—	1	1	—	—	—
323. Strawberry Jam	—	1	1	—	1	1	—	—	—
324. Strawberries in Syrup	—	1	1	—	1	1	—	—	—
325. Sugared Fruits	—	1	1	—	1	1	—	—	—
326. Sulphur and Treacle	—	1	1	—	1	1	—	—	—
327. "Sunda Bar"	—	1	1	—	1	1	—	—	—
328. "Super Sherbert"	—	1	1	—	1	1	—	—	—
329. Swede Turnips (diced)	—	1	1	—	1	1	—	—	—
320. Synthetic Cream	2	5	7	1	4	5	1	1	2
331. Synthetic Cream Powder	—	1	1	—	1	1	—	—	—
332. Table Jelly	—	4	4	—	4	4	—	—	—
333. Tapioca	—	1	1	—	1	1	—	—	—
334. Teacake Mixture	—	1	1	—	1	1	—	—	—
335. "Thirst Quenchers"	—	1	1	—	1	1	—	—	—
336. Tomatoes (canned)	—	1	1	—	1	1	—	—	—
337. Tomato Ketchup	—	2	2	—	2	2	—	—	—
338. Tomato Puree	—	1	1	—	1	1	—	—	—
339. Tomato Paste (concentrated)	—	1	1	—	1	1	—	—	—
340. Tomato Sauce	—	1	1	—	1	1	—	—	—
341. Tomato Soup	—	1	1	—	1	1	—	—	—
342. Tomato Straws	—	1	1	—	1	1	—	—	—
343. Treacle	—	2	2	—	2	2	—	—	—
344. Treacle Slices	—	1	1	—	1	1	—	—	—
345. Tripe	—	2	2	—	2	2	—	—	—
346. Tuna in Olive Oil	—	1	1	—	1	1	—	—	—
347. Turnips (diced)	—	1	1	—	1	1	—	—	—
348. Vanilla Flavouring	—	1	1	—	1	1	—	—	—
349. Veal Loaf	—	1	1	—	1	1	—	—	—
Carried forward	406	582	988	342	558	900	64	24	88

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Brought forward	406	582	988	342	558	900	64	24	88
350. Vegetable Salad with Mayonnaise	—	1	1	—	1	1	—	—	—
351. Vegetarian Rusk and Tomato Links	—	1	1	—	1	1	—	—	—
352. Viennese Coffee	—	1	1	—	1	1	—	—	—
353. Victoria Plums	—	1	1	—	1	1	—	—	—
354. Vintage Vinegar	—	1	1	—	1	1	—	—	—
355. "Vitorange" Tablets	—	1	1	—	1	1	—	—	—
356. Walnuts (preserved)	—	1	1	—	1	1	—	—	—
357. Welsh Rarebit (powdered)	—	1	1	—	1	1	—	—	—
358. White Grapes in Syrup	—	1	1	—	1	1	—	—	—
359. White Sweet Corn ("cream style")	—	1	1	—	1	1	—	—	—
360. Whole Carrots	—	1	1	—	1	1	—	—	—
361. Whole Cloves	—	1	1	—	1	1	—	—	—
362. Wholemeal Self-Raising Flour	—	1	1	—	1	1	—	—	—
363. Whole Orange Drink	—	1	1	—	1	1	—	—	—
364. Wine Cocktail	—	1	1	—	1	1	—	—	—
365. Worcester Sauce	—	2	2	—	2	2	—	—	—
366. Yorkshire Parkin	—	1	1	—	1	1	—	—	—
367. Zinc and Castor Oil Cream	—	1	1	—	1	1	—	—	—
TOTALS	406	601	1007	342	577	919	64	24	88

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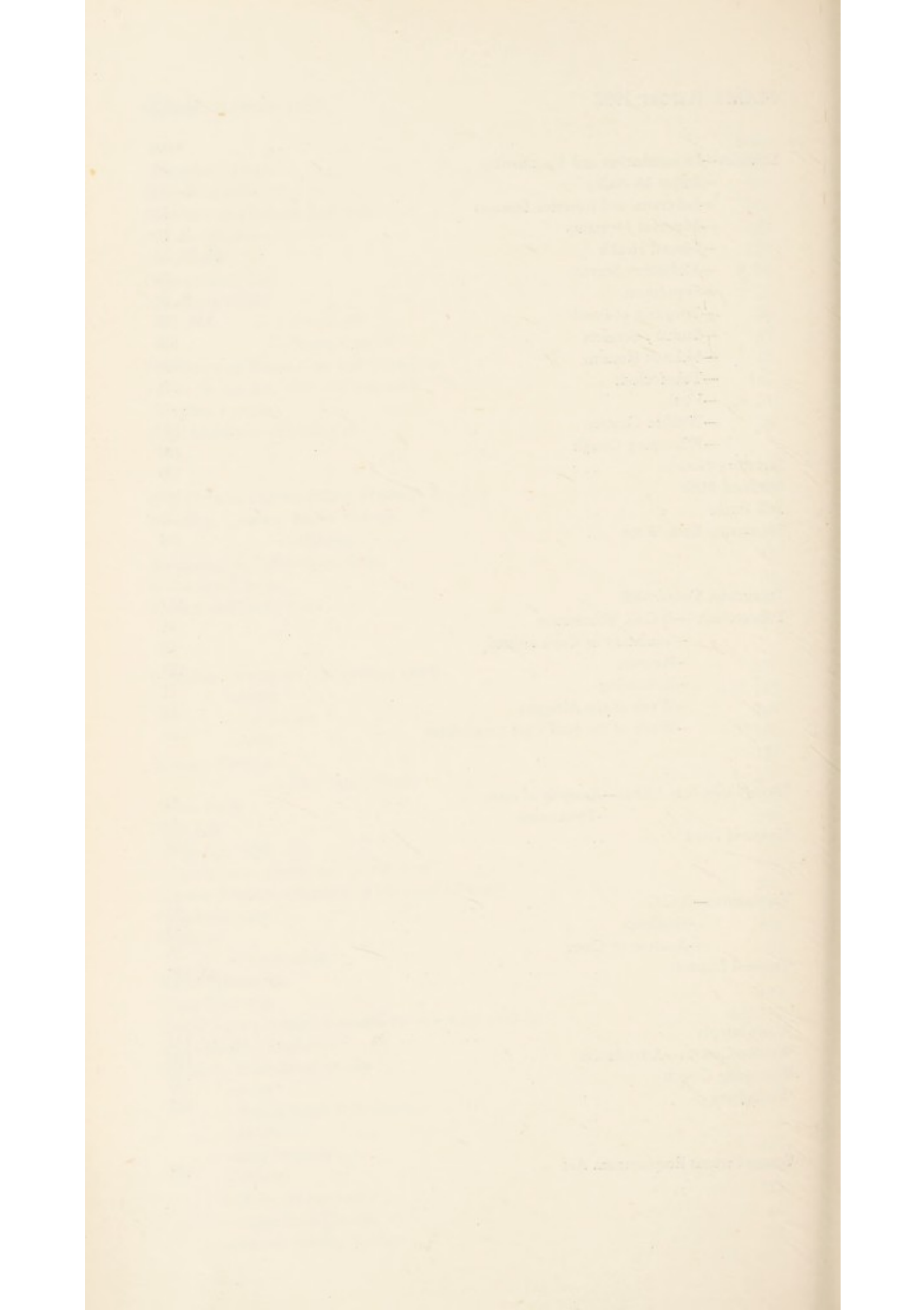
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READER'S NOTES

READER'S NOTE