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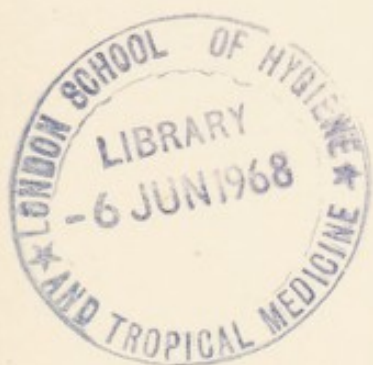
**EIGHTY-SECOND
ANNUAL REPORT
OF THE
HEALTH SERVICES
1954**

MEDICAL OFFICER OF HEALTH
WILLIAM DODD, M.D.

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EIGHTY-SECOND

ANNUAL REPORT

HEALTH SERVICES

1954

WILLIAM DAVIDSON, M.D.
DIRECTOR

LONDON

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USEFUL OLD AGE — AN OUTWORKER

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PREFACE

The year recently ended was one of changes and additions both in the staff—the most important element in the Health Services—and in the adaptation and building of premises.

It is a sound tradition that the primary reference in a report of this kind is to vital statistics, for they not only reflect the social circumstances of a community but indicate also the overall efficiency of the services provided. While there is no major change, the general trend of continued improvement is discernible especially in the figures for tuberculosis.

This statement is no platitude for, as noted on previous occasions, fractional improvements when reviewed over five years add up to undeniable advances. This is what would be normally expected, for in the steady implementation of the National Health Service Act departments grow and will continue to do so ; since 1950 the overall responsibilities of the Health Committee, as judged by the gross expenditure, have more than doubled.

A good deal of interest always pertains to new developments, of which there were a number—the launching of the full scheme of B.C.G. vaccination of school-leavers ; the inauguration of combined immunisation against pertussis and diphtheria ; the building of a new Welfare Centre at Sneinton ; the adaptation of Rosebery House as a permanent Welfare Centre and the acquiring and adaptation of Nuffield House, the pioneer centre for older people.

★ ★ ★

The degree of success of the John Ryle Health Centre in the newly developing satellite of Clifton was conditioned by various factors associated with general medical services in large new areas.

The original 4 suites were fully occupied, while 3 other medical practitioners practised from their houses on the estate.

Two years for the maturing of experience in a venture of this character is insufficient ; the maintenance, not only of the conditions in which pioneering work may give true indications, but of an open mind is imperative.

Any results, interim or other, need careful and just evaluation.

★ ★ ★

In the environmental field the chain of events which enabled the saga of the slaughterhouses, page 123 to be written and the stirring of the citizens' sensibilities leading to the first steps towards the creation of a central smokeless zone were important events in the history of the City.

★ ★ ★

The report itself gives details of the development here of B.C.G. vaccination and reflects also the good response by head teachers and parents. The initial acceptance rate is sufficiently high to be satisfactory, but it can still be raised to embrace all children except those whose parents are opposed to any form of preventive inoculation.

The campaign against tuberculosis is progressing well ; the pasteurisation of all milk sold in the City, the re-housing of tuberculous families and the home treatment with antibiotics of active cases of pulmonary tuberculosis, together are tending to reductions in both the rates of infection and the number of deaths. But while all this is gratifying both from a humanistic and from an economic point of view, a note of caution is desirable when it is recalled that Koch's identification of the tubercle bacillus 73 years ago was heralded as the beginning of the end for this—

at that period—widespread disease. However, a degree of optimism is justified, although there is no place for complacency for it cannot be said that the end is yet in sight.

★ ★ ★

Brief reference was made in the last foreword of a scheme to provide for the daily occupation, in some part, of older people, especially those in whom symptoms of mental illness are incipient or who have been hospital patients. This interesting development became possible through the generosity of the Nuffield Provincial Hospitals Trust, which made available the capital expenditure and which offered a maintenance grant for three years. More details concerning the centre are embodied in the report, but at this stage it is fitting to acknowledge the liberal action of the Trust in making the scheme possible.

The deep perception of Viscount Nuffield, whose benefactions to humanity through his generosity to medical science are well known, will in small part be commemorated when the building shortly to be opened is named “Nuffield House”.

★ ★ ★

At last the crowded area of Sneinton of approximately 35,000 population will be served by a new Welfare Centre. This district, which for many years has had the least favourable vital statistics in the City, had its health advisory services inadequately housed in a rented hall which was difficult to heat.

★ ★ ★

The recession of the war period is in no way more clearly emphasised than in the extensive scheme of slum clearance now, with Government encouragement, envisaged nationally. In Nottingham an area covering almost 1,000 properties was

represented in December and accepted following a very careful survey and subsequent consideration of all operative factors and alternative means of dealing with them.

At the same meeting of the Housing Committee at which this decision was reached, a 5 year programme for slum clearance dealing with nearly 3,000 houses was also adopted. It is true that both projects are in their very early stages, but as far as lay-out of the City is concerned, it would seem that greater justification for retaining the reputation of a well-planned clean City can be claimed.

The assurance of a good standard of housing for the future together with the re-development of the old unplanned 'just grew up' type of area begins to take on the appearance of real possibility when decisions such as these are as boldly and as wisely taken.



Though interest in prevention and the maturing of scientific knowledge from which field measures can be devised, grow like all natural things at a slow rate, it is possible as the years pass to recognise distinctive changes in the developing pattern. Such change lays emphasis at present on prevention in the mental field.

Mental hospitals with their improvement of buildings and indeed of outlook, have never had such a considerable turnover of patients. It is true that many mental hospitals still demonstrate elements of the old lunatic asylum and still house to some extent the same type of patient that filled those institutions. Nevertheless, the improvements have not to be sought, they are plainly obvious. The open ward with, in many cases, improved structure, accommodates voluntary patients who are much

improved after only a relatively short stay and it is evident that in the course of only a small number of years the old element as far as the type of patient is concerned will have passed on.

The enlightened attitude of the public and of the medical profession, too, is showing results, and the earlier reporting of cases recorded in this report will result in the admission to hospital of more voluntary patients whose instability will be remedied by a relatively short stay.

However, to get this in true perspective, happy augury though it be, it can only be regarded as the beginning of a long evolution. True prevention will arise from the care of children from birth. For the past half century the principal emphasis has been on the child's physique and the care work has produced nationally important results, so much so that informed critics have declared that the purpose of the child health services has been achieved.

The voice of important authority has, however, emphasised that the time has arrived for something more than lip service to be paid to the well known fact that mental health is at least as important as physical health, and that the guiding of the emotional and mental development of children in the most important years before the seventh birthday will fully occupy all the skills of those engaged in the service.

We have to remind ourselves that the present concept of mental health is not the simple absence of instability or mental illness, but on the contrary, a vigour of mind and of thought processes essential to citizenship and sound personal relations.

★ ★ ★

Liaison and co-operation, words which have become a commonplace since 1948, seemed to occupy more thought than ever during the year in an endeavour to translate them into profitable action. Most statutory bodies within the National

Health Service, and the majority of those staffing them, have their own conception of how this can best be achieved. Generally speaking, the will to make the most of one's personal responsibilities is present, though in some cases the importance of the body which one serves takes the dominant place. Disproportionate and inconsistent emphasis falls on all sorts of items, some of which are large—or appear so locally—but which when seen against the huge background of the National Health Service have no place.

It is inevitable that with a large national organisation, years will be required before the stresses of the early stages—especially in the newly created bodies—are forgotten and the beginning of a deeper understanding makes real progress a reality.



It is instinctive for those responsible for social services to note with satisfaction, and to record, any advance in the work carried out. The carrying out of day-to-day labours, however, is not sufficient ; there must always be the interpretation and critical review of results together with modifications of existing facilities and the application of fresh knowledge.

The domiciliary midwifery service, after having been in existence for nearly 20 years, can claim for that initial period very considerable accomplishments. The Central Midwives Board which regulates the practice of midwifery and the Local Supervising Authorities will, no doubt, before the service comes of age, be looking at the factors which, through the individual midwives, will lead to greater efficiency.

The primary duty of the midwives is that of making midwifery safe and this they have accomplished. Nevertheless, their devotion to their early object needs now to be widened to cover

not only the puerperium and subsequent weeks, but the happiness and effectiveness of the mother as a woman during the remainder of her life. Too often young mothers are seen with a middle aged look which can be attributed to a degree of ill-health, the sequel of child bearing.

It will be interesting and thrilling as the preventive aspect of this service undergoes greater development to see a reduction in the numbers of calls for medical aid and the causes of such aid, repeating the downward trend that the infantile mortality rate has followed in the past 20 years.

★ ★ ★

Reference was made earlier to the importance of the staff. People are the 'heart' of any body, statutory or voluntary. In many instances an abiding tradition of service has been welded through a common factor—usually basic training—which leadership will then guide to the ultimate objective.

Basic training as a common factor in the Health Services is absent : the paths of many workers to their present vocation converge from all angles. It is a tribute, therefore, to all these many people, aligning their views day by day with their opposite numbers in other departments, that such encouraging results are to be seen, not only in the established but also in the pioneering services.

Each and every worker, of whatever profession or trade, has a significant place in the team ; all have a regard and respect for the training and viewpoint of the others, without which waste of effort would ensue and much less would be achieved.

★ ★ ★

The imposing of a ceiling for national expenditure on the Health Service shows up as an urgency the necessity for health education. This wide term, though it includes a multitude of facts and factors, has as its object the placing on the individual of personal responsibility for his own well-being.

It is to be hoped that the findings of the Guillebaud Committee considering costs in the National Health Service will endorse this necessity and will additionally focus national consideration on the wider application of preventive measures.

A significant report appears on page 66.

★ ★ ★

The growth of both the older and the newly-established departments has been indicated, but there still remains a significant expansion, that of teaching, which does not involve new building or equipment.

Members of the professional staffs continued to deliver an increasing number of lectures to a wide assortment of audiences, from professional organisations to parochial clubs.

While in the main the lectures were delivered to adults of both sexes dealing with specialised subjects or more generally ranging over the functions of the Health Services, juvenile audiences were also embraced.

Health teaching, however, has yet to be extensively developed, especially amongst young persons, before it becomes a factor of some substance repaying the efforts.

A notable development of the teaching were courses of lectures delivered by senior medical staff and demonstrations conducted by those in charge of departments to student nurses of both the

City and the General Hospitals. Such a development will result in nurses, on obtaining their state registration, having a wider perception not only of the biological cause of disease and its treatment but also of the cogent social factors so frequently inseparable in the evolution of human disorders.

WILLIAM DODD.

1st February, 1955.

HEALTH DEPARTMENT,
HUNTINGDON STREET,
NOTTINGHAM.

PART I

VITAL STATISTICS

VITAL STATISTICS*

GENERAL

POPULATION	..	..	..	..	..	311,500
AREA IN ACRES	..	..	..	..	..	18,364
AVERAGE NO. OF PERSONS PER ACRE	..	..	..	..	..	16.9
NO. OF MARRIAGES—CHURCH	1,714	REGISTRY OFFICE	1,148	..	..	2,862

BIRTHS

Live

LEGITIMATE	..	Males	2,336	Females	2,258	..	4,594
ILLEGITIMATE	..	„	171	„	173	..	344
				Total	..	..	4,938
Birth-rate per 1,000 of population	..	..	..	..	..	..	15.85

Still

LEGITIMATE	..	Males	41	Females	45	..	86
ILLEGITIMATE	..	„	9	„	7	..	16
				Total	..	..	102
Stillbirth-rate per 1,000 live and stillbirths	..	..	..	..	..	..	20.24

DEATHS

All Causes

Males	..	1,660	Females	1,629	Total	..	3,289
Death-rate per 1,000 of population	..	..	..	..	..	..	10.56

Maternal Mortality

Rate per 1,000 births (live and still)	..	..	..	..	..	..	0.60
---	----	----	----	----	----	----	------

Infant Mortality

No. of Deaths of Infants under 1 year	..	..	..	..	..	..	121
Rate per 1,000 relevant live births	..	..	..	..	..	..	24.50
Illegitimate	..	..	..	..	..	..	35
Legitimate	..	..	..	..	..	..	24

* Provisional, See page 17.

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	54	7	9	2	72	21	12	14	1	120
UNCERTIFIED	1	—	—	—	1	—	—	—	—	1
Hæmolytic Disease of Newborn	1	—	1	—	2	—	—	—	—	2
Measles	—	—	—	—	—	—	—	1	—	1
Bronchitis	—	—	—	—	—	2	1	1	—	4
Pneumonia—All forms ..	1	—	2	—	3	9	3	7	1	23
Gastro-Intestinal Infection ..	—	1	—	—	1	2	—	—	—	3
Cerebro-Spinal Fever ..	—	—	—	—	—	—	1	1	—	2
Laryngitis	—	—	—	—	—	1	—	—	—	1
Difficulty or Injury at Birth ..	11	—	—	—	11	—	—	—	—	11
Premature Birth	30	3	—	—	33	—	—	—	—	33
Congenital Malformations ..	7	2	6	1	16	1	3	2	—	22
Suffocation—Overlying Insufflation of Stomach Contents	—	—	—	—	—	2	—	—	—	2
Atrophy, Debility and Marasmus	1	—	—	—	1	—	—	—	—	1
Other Causes	4	1	—	1	6	4	3	2	—	15
TOTALS	55	7	9	2	73	21	12	14	1	121

DEATHS OF CHILDREN

1-5 years

CAUSES OF DEATH	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	Total
Respiratory infections ..	3	2	1	1	7
Other infections ..	—	—	—	—	—
Tuberculous meningitis ..	1	—	—	—	1
Abdominal emergency ..	—	—	1	—	1
Accident (a) Motor ..	—	1	—	1	2
(b) Other ..	—	1	1	1	3
Other conditions ..	—	2	2	1	5
Congenital Defect ..	4	—	1	—	5
TOTALS	8	6	6	4	24

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
1953 ..	310,700†	16·81	10·63	26	·56
1954 ..	311,500	15·85	10·56	24·5	·60

* Borough Boundary Extension.

† City Boundary Extension.

FINAL STATISTICS

POPULATION—Mid year estimate of Registrar General .. 311,500

BIRTHS**Live**

						1954.	1953.
LEGITIMATE	Males	2,344	Females	2,282	..	4,626	4,819
ILLEGITIMATE	„	187	„	188	..	375	366
TOTAL	..	..	..	..	..	5,001	5,185
Birth-rate	per 1,000 of population	..	..	..	..	16.05	16.64
EXCESS OF BIRTHS OVER DEATHS	..	..	..	..	..	1,695	1,755

Still

LEGITIMATE	Males	45	Females	46	..	91	97
ILLEGITIMATE	„	7	„	3	..	10	10
TOTAL Stillbirths	..	..	..	..	..	101	107
Stillbirth-rate	per 1,000 live and stillbirths	..	..	..	..	19.79	20.22

DEATHS**All Causes**

	Males	1,676	Females	1,630	..	3,306	3,430
Death-rate	per 1,000 of population	..	..	..	..	10.61	11.01

Maternal Mortality Rate .. 0.59 0.77**Infant Mortality**

No. of deaths of Infants under 1 year	..	..	122	140
Rate per 1,000 relevant live births	..	..	24.35	27.00
Illegitimate	..	..	27	30
Legitimate	..	..	24	27

ANALYSIS OF DEATHS

NOTTINGHAM

Total Deaths	1952	1953	1954
	3,337	3,430	3,306
Deaths under 1 year	146	140	122
„ 1—5 years	34	21	24
„ 5—45 „	198	223	196
„ 45—65 „	834	826	786
„ 65 and over	2,125	2,220	2,178
Causes of Deaths :—			
*Heart disease	485	545	505
Vascular lesions of nervous system	414	449	429
Coronary disease, Angina	359	299	349
Defined and ill-defined diseases—various	304	300	289
*Malignant and lymphatic neoplasms	302	303	281
Bronchitis	252	291	253
Pneumonia	200	225	184
*Circulatory disease	136	142	159
Malignant Neoplasm, Lung, Bronchus	108	102	121
Hypertension with Heart Disease	91	98	93
Malignant Neoplasm, Stomach	91	92	89
Tuberculosis, Respiratory	99	84	73
Accidents, other than motor vehicle accidents	70	71	65
Malignant Neoplasm, Breast	66	51	56
Ulcer of stomach and duodenum	50	42	48
Suicide	44	39	45
*Diseases of respiratory system	28	29	35
Malignant Neoplasm, Uterus	35	25	33
Nephritis and Nephrosis	33	27	32
Congenital Malformations	24	23	31
Hyperplasia of Prostate	29	27	25
Diabetes	19	26	20
Motor Vehicle Accidents	23	18	20
Syphilitic Disease	7	13	15
Leukaemia, Aleukaemia	13	8	14
Gastritis, Enteritis and Diarrhoea	18	22	13
Influenza	10	44	10
Other infective and parasitic diseases	9	14	4
Tuberculosis, non respiratory	8	8	4
Homicide and operations of war	1	1	4
Meningococcal Infection	3	2	3
Pregnancy, Childbirth, Abortion	2	4	3
Measles	—	—	1
Acute Poliomyelitis	1	2	—
Diphtheria	—	—	—
Typhoid and Paratyphoid Fevers	—	—	—
Puerperal Cases (Non septic)	—	—	—
Whooping Cough	3	4	—

*Not given otherwise in table.

PART II.

PERSONAL HEALTH SERVICES

National Health Service Acts 1946-1952

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

HEALTH CENTRES

JOHN RYLE HEALTH CENTRE

In the period of rather more than 2 years since the centre was opened, experience showed that the design and the equipping of the consulting suites proved not only fully adequate for general medical services but in advance of the standards suggested officially during the course of the year for the guidance of Local Medical Committees.

Comment from those who worked there and from many who visited from distant parts of the world—as well as this country—emphasized the quality of the facilities which lent themselves to effective consultations and to the minimising of waiting time.

Daily use of the centre was made by the holding, morning and evening, of surgeries by practitioners representative of four medical firms.

Though there was opportunity for holding of other surgeries, this would have involved use of a suite by more than one firm and no indication ever appeared to lead even to the consideration of this possibility. The initial contract provided for the sole use of the suite by a member of one partnership and experience to date showed this to be preferable.

The practitioners, who took no part in the staffing of the Corporation's clinics for infants and mothers, continued to work as separate units ; no arrangements were developed apart from Bank Holidays for group working as a routine.

Not all residents on the estate registered with the practitioners working in the centre. When newcomers presented themselves for the first time and required medical treatment, they were

directed to the doctor of their choice, and for those who asked for advice regarding the choice of practitioner at the centre, an amicable arrangement of even distribution was struck.

Throughout the year all work was characterised by smoothness and efficiency, a fact clearly focused by the absence of need for any meeting of the House Committee.

Administrative arrangements for the general medical services and for the local health authority worked well. The 24 hour service for the receipt of messages was not interrupted on a single occasion.

The centre was used for emergencies and casualties on some 20 occasions and constant use was made of it as an information bureau for matters in connection with health and medical services, housing, etc.

The resident secretary who acted as superintendent of the building was rarely requested to carry out secretarial duties and during surgery hours assisted the medical practitioners to the extent of taking and despatching telephone messages, making appointments with hospitals, requisitioning supplies of vaccines, stationery replacements, etc.

Cost. Apart from annual repayment of the £9,000 capital cost, the entire annual charge for maintenance of the general medical services portion of the building—the ground floor is taken up by four medical practitioner consulting suites—was less than £1,800 before government grant was applied. The Executive Council paid a combined annual rental to the Corporation for the four suites of £416, which included lighting, heating, cleaning and all local telephone services, incoming and outgoing.

It would be difficult to conceive of any similar building run more effectively and more economically.

MATERNAL AND CHILD HEALTH

Live Births. There were 4,938 City births notified, representing a provisional birth rate of 15·85, which is the lowest since 1939, and continuing, apart from a minor interruption in 1953, the downward trend evident since 1947.

The number of births decreased by 284 compared with 1953.

There were 344 illegitimate births ; 6 more than in 1953.

Stillbirths. There were 102 stillbirths representing a rate of 20·24 per thousand live and stillbirths. This rate was increased compared with 1953, but was below the figure for England and Wales and the Great Towns. An analysis of the weights shows that 68·7% were below 5½ lbs., the accepted index of prematurity.

Year	Birth Rates			Stillbirth Rates		
	Nottingham	England & Wales	Great Towns	Nottingham	England & Wales	Great Towns
1945 ..	19·7	16·1	19·1	23·9	28·0	29·5
1946 ..	22·05	19·2	22·2	22·69	27·0	29·3
1947 ..	23·9	20·6	23·0	21·9	24·0	25·9
1948 ..	19·82	17·9	20·0	23·3	23·0	25·3
1949 ..	18·9	16·7	18·7	19·9	22·7	24·4
1950 ..	17·47	15·8	17·6	19·5	22·9	24·8
1951 ..	16·71	15·5	17·3	21·81	22·7	25·4
1952 ..	16·66	15·3	16·9	22·58	22·6	24·6
1953 ..	16·81	15·5	17·0	18·97	22·4	24·8
1954 ..	15·85	15·6*	17·3*	20·24	23·2*	25·3*

* First three quarters.

Detailed enquiry into each stillbirth undertaken in common with certain other authorities in the country began in April and the results relating to the last three quarters of the year were analysed and are shown in the table on page 27. Almost one quarter of the stillbirths, namely 22%, were attributed to maternal toxæmia, while malformations were the cause in 17%. In 39% of cases the cause of the stillbirths, in the absence of post mortem examinations, was unknown.

Premature Births. Of the total live births 346, or 7% were premature, a decrease in incidence, the figure for 1953 being 7.7%. There were 138 babies born prematurely at home, where 111 were nursed entirely; premature births in hospital numbered 208.

Infant Mortality. Deaths of infants under the age of one year numbered 121, representing an infant death rate of 24.5 per thousand live births, a continued decrease. **Only seven years ago this rate was 50.**

The illegitimate death rate was 34.88 per thousand illegitimate births, compared with legitimate infant death rate of 23.73 per thousand legitimate births.

Year	Nottingham	England & Wales	Great Towns
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	29.8	33.8
1951	33	29.6	33.9
1952	29	27.6	31.2
1953	26	26.8	30.8
1954	24.5	25.6*	29.1*

* First three quarters.

The fall in infant death rate was due to a reduction both in neo-natal deaths and in deaths between four weeks and one year of age.

	Death rates per 1,000 live births	
	Under 1 month	From 1 month to 1 year
1949	16.0	22.0
1950	16.9	13.7
1951	20.73	11.9
1952	18.21	10.57
1953	15.39	10.34
1954	14.78	9.72

Deaths of Infants — Causes and Rates

	1950	1951	1952	1953	1954
All Causes	Total Death Rate				
	31	33	29	26	24.5
Individual Causes	Proportionate Death Rate				
Respiratory Diseases	7.46	7.8	5.2	5.7	5.6
Diarrhoea and Enteritis	2.35	.2	.8	.9	0.6
Congenital Malformations ..	5.23	5.1	4.7	3.0	4.5
Prematurity	7.19	11.9	10.2	9.4	6.7
Atrophy, Debility, Marasmus and Atelectasis	2.25	1.7	1.4	1.1	0
Birth Injury	.93	1.7	2.8	2.9	2.2
Other Causes	5.59	4.6	3.9	3.0	4.9

Prematurity accounted for 26% of infant deaths and since 1951 has been the chief cause. Deaths from respiratory infections number almost as many and also continue to account for almost half—42%—of the deaths of children between four weeks and one year.

Neo-Natal Mortality. Deaths of infants under one month numbered 73, a neo-natal mortality rate of 14.78.

An enquiry into neo-natal deaths commenced in April at the same time as the stillbirth enquiry and an analysis referring to deaths in the last three-quarters of the year is given on page 26. The percentage ascribed to individual causes is very similar to the figures for the entire year. Prematurity alone accounted for 42% of deaths and congenital malformations for 25%.

Death occurred during the first day in 54% of the infants dying and 80% were dead within one week of birth.

Deaths of Premature Babies. The table gives 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. 3 lb. 4 oz.	3	2	1	50.0	1	1	100	30	22	73.3
3 lb. 4 oz.—4 lb. 6 oz.	17	14	3	21.4	3	0	0	30	4	13.3
4 lb. 6 oz.—4 lb. 15 oz. . .	27	6	2	66.7	21	0	0	44	2	4.5
4 lb. 15 oz.—5 lb. 8 oz. . .	91	5	2	40.0	86	5	5.8	104	7	6.7
TOTALS	138	27	8	29.6	111	6	5.4	208	35	16.8

The neo-natal mortality rate per thousand premature babies was 118.50 compared with 7.0 for mature infants ; the figures for 1953 were 147.13 and 4.98.

The death rate from four weeks to one year was 23.12 for premature and 8.71 for mature infants.

ANALYSIS OF NEO NATAL DEATHS — APRIL 1st to DECEMBER 31st.

	Born at			Legit.		Sex.	Prem.		Age at Death				Post Mortem		Other complica- tions.			A.N.Care*			Place in family					Age of Mother								
	Hospital	Home	Nursing Home	Yes	No		M.	F.	Yes	No.	0-23 hrs.	24-47 hrs.	3-7 days	8-28 days	Yes	No.	Preg.	Labour	None	Adequate	Barly Adequate	Inadequate	1	2	3	4	5 or over	15-19	20-24	25-29	30-34	35-40	40-44	
Total																																		
Congenital Malformation ..	14	8	6	-	13	1	9	5	4	10	3	1	3	7	7	7	3	-	11	4	7	3	5	2	2	4	1	3	2	5	3	1	-	
Hazard of Birth :																																		
(a) Injury ..	9	3	6	-	7	2	6	3	1	8	7	1	1	-	4	5	5	1	3	2	4	3	2	1	3	1	2	1	-	3	3	1	1	
(b) Asphyxia ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(c) Other ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Rhesus																																		
Incompatibility ..	2	2	-	-	2	-	1	1	1	1	1	-	-	1	2	-	1	-	1	-	2	-	-	-	1	-	1	-	-	-	1	1	-	
Infection :																																		
(a) Resp'y. ..	2	1	1	-	2	-	1	1	-	2	-	-	1	1	2	-	1	-	1	1	1	-	2	-	-	-	-	1	-	1	-	-	-	
(b) Gastro-Intest. ..	2	1	1	-	2	-	2	-	1	1	-	-	-	2	1	1	-	-	2	1	1	-	1	-	1	-	-	1	-	1	-	-	-	
(c) Other ..	1	-	1	-	1	-	-	1	-	1	1	-	-	-	-	1	-	-	1	-	1	-	-	1	-	-	-	-	-	-	-	-	-	
Prematurity only ..	26	21	5	-	25	1	17	9	26	-	19	3	3	1	9	17	18	-	8	12	13	1	4	7	5	2	8	2	9	7	5	3	-	
Other Causes ..	1	1	-	-	1	-	1	-	-	1	-	1	-	1	-	1	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	1	-	
Unknown ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TOTAL ..	57	37	20	-	53	4	37	20	33	24	31	5	9	12	26	31	29	1	27	20	30	7	14	10	13	8	12	7	12	17	13	7	1	

* Classification of Ante-Natal Care adopted as in the "Maternity in Great Britain" Survey.
Adequate at least 9 clinic attendances starting in the first 3 months of pregnancy.
Barely Adequate " 6 " " " second " " "
Inadequate attendances only in last 3 months.

ANALYSIS OF STILL BIRTHS — APRIL 1st to DECEMBER 31st.

	Born at			Legit.		Sex		Prem.		Macera- tion.		Post- Mortem		Other complic'ns.			A.N.Care*			Place in family					Age of Mother						
	Hospital	Home	Nursing Home	Yes	No	M.	F.	Yes	No	Yes	No	Yes	No	Preg.	Labour	None	Adequate	Barely Adequate	Inade- quate	1	2	3	4	5 or over	15-19	20-24	25-29	30-34	35-39	40-44	
Congenital malformation ..	12	10	1	1	10	2	4	8	10	2	4	8	1	11	7	1	4	5	2	5	3	2	2	1	1	6	2	2	-	1	
Hazard of Birth :																															
(a) Injury ..	1	1	-	1	-	1	-	1	-	1	-	1	1	1	-	-	1	-	-	1	-	-	-	-	-	1	-	-	-	-	-
(b) Asphyxia ..	3	2	1	3	-	2	1	1	2	-	3	1	2	-	-	3	1	2	-	2	-	-	1	-	-	1	2	-	-	-	-
(c) Other ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Maternal Toxaemia																															
(a) With A.P.H.†	7	7	-	7	-	3	4	6	1	3	4	-	7	-	-	7	2	2	3	1	-	2	1	3	-	1	3	2	1	-	-
(b) No A.P.H. ..	8	6	2	6	2	8	-	4	4	7	1	1	7	4	-	4	3	2	3	3	1	2	1	1	2	1	-	2	2	1	1
A.P.H. without Toxaemia ..	4	4	-	4	-	1	3	3	1	1	3	-	4	1	-	3	2	-	2	-	2	1	1	-	-	2	-	-	-	2	-
Rhesus Incompatibility ..	3	3	-	3	-	1	2	3	-	3	-	-	3	2	-	1	1	2	-	-	-	3	-	-	-	1	-	1	1	-	-
Other causes ..	4	3	1	4	-	3	1	2	2	1	3	-	4	1	1	2	-	4	-	2	-	1	1	-	-	2	1	-	1	-	-
Unknown ..	27	12	15	24	3	15	12	18	9	15	12	-	27	2	-	25	9	13	5	7	4	6	3	7	2	6	6	7	5	1	1
TOTAL ..	69	48	20	62	7	39	30	47	22	34	35	4	65	18	2	49	24	30	15	21	10	17	10	11	5	20	13	16	12	3	3

* Classification of Ante-Natal Care adopted as in the "Maternity in Great Britain" Survey.
Adequate at least 9 clinic attendances starting in the first 3 months of pregnancy.

Barely Adequate " " 6 " " " " second " " " "

Inadequate attendances only in last 3 months.

† Ante-partum haemorrhage.

DOMICILIARY MIDWIFERY SERVICE

The domiciliary midwives conducted 2,541 or 51% of the total City confinements, a decrease of 139 to which is related a fall in the birth rate from 16·81 to 15·85. In addition to the nursing of those delivered at home, 141 women admitted to hospital on account of abnormality returned home 1—6 days after delivery to the care of the midwife originally booked. Unbooked cases numbered 42, representing 1·7% of total home deliveries compared with 2·1% in 1953, and 1·5—1·6% throughout the previous five years.

City midwives were present at all the ante-natal sessions held at welfare centres in their districts. Midwives attended ante-natal clinics held by two general practitioners at their surgeries.

Maternity Medical Service. General practitioner obstetricians were booked by mothers and were present at domiciliary confinements as follows :—

Year	Total home confinements	Confinements			
		Doctors booked		Doctors present	
		No.	% total	No.	% total
1951	2,493	809	32·8	331	13·2
1952	2,534	996	39·3	307	12·1
1953	2,680	1,251	46·7	363	13·5
1954	2,541	1,355	53·3	352	13·9

Medical Aid. City midwives called a doctor to mothers in 32·5% of confinements compared with 30·4 in 1953, 25·1 in 1952 and 30·3 in 1951. Half of the calls were for the repair of a rupture of the perineum.

Maternity Emergency Service. The obstetric flying squad from the City Hospital continued to give valuable service for emergency treatment in the home and was summoned for 7 cases. In 5 instances the condition was that of retained placenta complicated by post-partum haemorrhage and obstetric shock, and there was one case of retained placenta and one of post-partum haemorrhage.

Hospital Admission. The arrangement with the City Hospital continued whereby certain cases were admitted direct from City midwives. A reduction in the number of such cases to 31 compared with a total of 50 in 1953 was largely due to a decrease in the number of cases of ante-partum haemorrhage and premature labour dealt with in this way.

Hospital Confinements for Social Reasons. Of the hospital total, 377 confinements or 16.7% were booked for social reasons. Applications numbered 534, compared with 746 in 1953.

Analgesia. Pethidine was administered to 925 women, or 36.4% of domiciliary confinements. It was associated with gas and air analgesia in 728 of these cases and with trichloroethylene in 40 cases.

Gas and air was used as an analgesic at 1,570 domiciliary confinements, or 61.8% compared with 59% in 1953 and 50% in 1952.

Trichloroethylene. B.P. This analgesic was administered in 70 cases by domiciliary midwives under supervision of the general practitioner whose machine was used.

The Health Committee accepted the recommendation of the Central Midwives Board based on the Report of the Special Committee of the Medical Research Council, that domiciliary

midwives should administer this form of analgesia on their own responsibility, using approved machines. Should the experience gained during a trial period prove satisfactory, a gradual replacement of gas and air machines will be effected, probably over 3-4 years.

Mass Radiography. The number of women referred to the Chest Radiography Centre was 2,018, of whom 78% attended.

Dental Care. The arrangements made with the General Dispensary continued whereby one session a week was devoted to mothers. The number of women who took advantage of the service was 281, being 13.1% of mothers attending the ante-natal clinics ; an increase on previous years.

Blood Examinations. Haemoglobin estimations continued on each mother attending an ante-natal clinic for the first time in pregnancy. A complete analysis was made of the results of the pilot survey, conducted in 1952-53, to determine the haemoglobin level in the blood of expectant mothers at various stages in pregnancy, and to study the effect on this level of daily doses of nine grains ferrous sulphate administered from the 16th, 20th or 24th week of pregnancy.

A tendency to iron deficiency was demonstrated in a control group of expectant mothers by a progressive fall in haemoglobin, red cell count, colour index, packed cell volume and mean corpuscular haemoglobin concentration. In a comparable group this tendency was prevented, and the haematological findings maintained within normal limits by the administration of small doses of iron. Failure to respond to oral iron was observed in 20% of the mothers, and intolerance to iron preparations occurred in 5.9% of cases. After careful evaluation of all results it

appeared that hydraemia was not a physiological accompaniment of pregnancy, but was an indication of mild iron deficiency, and that the haematological changes normally ascribed to this condition can be prevented in 80% of cases by small doses of iron throughout the pregnancy.

Consultant Clinic. The weekly clinic at Edwards Lane Welfare Centre continued, and 471 women were referred by medical officers of the City clinics.

Home Care of Premature Babies. Special training in premature baby care has now been undertaken by five midwives ; three are engaged full-time and two part-time in this work.

Of 138 premature babies born at home, 27 were transferred to hospital. The number of babies born in hospital and sent home to the care of the midwives continued to increase, the number was 149 ; twice the number in 1952.

A total of 6,084 visits was paid as against 3,456 in 1953.

Refresher Courses. Post-graduate courses were attended by 4 midwives ; 2 at London, 1 at Oxford and 1 at Bristol. A short course at the University of Birmingham Centre for Continued Studies was attended by 6 midwives as part of their preparation for instructing mothers in relaxation exercises.

A course in premature baby care of one month's duration, held at the Sorrento Hospital, Birmingham, was attended by 1 midwife.

District Training. In association with the Firs Maternity Hospital, district training for Part II of the certificate of the Central Midwives Board was available for 16 students ; the number of places was increased from 14 in June. A total of 43 pupil midwives was trained.

GENERAL STATISTICS

			Nottingham mothers.	Occurred in the City.
Total No. of confinements	..	..	4,983	7,022
Confinements in hospital	..	..	2,261	4,173
" at home	..	..	2,547	2,555
" attended by City Midwives		2,541		2,549
" " " private midwives		2		2
" " " doctors		4		4
" in nursing homes	..	..	175	294

WORK OF THE CITY MIDWIVES

Home births (single multiple and stillbirth)—

No. of babies delivered—as midwives	..	2,206	
" " " —maternity nurses	..	345	
		—	2,551

Visits to Mothers—

Ante-Natal	..	..	..	20,799	
Post-Natal	..	..	..	50,323	
Special	..	..	..	3,498	
				—	74,620

REQUIREMENTS OF CENTRAL MIDWIVES BOARD

Midwives notifications to Local Supervising Authority :

Notifying intention to practise	..	..	..	153
Ceasing to practise in this area	..	..	16	
Practising at the end of the year	..	..	137	

Distribution :

Domiciliary Service	..	38
City Hospital	..	27
Firs Maternity Hospital	..	16
Women's Hospital	..	20
Highbury	..	13
Nursing homes and		
Nursing co-operations		20
Private Practice	..	3

Notifying medical aid calls to doctors from midwives :

	<i>City Midwives</i>	<i>Nursing Homes</i>	<i>Total</i>
To mothers	827	3	830
„ infants	285	5	290

Aid was sought for :—

	1951	1952	1953	1954
Mothers—				
Ruptured perineum	329	320	360	412
Pyrexia	64	39	59	54
Abnormal presentations ..	12	18	23	19
Prolonged labours	62	60	65	52
Ante-partum haemorrhage ..	34	15	56	38
Post-partum haemorrhage ..	26	35	33	44
Retained placenta	26	27	27	28
Obstetric shock and collapse ..	6	6	8	10
Abortion and miscarriage ..	31	36	37	15
Phlebitis	15	13	11	17
Stillbirths	6	8	29	2
Premature labours	8	8	30	33
Other conditions	54	57	76	103
	<u>673</u>	<u>642</u>	<u>814</u>	<u>827</u>
Infants—				
Prematurity	18	30	25	23
Asphyxia and cyanosis ..	—	17	15	28
Jaundice	6	4	12	6
Deformity	16	6	9	17
Skin conditions	7	9	13	8
Eye discharges	10	82	149	139
Other conditions	64	46	39	64
Sent to Eye Infirmary for advice	51	10	11	—
	<u>172</u>	<u>204</u>	<u>273</u>	<u>285</u>

Notifying liability to become a source of infection ..	39
„ commencement of artificial feeding :	
Domiciliary cases	117
Institutional cases	286
„ deaths of infants—as midwives	9
„ „ as maternity nurses	4
„ stillbirths—acting as midwives	19
„ „ „ maternity nurses	9

ADMISSIONS TO CITY HOSPITAL DIRECT FROM CITY MIDWIVES

Mothers—

Premature labours	6
Ante-partum haemorrhage	7
Threatened abortion	4
Toxaemia	1
Prolonged labour	3
Malpresentation	2
Prolapsed cord	1
Unbooked social emergency	5
Obstetric shock	2
	31

MATERNAL DEATHS

City Cases :

At home :

Uraemia following childbirth after toxaemia of pregnancy	1
Obstetric shock after normal delivery	1

In hospital :

Haemorrhage and shock from ruptured ectopic pregnancy	1
---	---

Out of City Cases :

In hospital :

Pulmonary embolism and toxaemia of pregnancy	1
Puerperal septicaemia	1

PUERPERAL PYREXIA

Cases Notified	Arising in		Nursed at home	Admitted to hospital	Age Groups			
	Hospital	Home			15—20	20—25	25—35	35—40
93	68	25	20	6	8	42	34	9

OPHTHALMIA NEONATORUM

Cases notified	6
Domiciliary confinements	5
Institutional	1

In connection with the above, 17 home visits were paid ; eye conditions other than ophthalmia neonatorum necessitated 510 visits.

HEALTH VISITING

Staff. On 1st January the staff numbered 27 full-time health visitors, while during the year ten others joined the staff on completion of their training and one was appointed from another authority. One health visitor retired after 34 years service and there were three other resignations, so that by the end of December the staff totalled 34.

This is considerably below the number required for health visitors to carry out adequately their duties to the whole family and in order that their time should be used to the greatest advantage, clinic nurses and clerks continued to assist at clinics.

The number of voluntary workers remained small; their service, nevertheless, was of notable help.

Home Visiting. The average case load of the health visitor in December was 669 under the age of five years; 146 less than in 1953.

Though the policy continued of concentrating home visiting on children under 1 year of age, the increase in staff enabled not only an increase of visits to this age group but also a much needed increase in the visits to the 1-5 group.

There was also some development of the health visitor's duties to the whole family, as shown in the number of *other visits*.

Each health visitor visited an average of 742 families in her area.

Home Visits	1953	1954
Primary visits	5,105	4,864
Revisits under 1 year ..	39,722	41,833
" 1 — 5 years ..	41,920	49,664
Other visits	725	4,496
Total number of home visits	87,472	100,857
"No access" visits ..	15,476	18,201

Other visits

Old people :			
Primary visits	..	..	822
Revisits	..	..	1,932
B.C.G. vaccination	..	..	1,085
Ante-natal :			
Primary visits	..	..	188
Revisits	..	..	65
Ophthalmia Neonatorum :			
Primary visits	..	..	43
Revisits	..	..	142
Hospital After-Care	..	..	62
Infectious Disease	..	..	42
Stillbirth Enquiry	..	..	34
Neo-natal death enquiry	..	..	23
Boarding-out	..	..	25
Vaccination	..	..	20
Housing	..	..	13
			4,496

Liaison with General Practitioners. Progress was made in this important matter. At a meeting in April between representatives of the Nottinghamshire Branch of the British Medical Association, the Local Medical Committee and senior medical staffs of the City and County Health Departments, it was agreed that a partnership of the curative and preventive services was a great advantage in providing care for the patient of whatever age or state of health.

The health visitor's part in assisting general practitioners to provide this care was discussed and as a first step it was arranged that each health visitor in the City should pay a personal call on every general practitioner whose surgery was within her area. This approach undoubtedly led to better understanding of the health visitor's function and as a result to a gradual increase in the interchange of information about cases.

Shortly before the meeting in April a handbook had been issued to each general practitioner in the City giving details of all the health services and the means by which help could be obtained.

Health Visitor Training Course. This course of three terms duration run jointly with Nottingham County and accommodated in the Adult Education Centre of the University of Nottingham, has been maintained. The present course started in October and a total of 13 students was accepted, 5 being for the City, 4 for Nottinghamshire, 2 for Lincolnshire, 1 for Derbyshire and 1 for the Colonial Office.

Welfare Centres. An additional session was started at the John Ryle Health Centre to meet the demands of the increasing population on the Clifton Estate.

Progress has been made in providing improved or new Welfare Centre premises. Conversion of Rosebery House, previously used as an Occupation Centre was almost completed and will provide a permanent centre in Basford, replacing the part-time use of a church hall. A new centre was nearly completed in Sneinton ; this will also replace a church hall.

Centre Attendances. The number of individual children under 1 year attending Welfare Centres showed a decrease of 56, but a review of attendances showed that the percentage of City children of this age group who attended rose to 71%, being 66% in 1953.

Over 1 year of age, 6,753 individual children attended the clinics, an increase of 224, and representing 39% of children aged 1-5 years.

Welfare Foods. It became the duty of all Local Health Authorities as part of the services provided under Section 22 of the National Health Service Act 1946 to arrange for the distribution of welfare foods to beneficiaries when the Ministry of Food closed its local offices at mid-year.

In this City the Health Committee assumed this responsibility on June 28th. Welfare foods were available at Infant Clinic sessions as before and the central distribution office and store continued in part of the former Central Food Offices in Upper Parliament Street until December 4th. On this date new accommodation was ready and was occupied in specially converted premises at Canning Circus, which additionally provide a window which is valuable for health education displays.

Ante-Natal Relaxation Class. The weekly class at Huntingdon Street Centre continued and was conducted by a part-time physiotherapist. The average attendance per session was 11; 151 mothers attended an average of 4 sessions each.

Mothercraft Teaching. Education of mothers in health and mothercraft by health visitors at clinic sessions continued and was under the overall supervision of the Deputy Superintendent Health Visitor. Although particular emphasis continued to be laid on teaching at ante-natal clinics, an increase of health visiting staff made possible an extension of the work to all children's clinics. Additions were made to all types of demonstration material.

At the Firs Maternity Hospital, health visitors continued to give mothercraft teaching in conjunction with the relaxation class at one of the ante-natal clinics.

Dental Care. At the Central School Clinic, Chaucer Street, a dental surgeon of the School Dental Service attended a weekly session giving treatment, including conservative, to pre-school children referred from Welfare Centres and Day Nurseries. Following treatment, children were recalled for inspection every six months, and half-yearly inspection of all children over two years attending the Day Nurseries was also carried out.

Treatment :

Number of extraction sessions	34
„ „ filling sessions	3
„ „ cases treated	616
„ „ attendances for treatment ..	753
„ attended ; treatment not required ..	14
Temporary teeth extracted	1,509
„ „ filled	22
General anaesthetics given	716
Other procedures	7

Of the 616 cases treated :

602 cases had extractions.
8 „ „ fillings.
4 „ „ extractions and fillings.
2 „ „ dressings.

Inspections :

Number of inspection sessions	2
„ „ children inspected	183
„ „ „ not requiring treatment ..	143
„ „ „ requiring treatment	40

Consultant Clinics. The number of children referred by medical officers of the City clinics to the weekly paediatric clinic at Huntingdon Street was 104.

At the monthly ear, nose and throat clinic children were examined and recommendations made as follows :—

For operation	67
„ review	9
Referred to private doctor, hospital, etc. ..	8
No treatment	13

The number of children referred to the orthopaedic clinic for treatment was 127, the main conditions being :—

Knock-knees, flat feet and bow legs	85
Deformities of fingers and toes	15
Torticollis	12
Postural defects	4
Other conditions	11

Transport for Health Visitors. Three health visitors were granted a car allowance during the year, bringing the total to 5, and three other health visitors used Douglas Vespa auto-cycles provided by the Corporation. Such transport enabled health visitors to cover more adequately districts where population density is low and public transport facilities limited.

DAY NURSERIES

Throughout the year the nurseries were fully staffed on the Ministry of Health scale, each having a matron, deputy matron, warden and the necessary number of nursery nurses and assistants. Only seven nursery assistants remain and the policy continued of replacing those who resigned by Nursery Nurses possessing the certificate of the National Nursery Examination Board.

Places. The number of approved places in the 9 nurseries remained at 29 for children 0-6 months old, 106 for those 6 months-2 years, and 214 for children aged 2-5 years. Allowance was made for inevitable daily absences, by maintaining on the register an additional number of children varying from 5-15% according to the nursery. This resulted not only in an improved attendance rate, but also in a reduction to a minimum of the waiting period for admission.

Priority for Admission. Social need was the sole criterion for admission and the small waiting lists ensured that applications requiring urgent help could be considered without delay. The increase in demand for temporary accommodation noted last year was maintained, being 14% of all admissions compared with 2% in 1950. The reasons for admission were :

	1953	1954
Mother sole bread-winner	30%	32%
Family income insufficient	19%	20%
Parent disabled, chronic invalid or in prison ..	9%	9%
Bad housing conditions	21%	19%
Mother in employment, e.g., nurse, teacher ..	6%	6%
Temporarily accommodated on special requests	15%	14%

Sickness. Dysentery. There were outbreaks at 3 nurseries—Queen's Drive, Dowson and Heathcoat Street.

At Queen's Drive Nursery early in March, an outbreak started when four children in the 1-2 years group were found to be infected. The infection spread and a total of twenty-six children

and four staff were excluded after being found to be positive. Though the outbreak was mild the nursery was closed to new admissions for 2 months.

In May an outbreak at Dowson Nursery affected twenty children, eighteen being in the age group 2-5 years ; two staff were also infected. Of the family contacts only one parent was found to be positive. The symptoms in each case were mild and the nursery opened for new admissions 2 weeks after the occurrence of the first case.

The outbreak at Heathcoat Street Nursery started in November. Of the eighteen affected children only one was over 2 years of age. Three members of the staff were also infected, as were ten members of the children's families. It was considered that the infection was brought into the nursery by a child whose grandfather had been ill with dysentery. The nursery was still closed for new admissions at the end of the year.

Infectious Diseases. The following required quarantine measures :—

Sonne Dysentery	..	73	Mumps	..	..	19
Measles	..	5	Whooping Cough	..	..	11
German Measles	..	2	Scarlet Fever	..	..	3
Chicken Pox	..	33	Food Poisoning	..	..	2

Attendances. In spite of a decrease in the number in the 0-6 months age group, the total attendance of 62,639 was higher by 2,740 than in 1953, an increase of 4.3%.

AGE GROUPS	Average daily attendance				
	1950	1951	1952	1953	1954
0 — 6 months ..	89	92	14	15	11
6 months — 2 years ..			71	73	86
2 — 5 years ..	172	168	164	165	168
TOTAL ..	261	260	249	253	265
Percentage total places ..	76.9%	76.6%	73.2%	73.2%	74.8%

Charges. At the beginning of April new charges were introduced and the maximum was raised to 5/- per day. In cases of hardship a sliding scale was applied after assessment, the minimum daily charge being 1/- per day. The payment after assessment covered the total number of children in any one family admitted to the nursery. This new scale of fees especially assisted necessitous cases with low incomes.

Training Centre. Wardens. A three weeks training course organised on a regional basis by the Ministries of Health and Education was held at the Nursery Training Centre, Nottingham in March. It was attended by 11 members of the Day Nurseries staff, 4 of whom were already trained as wardens and for whom this was a refresher course. All were successful in reaching the required standard and 3 of the newly trained wardens were subsequently appointed to vacancies.

Students. From January to September there were 14 first and 13 second year students in the 7 training nurseries, and from September to December there were 15 first and 14 second year ; a total of 42 students.

The centre provided training not only for students from the City but also from Nottinghamshire, South Derbyshire and North Leicestershire. They spent two days each at the training centre and three days in the nurseries and nursery schools. Of 36 students who sat the examination of the National Nursery Examination Board in September, 32 were successful ; 1 unsuccessful candidate passed at a later date. When the new course opened in September, 46 students started training, bringing the year's total to 88.

A medical officer of the Health Department staff continued to give 2 teaching sessions weekly at the centre.

NURSERIES AND CHILD MINDERS REGULATIONS ACT 1948

Only one application for registration as a child minder was received, but was refused by the Health Committee.

MOTHER AND BABY HOMES

QUEEN'S DRIVE AND THE HOLLIES

A second Mother and Baby Home, The Hollies, with accommodation for 8 mothers and 6 babies was opened for admissions in March, thus adding to the accommodation provided over many years for 8 mothers with their babies by the Home at Queen's Drive. During previous years with only one Home it had been necessary to restrict admissions to single women of known good character expecting their first babies; other arrangements had to be made through voluntary agencies for women to whom these standards did not apply.

Taking into account the number of women referred each year to voluntary agencies and in view of the pressure on the accommodation at the Southwell Diocesan Board of Moral Welfare Shelter, the need for a second Mother and Baby Home became manifest some years ago. It was not however possible to open The Hollies until this year because of a series of unforeseeable and protracted setbacks in connection with the adaptation of the premises and, when the work was nearly completed, difficulties in the appointment of staff. It is appreciated by those concerned with Mother and Baby Homes that the selection of suitable staff is of primary importance. In addition to professional qualifications the possession of certain highly developed personal qualities is essential for successful work with unmarried mothers.

Since the second Home opened there was a sharp fall in the demand for residential accommodation, an experience shared by certain other areas in the country. In spite of a relaxation of standards of admission to include women on probation, unmarried mothers with second pregnancies, married women expecting illegitimate babies etc., only 25 women applied for accommodation. Of these 21 were admitted during the year and 4 others will be admitted early in 1955. In view of these small numbers, and as a result of staff resignations the mothers and babies at Queen's Drive were transferred to The Hollies.

The reduction in demand during this one year was not in conformity with the experience of many previous years and was not readily capable of explanation. The position will require to be carefully watched before any irrevocable decisions are made as to the final accommodation required for unmarried mothers.

Whilst in the homes the mothers were taught how to care for and manage their children and emphasis was laid on rehabilitating the mother to enable her and the child to take their place together in the community. The mothers remained until satisfactory employment and accommodation, either with relatives or in lodgings, were found. The average stay was 11 weeks; the health of the mothers and babies throughout was satisfactory.

The result of the work carried out :—

	Queen's Drive	The Hollies
Mothers in the homes 1/1/54	8	—
Admitted to the homes	8	13
Returned home with baby	3	7
Went into lodgings with baby	6	2
Left with baby to get married	4	—
Baby admitted to Children's Home	1	—
Baby adopted	1	1
Returned home undelivered	1	—
Remaining in the homes at 31/12/54	—	3

Two mothers expecting illegitimate children were accommodated in homes outside the City, one by reason of extreme youth.

St. Joseph's Roman Catholic Home, Borrowash ..	1
Salvation Army Maternity Home, Leeds ..	1
	— 2

Illegitimate Children. The Superintendent Health Visitor who is responsible for assisting mothers expecting illegitimate children interviewed 79 women with the outcome as follows :—

Admitted to Mother and Baby Home	21
Awaiting admission to Baby Home	4
Hospital confinement arranged	34
Confinement at own home	4
Made own arrangements for Nursing Home	2
Sent to homes outside City	1
Left City before delivery	9
Still under consideration	4
	— 79

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

This section of the report includes :—

1. The needs of the aged.
2. Prevention of break-up of families.
3. Tuberculosis.
4. Loan of nursing equipment.
5. Convalescence.
6. Venereal disease.
7. Distribution of grants to cancer patients.

With the exception of the first and the third, in which to a great extent health visitors were the field workers, the work was carried out by three social workers.

For a period of 7 months the complement was below strength and although essentials did not suffer, developments had to be deferred. Nevertheless, the number of new cases dealt with by social workers and the number of home visits paid were higher than in the previous year when staff changes had caused greater depletion.

THE NEEDS OF THE AGED

The new department set up in 1953 to apply the local health services to the ageing population was very active in its first complete year.

The most acute problems concerned two main groups of elderly persons. The first was that of old people who, living alone without nearby relatives or friends and who had broken down, were unable to care for themselves or their surroundings. Progressive deterioration of insidious onset was often present and in some cases an extreme state actually approaching degradation had been reached. Thus the making of only small improvement necessitated a disproportionate amount of time and money.

The second was that of old people living with their families of the next generation and who had become so infirm that their care constituted an excessive burden on the household.

While the immediate object of those concerned with the elderly must be to ensure that individual cases are helped according to their needs without delay, the long term aim must be to postpone the ill-effects of ageing and to keep the old people well and independent in their own homes. This can best be achieved when old people are in touch, directly or indirectly, with the preventive health services and thus an increase both in the amount of preventive visiting undertaken by health visitors and in the number of cases reported by various agencies was encouraging. This was especially so where it was possible, by remedying the immediate situation and where actual deterioration had not occurred, to restore the individual to health and independence.

Health Visitor Service. Some authorities have appointed specialist health visitors for work with the aged ; in Nottingham each health visitor has charge of the older people in her district as part of her general responsibility for the whole family.

Their work developed rapidly and an indication of its growth is seen from the tables below. During 1953 there were recorded 60 old people as having been visited ; during 1954 the number reported and visited was 822, of which 216 had come to the notice of the health visitors during their routine work.

Elderly Persons Visited by Health Visitors

Reported by General Practitioners	55
" " Geriatric Unit for after care	177
" " " " " sociological reports	88
" " Welfare Services Department	58
" " Relations and neighbours	77
" " Health Department	25
" " Clergy	3
" " Voluntary organisations	123
" " Health Visitors	216
Total new visits	822
Re-visits	1,932
2,754	

Subsequent action taken by Health Visitors

Referred to General Practitioner	83
" " Home Help Department	189
" " Sanitary Inspectors	20
" " Social Worker for Convalescence	6
" " Housing Department	7
" " Welfare Services Department	55
" " National Assistance Board	77
" " Nottingham Council of Social Service	14
" " Women's Voluntary Service-clothing	42
" " Blind Institute	9
" " Chiropody	28
Meals on Wheels arranged	21
Arrangements discussed with relatives	78
Advice given	466

In several cases the patient was found to have no family doctor and the health visitor's first step was to arrange for inclusion on a practitioner's list.

Liaison with hospitals rapidly developed after arrangements were discussed at the City Hospital with the Physician Superintendent who also has charge of the Geriatric Unit. As a result a weekly visit to the Hospital was paid by a health visitor and information exchanged about home conditions on the one hand and the clinical state on the other. Prior to a patient's homecoming the Health Department was informed and in cases where the home was not suitable or could not be made so, discharge was delayed until alternative arrangements were completed. Subsequently patients were visited as necessary by a health visitor, who reported their progress to the hospital.

Similar arrangements were commenced at the Nottingham General Hospital in the Autumn and promise to develop well.

During periods when the demand for beds in the Geriatric Unit was heavy health visitors' reports on home conditions were requested by the hospitals about patients who had been recommended for admission by their family doctors. Urgent clinical conditions naturally took precedence, but in less urgent cases the social background was of importance in deciding priorities.

Chiropody. The scheme described in last year's report had to be discontinued in April because the Ministry of Health declined to sanction the expenditure. This caused disappointment among those who had known the comfort and increased mobility following this attention. However, the General Dispensary arranged for the work to recommence in December.

Older People's Advisory Clinic. In October a weekly clinic was inaugurated at the Welfare Centre in Wilford Road for older people who were seen by a Senior Medical Officer and a health visitor.



NO WONDER SOME OLD PEOPLE ARE IMMOBILE !

It was apparent that older people attended their family doctors for serious complaints but not so for apparently trivial conditions, which may nevertheless have caused them discomfort and considerable anxiety. It was also apparent that if confidence was to be gained a long time was required while the whole story was unfolded. In all 18 patients attended and were medically examined as far as possible but a deterrent was the reluctance to undress which had to be tactfully overcome. As was expected examination revealed multiple disabilities in most cases.

A malignant growth was found in one patient who had never sought medical advice and another patient in whom a tumour was suspected was sent for investigation.

Of the less grave conditions the need for chiropody was paramount and found in well over 50% of those seen. Degrees of deafness, faulty vision amounting to partial sightedness and gross oral conditions necessitating dentistry were not, at this early stage of the work, surprising findings.

As was to be expected degenerative changes, especially of the circulatory system, were present in most cases.

Occupation Centre for Geriatric Patients. By the generosity of the Nuffield Provincial Hospitals Trust the proposal briefly referred to in last year's report almost reached completion. A large house was acquired in Claremont Road, alterations began in October, and it is expected that the centre will receive its first members early in 1955.

This experimental project is of great interest and is important as a contribution to the preventive care of the elderly. The centre will provide daily care for up to 40 elderly men and women, who will attend on the recommendation of the Physician

Superintendent of Mapperley Hospital. They will be persons with mild symptoms of mental disorder, living alone or with relations who are out all day and who therefore suffer from loneliness and whose condition is likely to deteriorate. In this way it is hoped that membership of the centre will prevent or postpone their admission to hospital. During the day the old people will be engaged in suitable occupations and attention will be paid to their physical health, with special reference to their food and their mobility.

Voluntary Agencies. Voluntary help on many counts was again received from large organised bodies and from very small groups of interested, kindly people, including a group of senior schoolgirls.

All help of a voluntary character is invaluable, especially when, as was the case, the Nottingham Council of Social Service and the Old People's Welfare Committee worked very closely with those responsible for the services of the statutory authority.

It is necessary to emphasise repeatedly the importance of effective liaison between voluntary agencies and the local health services in order that the most effective action can be taken at an early stage before deterioration has occurred.

This liaison, too, approached the ideal in that not only did practical material help play its essential part, but the absolute importance of simple acts which soothe and which are never forgotten, held a parallel place.

The elderly ladies who, for example, accepted the youthful ministrations of the schoolgirls had a most lasting pleasure deriving from their kindness but additionally enjoyed a renewed contact with youth.

Future Developments. It is expected that a greater number of cases will be referred by an increasing range of individuals and agencies. These will, for the most part, be dealt with in the first instance by health visitors who, as the necessity for early action is of great importance, can set the machinery for relief in motion. Even more important is the need for information at an early stage of the patient's breakdown, when conditions can be cured or improved with comparative simplicity. It is hoped that this will be realised by all who, for whatever reason, visit the elderly.

Often an impediment to the well-being of the elderly is their own dislike of change. It may be that every avenue of help is open, but the old person will not permit them to be used ; e.g. a home helper cannot clean a room if she is prevented from moving anything in it. This pathetic clinging to the *status quo* is due to a habit of mind which should be discerned and guided long before its worst effects are seen.

PREVENTION OF BREAK-UP OF FAMILIES

Ministry of Health Circular 27/54, in drawing the attention of Local Health Authorities to the ill-effects on children and the cost to the State of the break-up of families, underlined the important role of the domiciliary health services. Practical measures to assist the rehabilitation of "problem families" and so prevent their perpetuation was noted as a proper exercise of powers under Section 28 of the National Health Service Act. Particular emphasis was laid on the health visitor as a key worker in the prevention of family breakdown or disruption, and on the importance of ensuring that she is closely informed by other departments and agencies of all such cases of impending deterioration.

That these principles were fully appreciated by all members of the health service was ensured by a monthly meeting of senior staff at which discussion of case details held an important place. In particular, the health visitors were, in many cases, the means of preventing family break-up. This was done either by giving advice and encouragement—for example, in two instances the health visitor was instrumental in effecting a reconciliation when divorce proceedings were pending—or by calling in expeditiously the aid of other appropriate departments or voluntary agencies.

The provision of a home helper during a mother's illness at home or absence in hospital was probably the most important single measure which prevented family break-up. There were instances where the attendance of a home helper meant that mothers underwent successful treatment at home for pulmonary tuberculosis and thus avoided a long absence at a sanatorium. The greatest satisfaction, however, was derived from the holding together of families in the prolonged absence of mothers. A commendable example was that where a young father and a home helper persisted to the extent of caring for the family—including infant triplets—for almost the entire year.

There was a continuing hard core of 'problem families' well known to all departments and agencies and apparently incapable of any sustained improvement. It was, however, possible in a few cases to record some progress where a selected home helper was able by practical assistance and example to inculcate into the family a recognition of and respect for improved social standards. Regression was and is only too easy in these cases and constant encouragement and help were required.

The fact that these families were known to so many agencies in this City, together with the lack of a co-ordinated and concerted approach, created a tendency, in view of their characteristic apathy, for the advice of a succession of visitors to pass unheeded and almost unheard.

It is possible that more effective progress would have been made in recent years if in accordance with the recommendations of the joint circular issued in July 1950 by the Home Office and the Ministries of Health and Education, a 'Designated Officer' had been appointed to co-ordinate the statutory and voluntary services in the interests of children neglected or ill-treated in their own homes.

The fundamental principle underlying Circular 27/54 is the prevention particularly of mental ill health in children by avoiding the break-up of family life and by rehabilitation of 'problem families'. As neglect or ill treatment can do incalculable harm to the mental well being of children, it is clear that these two circulars—separated by four years—are complementary. Until such time as proper co-ordinating machinery is established, a health visitor cannot be certain of invariably receiving the necessary information from other agencies, nor will it be possible to plan a concerted approach to these problems.

Nevertheless, prevention is being carried just as far as existing arrangements permit.

TUBERCULOSIS

The type and volume of the work of the Chest Centre did not show much variation. A summary of the results shows a fall in the number of confirmed cases and also in the number of contacts found to be infected.

Year	New Cases confirmed	Contacts examined	Found tuberculous	
			No.	Percentage
1948 ..	651	802	32	4
1949 ..	581	924	34	3.7
1950 ..	517	858	29	3.4
1951 ..	506	1,087	28	2.6
1952 ..	459	2,138	34	1.6
1953 ..	534	2,171	35	1.6
1954 ..	428	2,172	30	1.4

Bacille-Calmette-Guerin. Six sessions were held each week for the vaccination of infant contacts ; the total number vaccinated was 570.

Re-housing. The committee of officers met every month at the Chest Centre and considered applications for re-housing of tuberculous families so that the risk of spread was minimised. Good progress was made ; the Estates Committee accepted the recommendations which emerged and were confirmed by the Medical Officer of Health. By December the waiting list consisted entirely of families who could not afford the higher rental of new houses and who were waiting for an exchange to one of an older type.

Care Committee. Weekly meetings were held to discuss the help required by patients of whom there was an increased number ; the social worker saw every new patient and brought the needs before the committee. The following gives a summary of the sound work carried out :—

	1953	1954
Milk at reduced rate.	321	333
Referred to National Assistance Board for allowances	298	326

	1953	1954
Loan of bedding	116	127
„ „ nursing equipment	120	157
Domestic help { Home Help Service	59	51
{ Other help	8	15
Clothing provided	29	74
Employment arrangements	126	144
Training Course	—	27
Convalescence	22	13
Other matters	258	135
TOTAL ..	<u>1,357</u>	<u>1,402</u>

Other Assistance. The National Assistance Board, as always, was most co-operative and the sometimes difficult problems over allowances and grants were investigated and solved. The Ministry of Labour was helpful in arranging suitable employment for patients when fit to return to work.

Great benefit from co-operation with the Children's Department was derived, in that mothers were admitted for sanatorium treatment knowing that their children would be well cared for in their absence.

Voluntary help from the Women's Voluntary Service and the Council of Social Service was much appreciated in cases where it was not possible for help to be given through the National Assistance Board or Care Committee.

Nursing equipment which was lent free often made it possible for a patient to be nursed adequately at home.

Many patients benefited from the work of the Home Help Service, but where it was unable to help, neighbours were encouraged to relieve patients of some of the household responsibility ; this applied particularly to patients living alone.

Of thirteen patients referred for convalescence, 6 went away and did well. The remainder were not suitable or found work before a vacancy in the convalescent home was available. This was inevitable as so few homes take tuberculous patients that a long waiting list cannot be avoided.

LOAN OF NURSING EQUIPMENT

As in previous years 'small' items of equipment were lent free from the Home Nursing Service but 'large' items, for which a hire charge was made, were issued from the Health Services Store in Wollaton Street. All equipment to tuberculous patients was loaned free of charge from the Chest Clinic.

Recently a patient with a particular disability needed an unusual type of walking-aid which was specially manufactured and supplied to him.

The demand for loans increased considerably particularly towards the end of the year, and this sometimes caused a delay in delivery. However, every effort was made to meet all requests as promptly as possible. The immediate return of equipment no longer in use would materially reduce such difficulties.

Large Items

Article	Issued from					
	Health Services Store			Chest Clinic		
	1952	1953	1954	1952	1953	1954
Air Beds	11	8	3	3	1	—
Bed Tables	3	6	3	3	5	10
Bedsteads	13	23	52	37	21	26
Commodes	17	38	85	3	1	2
Invalid Chairs	64	84	104	5	10	6
Mattresses	14	35	63	32	25	35
Spinal Carriages	10	7	—	—	—	—
Walking Tripods	—	—	1	—	—	—
TOTALS	132	201	311	83	63	79

Small Items

Article	From Home Nursing Service			From Chest Clinic		
	1952	1953	1954	1952	1953	1954
Air Rings	414	421	484	33	33	43
Bed pans	528	567	682	25	18	20
Back Rests	100	224	277	25	22	39
Barrier Outfits	461	490	567	—	—	—
Cradles	46	50	72	2	1	1
Crutches	3	10	10	—	—	—
Draw Sheets	189	186	213	—	—	—
Feeding Cups	11	54	36	—	—	—
Incontinent Gowns	50	40	49	—	—	—
Infectious Outfits	18	35	45	—	—	—
Mackintosh Sheets	480	517	705	4	13	29
Sorbo Cushions	34	73	117	—	3	1
Syringes 5.c.c.	471	490	475	—	—	—
Syringes 2.c.c.	6	35	43	—	—	—
Urinals	261	242	317	18	11	22
TOTALS	3,072	3,434	4,092	107	101	155

CONVALESCENCE

From 157 applications received as a result of references by general practitioners, 118 persons were actually sent away, the remainder either withdrawing their applications or making alternative arrangements.

A wider variety of homes was used, in an attempt to meet individual patients' needs, and there was a marked increase in the number of patients sent to independent homes.

In one case, a mother and her 3 year old daughter required convalescence. There were, however, a younger girl of $2\frac{1}{4}$ and a baby boy who, though healthy, clearly could not be left behind. Thus the mother paid for these two herself and they all were sent away.

Figures over the last three years are :—

	..	1952	1953	1954
Applications received	..	148	121	157
Sent to Convalescent Homes	..	87	89	118

Financial assistance was given by the Department to 37 patients thus :—

Maintenance and fares	..	..	..	30
Maintenance only	..	..	..	7
				—
				37
				==

The Health Department paid the full cost in 4 cases and part of the cost in the remainder. The full cost was borne by 5 patients themselves.

Comparative figures of admissions arranged 1952-1954 :—

Name of Convalescent Home	1952	1953	1954
Regional Hospital Board Homes.			
<i>Sheffield Region :</i>			
Carey House, Skegness—Women	52	45	51
Seely House, Skegness—Men		25	14
Burley Auxiliary Hospital	4	—	4
<i>Oxford Region :</i>			
Freeland House	—	—	1
<i>East Anglia Region :</i>			
Suffolk Convalescent Home, Felixstowe ..	—	2	2
<i>South East Metropolitan Region :</i>			
Thomas Lye Convalescent Home, Brighton ..	—	—	3
Birchington on Sea Diabetic Convalescent Home ..	—	—	1
TOTAL	56	72	76
Independent Homes.			
Hunstanton Convalescent Home	10	6	14
West Hill Convalescent Home, Southport ..	1	2	7
Sheffield Works Convalescent Association			
Claremont House for Women, Matlock ..	4	3	1
Stubben Edge Hall for Men, Ashover ..	3	3	4
Evelyn Devonshire Home, Buxton	5	—	2
George Woofinden Home, Mablethorpe ..	—	—	2
All Saints, Eastbourne	—	2	2
John Howard Convalescent Home, Brighton ..	—	—	2
St. Joseph's Convalescent Home, Bournemouth ..	—	—	2
Boarbank Hall, Grange-over-Sands	—	—	4
Charnwood Forest Children's Convalescent Home,			
Loughborough	1	—	1
Seabright Convalescent Home, St. Anne's ..	—	—	1
Thomas Banting Memorial Home, West Worthing	—	1	—
St. Christopher's Home, Dorset	3	—	—
Limpsfield Women's Home	1	—	—
C. W. S. Home, Scarborough	1	—	—
Balmain Home, Skegness	1	—	—
Maitland House, Frinton-on-Sea	1	—	—
TOTAL	31	17	42

Reasons for Convalescence. Comparative figures for the last three years :—

Type of Disease	Patients sent to Regional Hospital Board Homes			Patients sent to Independent Homes		
	1952	1953	1954	1952	1953	1954
Respiratory	—	16	16	14	8	9
Cardiovascular	—	13	6	1	2	6
Digestive	—	12	5	—	2	3
Nervous and Cerebral ..	—	1	9	—	1	5
Urinary	—	1	1	1	1	1
Reproductive	—	5	1	—	—	2
Skin	—	—	4	1	—	1
Rheumatic	—	6	5	2	1	3
Injury	—	2	5	1	—	—
General Debility	—	14	21	9	2	11
Endocrine — Thyroid ..	—	2	—	—	—	1
Diabetic	—	—	3	1	—	—
Others	—	—	—	1	—	—

VENEREAL DISEASES

The function of the social worker in the women's clinic for venereal diseases held at Amberley House was to encourage regular attendance of the patients until the course of treatment was complete.

The Special Treatment Centre serves the City and part of the neighbouring County, but owing to a difference in book-keeping, it was possible to separate returns for 1954 for persons from the City so that comparisons with previous years when the return included County persons are of no significance. Patients were treated as follows :—

No. of persons treated :—

Female patients	583
Boys under 15	22
	605

Pregnant women attending :—

For syphilis	27
„ gonorrhoea	7
„ non venereal conditions	16
	50

The social problems of many of these women who were not married to the putative father were dealt with in conjunction with the Southwell Diocesan Moral Welfare workers, the Maternal and Child Health Department and the City Hospital. All pregnant women were urged to attend an ante-natal clinic.

Children. All infected mothers were expected to bring their children to the clinic for medical supervision. The numbers attending were as follows :—

Cases carried over from 1953	..	..	18
Congenital syphilis—new cases	..	..	4
Satisfactory routine tests	..	..	35
			57

Early Cases. There were 5 cases of early syphilis and 37 of gonorrhoea.

Defaulters. There were 39 defaulters, but of these 12 patients were on routine tests only. The visiting of defaulters was restricted, as the centre was without a social worker for a time.

CANCER GRANTS

The Medical Officer of Health continued to act as agent for the National Society for Cancer Relief and a total of £236. 6s. 3d. was disbursed.

Social Workers visited 18 patients every other week and distributed small grants for extra nourishment and other comforts; special grants for clothing and bedding were obtained in 4 cases.

IMMUNISATION AND VACCINATION

The programme for immunisation and vaccination was considerably extended and some adjustment in the general programme was made to accommodate the change.

During the Spring arrangements were completed for Bacille-Calmette-Guerin vaccination of school children in their 14th year ; work beginning in May. Combined immunisation for babies against whooping cough and diphtheria was introduced in August at routine infant clinics.

IMMUNISATION AGAINST DIPHTHERIA

Sessions for pre-school children were held during the whole year as before. Attendances were poor mainly because many parents, in the absence of nearby cases of diphtheria, still failed to realise the need for immunisation in infancy and, moreover, because parents were more concerned to obtain protection against whooping cough for their children.

A Medical Officer and nurse visited schools regularly during the year and no change in this arrangement was indicated. "Booster" doses were given where necessary at 5 years and many school children of all ages were immunised for the first time.

The state of immunisation at all ages throughout the City is shown in the various tables.

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.
1949 ..	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
53 ..	3,609	779	3,182	1,206	3,418	143
54 ..	3,436	753	2,525	1,664	3,161	227

* Those cases for which a record card was 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.
1949 ..	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
53 ..	14,198	53	39,752	86	53,950	74
54 ..	13,761	53	40,731	87	54,492	75

Numbers and Percentage of Children Immunised

	Estimated Population	Children Immunised	Percentage Immunised
Age 0—1 year ..	5,190	649	13%
„ 1—5 years ..	20,710	13,112	63%
„ 5—15 years ..	46,900	40,731	87%
Age 0—15 years ..	72,800	54,492	75%

YEARLY NUMBER OF CHILDREN IMMUNISED—BY AGE GROUPS

AGE	1946	1947	1948	1949	1950	1951	1952	1953	1954	Total No. of Children Immunised	Percentage of Child Population Immunised since 1938
Under 1 Year ..	1	27	264	326	218	321	395	514	649	0 — 5 years 13,761	Estimated Population 0 — 5 years = 25,900 Percentage immunised = 53%
1 Year + ..	2,037	2,614	3,759	3,043	2,809	2,900	2,715	2,548	2,321		
2 years + ..	818	601	807	564	412	470	344	323	227		
3 years + ..	248	121	180	261	184	113	128	126	78		
4 years + ..	216	90	137	180	178	103	104	61	82		
5 years + ..	473	279	346	321	305	279	283	224	285	5 — 15 years 40,731	Estimated Population 5 — 15 years = 46,900 Percentage immunised = 87%
6 years + ..	348	214	362	351	287	205	220	232	257		
7 years + ..	167	138	182	155	112	68	79	99	128		
8 years + ..	83	126	191	69	60	38	106	63	66		
9 years + ..	53	120	151	60	13	22	131	71	30		
10 years + ..	45	97	111	36	25	26	138	61	22		
11 years + ..	55	73	69	31	18	15	103	61	16		
12 years + ..	—	75	49	32	11	77	36	3	8		
13 years + ..	—	—	73	16	5	59	40	1	6		
14 years + ..	—	—	—	28	7	45	30	1	11		
15 years + ..	—	—	—	—	6	26	28	—	3		
TOTAL ..	4,544	4,575	6,681	5,473	4,650	4,767	4,892	4,388	4,189		

THE EFFECT OF IMMUNISATION

		Total No. of cases of diphtheria	No. of cases in immunised persons	*No. of deaths from diphtheria
1942	..	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	—	—

*All occurred in the non-immunised.

* * *

The City's record for diphtheria :—

FOR 5 YEARS CASES OF DIPHTHERIA NOTIFIED	..	Nil
FOR 6 YEARS DEATHS FROM THIS DISEASE	..	Nil
FOR 7 YEARS CASES OCCURRED IN THE IMMUNISED	..	Nil

* * *

COMBINED IMMUNISATION AGAINST DIPHTHERIA AND WHOOPING COUGH

This procedure was introduced in August. There was a growing demand by parents for protection against whooping cough, but it was felt that to offer this immunisation in addition to separate arrangements for diphtheria would result in an even greater decline in diphtheria prevention. The demand coincided with the production of an improved combined immunising agent which is believed to give the most adequate protection so far.

For the first three months this agent was available at three Centres only and subsequently was offered at all infant clinics. Three injections at monthly intervals, beginning at four months of age, were given.

The response was satisfactory, as 81% of the babies dealt with in the age group 4-6 months were inoculated compared with 10% in infants under 1 year against diphtheria alone in the previous year. Few parents refused, but some, afraid that at four months the babies were too young for immunisation, asked for postponement. Only a small number defaulted after the course had begun. Parents preferred their babies to be immunised at the routine clinics rather than at special sessions, and this arrangement will be continued.

Some parents preferred combined immunisation to be carried out by their family doctors and this was done in many cases as with immunisation against diphtheria alone. Record cards returned included infants immunised as well as children up to 5 years of age.

VACCINATION AGAINST SMALLPOX

The arrangement at six Welfare Centres continued as before. When combined immunisation was introduced, the age at which vaccination was offered was changed from four months to eight months. This meant that from August onwards the numbers attending the sessions were temporarily reduced.

ANALYSIS OF VACCINATIONS

	Numbers of Persons.						
	Age at 31.12.54.					By General Practitioners.	Under Health Dept. arrange- ments.
	Under 1 yr.	1—4 yrs. incl.	5—14 yrs. incl.	15 yrs. & over.	Total.		
Primary Vaccination	1,971	169	57	133	2,330	896	1,434
Re- Vaccination	—	16	39	304	359	334	25

INFANT VACCINATION

	Number of Primary Vaccinations under 1 year of age.	Percentage of births during same period.
1950	2,003	38·3
1951	2,135	41·8
1952	1,992	39·4
1953	2,056	39·4
1954	1,971	37·9

BACILLE-CALMETTE-GUERIN VACCINATION FOR SCHOOL CHILDREN

Authority to provide this form of vaccination for "school leavers" was given in Ministry of Health Circular 22/53 dated 5th November, 1953. In anticipation, the Health Committee appointed a Medical Officer who, following training in the 'home' of B.C.G. at Copenhagen had also subsequent experience

of its use, and who was to be responsible for the organisation of the scheme and for its implementation. As a result, when approval to the Authority's proposals by the Minister was given in March, organisation of the scheme was well advanced and the first visit to schools took place at the commencement of the Summer term.

Though this vaccination falls within the duties of the Health Committee as the Local Health Authority, close co-operation with the School Health Service and the Education Committee is naturally necessary. Intimate collaboration was our experience throughout the planning and still continues, and warm acknowledgments are offered to the Principal School Medical Officer and the Director of Education.

Vaccination of children who were contacts of cases of tuberculosis was already an established measure at the Chest Clinic, but applied largely to pre-school children. The extension of the facility to boys and girls in their 14th year was directed to a reduction of the incidence of the disease during the susceptible years of adolescence and early adult life.

All schools in the City, including private, were covered by the arrangements.

A routine procedure developed whereby, as the first move, the headmaster or headmistress was asked to provide the names and addresses of 13-year old scholars. Parents were then sent an explanatory leaflet, a consent card and a covering letter from the Medical Officer of Health, inviting careful thought and encouraging them to ensure the participation of their children. The consent form was returned to the Health Department and visits made by health visitors to ensure, when the card was not returned, that parents had every opportunity for full understanding. No child was vaccinated unless consent was given.

Parent meetings were addressed by the medical officer at 24 of the 38 schools, when the details were explained and parents' questions answered. Much interest was displayed and at one school the scholars themselves asked to be addressed. Mantoux testing was carried out by the medical officer on all children for whom consent had been given and three days later tests were read and the negative reactors vaccinated.

Two further visits were paid to the schools eight weeks later to inspect site of vaccination and to retest for conversion in the vaccinated children.

For the performance of the Mantoux test 10 I.U. of P.P.D. as supplied by the Ministry of Health were used and the Ministry supplied B.C.G. vaccine manufactured in Copenhagen for vaccination. The intradermal route was used in both cases.

The general experience that complications are rare in this age group was confirmed by the occurrence of 1 case only in 1,184. In this instance, an accelerated reaction occurred indicating that the child had been treated in the pre-allergic stage. No contact with tuberculosis had been reported but careful investigation revealed that this had taken place. X-ray of the chest revealed no evidence of a primary infection and the reaction healed satisfactorily.

Arrangements were made for all positive reactors to the primary test to attend the Mass Radiography Unit for chest x-ray and for investigations and treatment where necessary.

All schools in the City will be covered in the course of one year. Absentees from their school sessions were given a further opportunity and two special sessions have been held for this purpose. Standard records were being kept, though no detailed follow up is contemplated after the pupils have left school.

The following table gives a review of the work done in the Summer and Autumn terms.

Total number of schools visited	..	..	..	38
„ „ „ 13-year olds	..	..	..	3,289
„ „ „ acceptances	..	..	..	2,599
„ „ „ refusals	..	..	..	648
„ „ found to be attending Chest Clinic	..			42
„ „ referred to Chest Clinic as contacts	..			3
„ „ tested	..	..	..	2,516
„ „ of negative re-actors vaccinated	..			1,884
„ „ positive to test	..	..	..	557
„ „ absentees from primary test	..			83
„ „ „ „ reading of reaction	..			62
„ „ doubtful reactions	..	..	..	13
„ „ retested and found positive	..	..	..	2

Post vaccination tests :

Number of schools visited	..	..	..	17
„ tested	..	..	..	803
„ absent for test	..	..	..	90
„ of positive reactions	..	..	..	721
„ „ negative reactions	..	..	..	39
„ absent for reading of test	..	..	..	43

Complications :

Accelerated reaction	..	..	..	1
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Of the 2,516 children on whom Mantoux test was carried out, 23% were found to be positive.

HOME NURSING SERVICE

As a broad indication of the work carried out, the number of nursing visits paid—217,033—showed an increase of $7\frac{1}{2}\%$ on last year's total of 200,042. As a factor in saving hospital beds the Service added to its importance in that, as an analysis of the figures given at page 181 shows, more cases of acute illness were successfully nursed at home. Nor was this all, for in addition to the nurses' primary duty of nursing the sick, advice on social difficulties was given; the Queen's Nurses, by their training, are especially fitted for this role.

All but a very small number of requests for nursing were made by general practitioners through the Home Nursing Service headquarters and by hospitals.

THE YEAR'S WORK

	1951	1952	1953	1954
Number of patients on register,				
1st January	826	927	1,116	1,226
Number of new patients ..	3,980	4,791	5,499	5,860
Total number of patients visited ..	4,806	5,718	6,615	7,086
Number remaining on register,				
31st December	927	1,116	1,226	1,345
Total number of nursing visits ..	173,124	202,993	200,042	217,033
Total number of supervision visits	2,015	1,606	2,018	1,951
Case load (visits per month per nurse)	—	352	303	329

The Increased Demand. Cases of illness of the circulatory and cardiac system showed an increase in new patients of about 30% reflected in a similar proportion in the number of visits paid, while the number of those with respiratory illness was added to, in the way of new patients, by only a small percentage. Nevertheless, the increased number of visits necessitated for an individual case of acute illness, was the reason for a rise of nearly 10% in the number of visits paid.

The percentage rise of cases under the heading of illness of nervous and cerebral origin was in the region of 20, as was also the number of visits. There was no evidence to suggest that a greater incidence of this type occurred, the explanation being that, not unexpectedly, the Service becomes better known and is more used, as with other branches of the National Health Service, and those who formerly were passing a miserable existence of days of suffering were not only made comfortable and properly cared for, but in a satisfying number of cases were enabled to return to some degree of independence.

The inclusion in the staff of one nurse with mental training shows an advantage and indicates that attention must be turned to securing a number—perhaps four or five—of similarly trained nurses. Mental hospitals, as is widely known, are experiencing great difficulty in maintaining the numbers of nursing staff needed to shoulder the increased turnover of cases in mental hospitals. Nevertheless, an efficient Home Nursing Service including those with mental training will ultimately contribute by making its influence felt both in care and after-care, to the more efficient use of mental hospital beds.

It was recorded in last year's report that a larger number of new patients requiring nursing had led to a smaller overall total of nursing visits and the explanation offered was that—diabetes being quoted as the example—more time had been devoted to the instruction of patients and relatives. This was again exemplified in that an increase of 50% of new diabetic patients led only to an increase of visits paid of about 12%.

Cases of pulmonary tuberculosis undergoing domiciliary treatment with streptomycin were reduced by over 60 and the number of visits for the purpose of injecting this antibiotic fell from a little over 20,000 to 15,448.

The extent to which home nurses were used for various forms of therapy administered by the hypodermic route is shown by the total of nearly 9,000 injections of all kinds given.

Illnesses of the digestive, urinary and reproductive systems have, over the past three years, shown a demand which changed little.

The chief demand for nursing arose, as was expected, from elderly patients, though here a welcome change was noted. Instead of the initial call coming when conditions both in the patient and in the home had become difficult, earlier requests were made, so that bedfastness and incontinence could be prevented.

Even so, the instances of the nurse becoming aware of some cases at a late stage were by no means few and a disproportionate amount of time and unrewarding effort was necessary to achieve only a small amount of improvement.

Patients' Illnesses Classified

		1951	1952	1953	1954
		<i>Numbers of Cases</i>			
Circulatory and Cardiac	..	460	643	747	952
Respiratory	.. ..	825	1,095	1,402	1,474
Digestive	.. ..	510	826	971	916
Urinary	.. ..	114	170	196	186
Reproductive	.. ..	112	202	203	267
Nervous and Cerebral	.. ..	325	553	593	688
Carcinoma	.. ..	307	337	375	465
Diabetic	.. ..	194	197	255	258
Ulcer of leg	.. ..	95	153	155	158
Tuberculosis	.. ..	533	576	554	493
Burns, scalds, injury, etc.	.. ..	400	320	250	480
Due to senility	.. ..	700	410	690	589
Infectious fevers	.. ..	16	26	41	15
Rheumatism, Arthritis	.. ..	215	210	183	145
		4,806	5,718	6,615	7,086

Distribution of age groups of Patients attended

	1951	1952	1953	1954
Under 5 years	1.5%	2.5%	2.75%	2.1%
5 — 16 years	2.5%	3.1%	2.5%	2.2%
16 — 45 years	12.0%	11.1%	13.25%	12.7%
45 — 60 years	20.0%	20.0%	20.5%	21.4%
Over 60 years	64.0%	63.3%	61.0%	61.6%

ADMINISTRATION

Transport and Communication. The number of owner driven cars used by nurses nearly doubled to 21 and in addition there was a Corporation car for the use of an Assistant Superintendent. The service continued to use 12 Douglas Vespa auto-cycles and 26 bicycles.

The 'Assisted Purchase' scheme enabled nurses to buy their own cars. Cars were established as the most satisfactory means of transport as all home nurses had to be out of doors whatever the weather ; there was no alternative indoor work.

The full-time nurses living in their own homes have telephones; only four others, of whom two were in lodgings, were not connected. The system by which messages during the nurses' rounds were given by shopkeepers, chiefly chemists, continued to be of great assistance.

Housing. Two additional unfurnished houses were allocated to the service ; the total accommodation available being :—

Houses :	2 furnished.	7 unfurnished.
Flat :	1 „	5 „

Training. In January, training in conformity with that prescribed by the Queen's Institute of District Nursing was inaugurated and the course opened with 7 students. The lectures

were taken in Leicester and the practical training in Nottingham. At the examination for the Queen's Roll in August all the students were successful and 2 obtained credits in the practical ; a distinction which was obtained by less than 4% of the total number of candidates.

In October a second course began with 12 students ; the complete course being held in Nottingham.

Refresher Courses. The Assistant Superintendent and 2 nurses attended one week refresher courses at Roffey Park, Sussex, and at Somerville College, Oxford.

Staff. The average staff was the equivalent of 60 nurses ; of these an average of 58 were full-time ; 14 were Queen's Nurses.

At 31.12.54

State registered nurses	41
Registered sick children's nurse ..	1
State registered mental nurse ..	1
State enrolled assistant nurses ..	6
Male nurses, state registered ..	6
Part-time State registered nurses ..	8

HOME HELP SERVICE

During the tenth year of the service the demand increased and with a ceiling, as in 1953, of £100,000 gross expenditure placed on the service, it was necessary to consider means by which an equitable spread of the help available could be arranged. Early in the year, therefore, it was decided that, except in households where there were young children, the help should be limited to a maximum of four hours a day. This possibly caused some disappointment or inconvenience in cases where an old person lived alone, but it was the fairest way of dealing with the problem. In some cases relations were able to help or neighbours called in during the course of the day. A partial solution was found in one district by arranging for a senior helper to visit several old people to attend to immediate wants in the late afternoon.

Staff and Administration. The Central Office was transferred in June to 94, Mansfield Road, where the larger and lighter premises led to a welcome improvement in staff working conditions; the office for the Eastern District is in the same building.

In December the Northern District Office was transferred to Rosebery House, Basford, adjoining the newly adapted Welfare Centre and gives adequate office and waiting room.

Demand. The practice of earlier discharge from hospital was reflected in the increasing number of applications for persons about to be sent home. Some of these cases were of the type where improvement in the physical condition was expected to be slow and where recovery even after a long period was likely to be partial. This meant remaining in bed for some weeks and a need for continuous help for a length of time.

The Aged with Physical Infirmary. Help to aged infirm persons continued to be the heaviest call on the service, and accounted for about 80% of the helpers' time.

Some old people had allowed the condition of their homes to deteriorate and appeared to be unaware of the conditions under which they were living, while some of those most urgently requiring help had lived alone for twenty or more years and had become quite indifferent to personal appearance or to surroundings. They were hesitant to report their need of household necessities, of clothing, or of requirements such as spectacles or dentures, and frequently they were living in one small room which had become so neglected that restoration to decent living conditions appeared impossible. In these sad cases it was often found that warmth was, with a meagre income, more important than food.

The attendance of a home helper did much to regain for such people a reasonable standard of cleanliness and an interest in their home surroundings, but suitable helpers to undertake the cleaning of neglected homes were not easily recruited.

Tuberculosis. Patients with tuberculosis under treatment at home continued to receive help, though as it was not always possible to recruit helpers to work in such households delay in sending help was unavoidable in some instances.

Long Term Help. Analyses of 110 cases which received help daily throughout the year and of the cause of the help being required are given :—

	Men	Women	Total
Old Age Pensioners ..	10	77	87
Tuberculosis Patients ..	1	6	7
Other i.e., younger ages than pensioners ..	2	14	16
	13	97	110

The illnesses which caused these householders to seek help are tabulated below :—

Old Age Pensioners				Other Cases			
Infirmity	..	..	35	Tuberculosis	..	..	7
Arthritis	..	..	16	Nervous disease	..	..	4
Heart Disease	..	..	12	Old injuries	..	..	3
Lung disease	..	..	9	Cancer	..	..	1
Old injuries	..	..	5	Mental illness	..	..	1
Organic nervous disease			5	Arthritis	..	..	1
Blindness	..	..	3	Heart disease	..	..	1
Diabetes	..	..	1	Blindness	..	..	1
Cancer	..	..	1	Widower with young family	..	..	1
				Not classified	..	..	3
87				23			

Very few of these cases are likely to show sufficient improvement to enable them to dispense with help in their households and unless they can find relations who can care for them, an unlikely contingency, they will need continued attention from the service.

Besides these cases there were 202 others who received help daily for 3 months or more.

Night Help Service. Requests for this help were heavy during the early spring and due to the shortage of night helpers the amount given to any one case was limited to three nights per week. Helpers were always very reluctant to undertake this work.

Laundry. Chiefly among old people there was difficulty in getting the washing done because of the limited amount of bedding and personal clothing and because most commercial laundries did not collect or deliver small quantities.

The introduction of a commercial launderette service in the City proved valuable to many homes where no washing facilities were available. The helper took the washing and after a short wait returned and completed the process by doing the ironing at the home.

Approximately 50% of the helpers working in the homes of old age pensioners used the launderette, the cost of which was met from a weekly laundry allowance granted by the National Assistance Board.

Financial Assessment. There was a slight increase in the number of persons paying full cost for help—usually of short duration—supplied during the past year. As about 80% of the total number of applications received were from old age pensioners, the percentage of cases in receipt of free help remained proportionately high. Of the 393 applications cancelled, 122 concerned persons, who, for various reasons, could not pay the assessed amount.

Very few bad debts were incurred during the year ; the total amount was less than £10.

The cost of help supplied during the year was approximately £73,000 ; the amount recovered £6,000 or 8·3% of the wages bill.

Analysis of Assessments :

		1952	1953	1954
Cases paying full cost	..	22%	22%	24·25%
„ „ part cost	..	12·5%	18·5%	15·5%
„ „ nothing	..	65·5%	59·5%	60·25%

Waiting List. The waiting list remained almost static until November and December, when it increased rapidly to over 200 cases. New applicants took the place of those assisted, so that little could be done to reduce the waiting list. The reduction of the amount of help, where possible, assisted in relieving the situation and permitted a more even allocation to a larger number of cases.

There was a considerable amount of sickness amongst the helpers. Many in the 40/50 age group, after working six hours daily, went home to do their own domestic duties, the result being a visit to the doctor and a rest of some weeks because of "general debility". This resulted in more applicants being re-placed on the already long waiting list.

During the first half of the year 1,000 cases per week received help varying from 6 to 44 hours weekly. The number continued to increase and during the last three months the average rose to 1,120 cases, the weekly wages bill reaching a maximum figure of £1,450.

THE YEAR'S WORK

Date	No. of Helpers	Cases being assisted			Waiting List	Weekly Wages Bill
		General	Maternity	Night		
25.3.54 ..	476	1,013	9	1	110	1,295
24.6.54 ..	449	998	11	1	110	1,325
30.9.54 ..	469	1,085	6	—	105	1,421
16.12.54 ..	456	1,087	7	3	231	1,453

No. of Helpers at 31st December :

			1952	1953	1954
Full time	..	..	151	173	170
Part time	..	..	164	135	284
Casual	..	..	191	158	30
TOTAL	..	..	506	466	484

Hours worked :

Weekly average	..	..	9,739	10,947	11,544
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Result of Applications :

Help supplied	..	..	1,199	1,107	1,296
Awaiting help	..	..	202	173	218
Advance maternity bookings	..	..	47	38	38
Not qualifying	..	..	142	174	151
Cancelled or arranged own help			216	337	393
			1,806	1,829	2,096

Analysis of Cases Assisted and Payments made :

	Full Cost	Part Cost	Nil	Total
Old Age Pensioners :				
Chronic illness	103	122	1,119	1,344
Acute illness	23	19	158	200
Others :				
Chronic illness	45	38	120	203
Blind	1	3	42	46
Acute illness	78	36	118	232
Maternity	112	75	9	196
Tuberculosis	4	19	49	72
Social cases	4	3	16	23
Night cases	—	1	11	12
TOTAL	370	316	1,642	2,328*

*Includes 1,032 cases receiving help on 1st January, 1954.

MENTAL HEALTH SERVICE

No major changes were made in the Service which continued successfully along the lines initiated in 1948.

Under joint user arrangements, the Physician Superintendent of the Mapperley mental hospital acted as adviser on psychiatric matters and attended all meetings of the Mental Health Sub-Committee to report on mental defectives referred for ascertainment. The Senior Psychologist of the hospital was employed jointly by the Hospital Management Committee and the Authority, while three social workers engaged by the Hospital Management Committee were seconded for duty in the Mental Health Department of the Authority.

Thus the means of co-operation without overlapping of responsibilities was provided, but the smooth integration of the two sides of this service, for which a national reputation has been made, was reached by the free and unrestricted use of officers of all grades by both sides. The question of ambit or of field of interest or responsibility did not arise and it was only in matters of pure administration, salaries, etc., that the employing body entered into the service.

Co-operation between the various departments of the Local Health services is ensured by a monthly meeting of heads of departments under the chairmanship of the Medical Officer of Health. The necessity for regular conferences between this service and other Corporation departments did not arise, but there was frequent personal consultation between the Mental Health Officer and the Children's Officer, the Chief Welfare Officer and the appropriate officer of departments concerned in any particular case.

Staff available for care and after-care numbered twelve persons; the Mental Health Officer, his deputy, seven welfare officers and three social workers, though the Chief Officer and his deputy were largely concerned with administrative duties and only undertook a limited amount of social work. The three social workers seconded from the hospital were wholly engaged in care and after-care, as were the seven mental welfare officers apart from duty on a daily rota as duly authorised officers.

With the exception of one hospital social worker who held a University Certificate in Social Studies, the staff had not had any formal training. Local arrangements for the training of recruits consisted of in-service training in the Mental Health department, attendance at lectures given by the medical staff of the mental hospital and, as opportunity occurred, at *ad hoc* courses of three weeks duration held at the University of Sheffield.

The results were good, but the Mental Health service generally depended upon the trained personnel available and there was a need for a nationally recognised scheme of formal training.

Preventive work in mental health at present is relative, as only by attention to a child's emotional development can the prospect of stable adult life become a possibility. Nevertheless, in these early years of a rapidly developing national service, prevention to an important degree is possible. In all cases of first contact mental illness to some extent is already present, though it was evident that cases came to notice at ever earlier stages in the illness. This enabled a growing number of persons, through the medium of out-patient clinics, to remain under the community care of the social workers and thereby prevented the necessity for hospital admission.

The development, too, of the after-care service prevented recurrent breakdown in numbers of people and avoided re-admission to hospital.

MENTAL ILLNESS

Admissions to Hospital. Since 1948 it has been the practice to persuade all persons needing hospital treatment to take advantage of the voluntary admission provisions of the Mental Treatment Act 1930. This policy met with encouraging results and in many cases compulsory action was avoided. Of 500 cases admitted to hospital, 223 entered as voluntary patients and 1 was admitted under Section 21 ; in only 5 cases was a Summary Reception Order applied for in the first instance. In the remaining 271 cases use was made of Section 20 of the Lunacy Act 1890.

A continuous rise occurred during the past five years in the number of cases reported for investigation with a possible view to admission to hospital. In 1949, the first full year of working, a total of 540 persons was so reported, of whom 389 or 72% were admitted to hospital. In 1954 the number of cases reported was 913, of whom 500 or 55% were admitted. The biggest single factor in this increase of reported cases was the freer use made of the Service by medical practitioners as they came to know its value. In 1949 general hospitals and practitioners reported 291 cases ; in 1954 this number rose to 500. With the rise in the number of cases reported, the percentage actually admitted fell from 72% in 1949 to 55% in 1954.

As noted above, there was a steady tendency for cases to be referred earlier after the onset of symptoms. The consequence was that instead of immediate admission to hospital cases were referred to the Psychiatric Out-Patient clinic at the General Hospital and, although it was known that some people eventually entered hospital as a result of advice received at the Clinic, admission was altogether avoided in other cases.

As another consequence of early reporting it was found, in a few cases, that incipient mental illness was present but that the person refused advice to take advantage of the voluntary provisions of the Mental Treatment Act. At this stage, compulsory action was not justified for in some cases there was spontaneous recovery, though many deteriorated and were reported at an advanced stage when longer and more difficult treatment was necessary. Such cases were disappointing !

Community Care. There was a large increase in the number of cases reported for investigation but, despite sickness absence which in the aggregate amounted to the equivalent of 10 months service of a social worker, and despite the time consuming nature of the enquiries necessary in all the cases, the rate of visiting achieved in 1953 was maintained.

The number of persons receiving after-care necessarily fluctuated considerably with the type of patients discharged from the hospital and the variation in their needs. In January the case load was 780, climbing to a peak of 861 during May with a considerable fall during the months of June and July to 783, climbing again steadily through the remaining months of the year to a figure of 822 on 31st December. Seasonal reduction in the number of cases reported during the summer months each year is evident.

The two mental welfare officers using their own cars continued to afford relief to the Ambulance service. All the milder cases were removed to hospital by car, and the persons who had no relatives to assist them were taken to Out-Patient clinics ; a total of 4,193 miles was thus covered.

PERSONS IN NEED OF ADMISSION TO HOSPITAL

	Under 65 years		Over 65 years		Totals
	M.	F.	M.	F.	
Reported by :					
Police	51	51	16	23	141
General Hospitals ..	39	67	17	34	157
Medical Practitioners ..	66	109	61	107	343
Relatives	39	71	18	31	159
Others	21	45	9	38	113
TOTAL	216	343	121	233	913
Disposal :					
Admitted Hospital :					
Under Sect. 16 ..	1	3	—	1	5
„ Sect. 20 ..	75	115	34	47	271
As a voluntary patient	46	70	44	63	223
Others	—	1	—	—	1
	122	189	78	111	500
For Community Care	3	6	9	33	51
Not accepted	91	148	34	89	362
TOTAL	216	343	121	233	913

MENTAL DEFICIENCY

Institutional Accommodation. Vacancies in institutions continued to be most difficult to secure ; the waiting list which stood at 125 on 31st December, 1953, remained at the same figure. Low grade children continued to be most difficult to place, with high grade delinquent males scarcely less so, and it continued to be necessary for the Court to send defectives to prison as a " Place of Safety " pending transfer to an institution.

Efforts were made, in co-operation with the Medical Superintendent of Aston Hall Mental Deficiency hospital, to persuade parents with children there to receive them home on licence so that other children might be admitted for limited periods. Considering the difficult nature of the children concerned, it was perhaps understandable that little success was met with, and

in only two cases were parents willing to resume responsibility for their children. The two vacancies thus created were used for the temporary care of 4 cases but the numbers were too small to make any appreciable difference to the total problem, which continued to be most acute.

The local arrangement whereby low grade defectives were accepted temporarily into the mental hospital, continued to be of great value. Such admission was used in cases where parents were becoming ill under the strain of caring for difficult children, in cases of physical illness of the mother where there was nobody to care for the child and, on occasions, to cover the period whilst the mother was having another baby.

Supervision of Mental Defectives. The regular visitation of defectives under Statutory or Voluntary Supervision, under Guardianship, or on licence from institutions, continued ; at the year end such cases numbered 865.

Finding employment for persons of limited intelligence was more difficult than had been the case for some years. The introduction of incentive bonus schemes in a number of local factories added to this difficulty as they increased the tempo of work by the normal employees to a pitch where the defective could not compete.

In cases where defectives were unemployable but capable of benefiting from training or occupation, arrangements were made for their attendance at the City Occupation Centre. The mental welfare officers acted as liaison officers between home and centre, and secured the co-operation of the parents in the efforts made to assist the defectives. The success of this work depended upon establishing good relationships between the officer, the defective and the family ; every effort was made to establish

good feeling and in the majority of cases this was achieved. In some cases, however, the work was hampered by the failure to secure the parents' co-operation while in a few cases active opposition was encountered.

Training of Mental Defectives. The City Occupation Centre is in effect three separate centres on one site, consisting of Junior Mixed department, Intermediate Mixed and Adult Female, and Adult Males ; each section has its own supervisor, under the control of a male organiser.

This arrangement was found to have a number of advantages over the original scheme of three separate centres located in different parts of the City. With separate centres each catering for the defectives in a particular area, each would almost certainly have differing proportions of the various types of defective, requiring a different scheme of organisation in each centre. With the arrangement now established the trainees were divided into three broad divisions and the staff specialised in dealing with a particular type of trainee. This was particularly important with the adult males whose activities tended to be restricted in a small centre but who can be very happily engaged in a large workshop with an entirely male staff.

Economy too was effected in certain important directions. One large kitchen adequately prepared the mid-day meal for the whole centre, whereas separate centres would each require their own kitchen and staff, or alternatively an expensive system of transporting meals. As the organiser was at all times on the spot there was no waste of time in travelling, and he was immediately available in any emergency or difficulty. Administrative difficulties were thus kept at a minimum.

The centre, which opened in September 1953, had its first full year of working but the rate of in-take of trainees was slowed by staff difficulties. The supervisor of the junior department became seriously ill immediately after the centre opened and after prolonged absence resigned her appointment in April. Following this the Organiser of the centre, who had joined the staff in 1945 and who was responsible for the preliminary organisation and establishment of Rosebery House Occupation Centre, resigned in June. She was very active in the planning and development of the City Occupation Centre and her loss was a serious one. Adequate replacements for these two important posts could not quickly be made and when suitable persons were found neither could take up their appointments until September. Another member of the staff a few months after completing training secured a supervisor's post with another authority and the vacancy was filled by the appointment of a trainee. The centre was not fully staffed, therefore, until the opening of the autumn term.

By the end of the year 131 names were on the registers, leaving 19 vacancies to be filled to make up the full accommodation of 150 places. These remaining places will be filled by the admission of small batches of new cases as soon as the most recent in-take has been assimilated into the routine of the centre.

The type of defective made this a slow process since most of them were children with no previous experience of discipline or routine and who needed individual attention on first attending the centre. The waiting list of possible cases exceeded the number of places actually available, but on admission a percentage were found to be unsuitable for an occupation centre by reason of gross defects of behaviour, too low intellectual standard, or, in one or two cases, being so dirty in both clothing and body as to

be unsuitable to mix with the others. These were the cases who were already on the urgent waiting list for institutional accommodation, and who were only given a trial in an attempt to secure some temporary amelioration of their condition, and to relieve the strain on the parents.

A number of such cases was contained in the centre but they presented serious problems and undoubtedly handicapped the work with other trainees. Nevertheless some cases once thought to be in urgent need of institutional care were successfully dealt with in the occupation centre, though trial confirmed that some cases, because of severe intellectual retardation or bad social environment, could only be dealt with adequately by long term care in an institution.

The usual training activities of an occupation centre were carried on and there was considerable expansion in the scope of handicrafts taught, particularly in the case of the adult males. Initial steps were taken in teaching them simple carpentry and they commenced the construction of additional storage shelves for their own workshop. The intermediate and adult females added the making of christmas crackers to their range of activities, producing sufficient for the Christmas festivities in the day nurseries.

The large area of land surrounding the centre was cleared by bull-dozers, making gardening activities possible. The layout was commenced of lawns and a flower garden immediately surrounding the centre buildings, and a large piece of land is being prepared as a kitchen garden. It is hoped that next year the green vegetables served in the dining hall will be grown by the trainees themselves. An area immediately in the rear of the buildings was reserved for small plots for the junior department.

MENTAL DEFICIENCY ACTS, 1913—1938.

NEW CASES REPORTED	M.	F.	Totals	
			1953	1954
Subject to be dealt with.				
<i>Reported by Local Education Authority :—</i>				
Sect. 57(3) Education Act, 1944 ..	9	11	14	20
Sect. 57(5) " " " " ..	15	3	14	18
<i>Reported by other sources</i> ..	1	6	10	7
Not at present subject to be dealt with.				
Cases for whom the Local Health Authority may subsequently become liable ..	10	9	24	19
	35	29	62	64
Disposal of Cases.				
Admitted to Institution (under Order) ..	1	2	5	3
Placed in Institutions (Sect. 3) ..	—	—	1	—
.. under Statutory Supervision ..	24	18	31	42
.. " Voluntary Supervision ..	10	9	25	19
	35	29	62	64
CASES ASCERTAINED PRIOR TO 1954 BUT BECAME THE SUBJECT OF AN ORDER DURING THE YEAR.				
Admitted to Institutions ..	5	6	12	11
Placed under Guardianship ..	1	1	—	2
	41	36	74	77
CASES TRANSFERRED DURING THE YEAR.				
From Guardianship to Institution ..	—	1	2	1
TOTAL OF ASCERTAINED CASES.				
In Institutions ..	212	238	449	450
Under Guardianship ..	25	21	50	46
Under Statutory Supervision ..	286	226	422	512
Under Voluntary Supervision ..	146	137	269	283
In "Places of Safety" ..	4	—	5	4
	673	622	1,195	1,295

CITY OCCUPATION CENTRE

Analysis of 131 defectives on the register on 31st December, 1954

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	2	9	6	2	—	4	2	17	4
12 to 15 years	2	5	4	6	2	—	4	14	1
16 to 20 years	6	4	8	5	1	2	8	17	1
21 to 39 years	1	4	2	3	1	1	5	7	—
40 years and over	—	1	2	—	—	1	2	2	—
	11	23	22	16	4	8	21	57	6
FEMALES :									
Under 7 years	1	—	1	—	—	1	—	2	1
7 to 11 years	2	3	3	2	—	1	1	9	1
12 to 15 years	1	4	1	4	—	1	4	5	2
16 to 20 years	2	4	7	—	—	—	1	12	—
21 to 39 years	—	1	4	1	—	1	4	3	—
40 years, and over	—	—	2	—	—	—	1	1	—
	6	12	18	7	—	4	11	32	4

CITY AMBULANCE SERVICE

This contribution by Mr. Ben England, M.I.Mech.E., M.Inst.T., is again gratefully acknowledged.

Introduction. The Nottingham City Ambulance Service commenced its duties on the 5th July 1948. A report was presented to cover the period from that date until 31st December 1948, and subsequent annual reports, each covering a calendar year from 1st January to 31st December, have been presented. This is the seventh annual report.

The Service operates under Section 27 of the National Health Service Act 1946. Upon medical certification of need, the Service provides conveyance, either by road or rail, for persons suffering from physical or mental illness. Conveyance is provided from any point within the city boundary to any point in England or Wales.

Management of the Service. The General Manager of the City Transport Department is the chief officer of the Ambulance Service, and as General Manager of the City Ambulance Service is responsible direct to the Health Committee, which directs the Ambulance Service.

Salaried Staff. During the year the designations of the officers have been changed in order to avoid confusion with other ranks, and in order more accurately to describe the work of the officers concerned : the changes were as follows :—

<i>Former designation</i>	<i>New designation</i>
Ambulance Superintendent.	Ambulance Officer.
Deputy Ambulance Superintendent.	Deputy Ambulance Officer.
Control Clerk.	Radio Officer.
Control Assistants.	Control Room Officers.

The salaried staff now consists of an Ambulance Officer, a Deputy Ambulance Officer, a Radio Officer, five Control Room Officers, and two shorthand-typists.

Employees. There are six male leading drivers, forty-seven male driver/attendants, one male attendant, and six female drivers, making a total of 60 employees ; two more than last year's total.

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. — 10.00 p.m.	10.00 p.m. — Mid- night
No. of Employees on Duty	7	9	22	28	29	34	36	24	11	9

Rank Markings. Recommendations have recently been made by the National Association of Ambulance Officers for the standardisation of rank markings for officers of the Ambulance Service, and those recommendations have been adopted.

Ambulance Fleet. At the 31st December 1954 the ages of the ambulances and sitting-case vehicles were as follows :—

	AGE IN YEARS OF AMBULANCES AND SITTING-CASE VEHICLES										
	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
Amb.	2	—	—	5	2	3	—	2	—	1	5
S.C.	2	—	—	1	1	1	—	—	—	—	1

Amb. = Number of ambulances in each group.

S.C. = Number of sitting-case vehicles in each group.

At present the strength of the permanent fleet is 19 ambulances, three sitting-case cars, and two convertibles. Three new ambulances and one convertible are due to be delivered during

the current financial year (to end on 31st March 1955) ; one of the three ambulances and the one convertible have already been delivered. The convertible will be an addition to the fleet, but the three ambulances will displace three old vehicles, which have been offered to the Civil Defence Corps ; in the meantime there is temporarily one ambulance awaiting sale to that Corps, so that there were on 31st December 1954 twenty ambulances on hand. There is on hand in addition one additional sitting-case car, which was intended to be replaced by the new convertible already referred to : however, the work for the sitting-case cars has increased so much that it is proposed to keep this additional car until some time during the financial year 1955-56, during which I hope that the Service will take delivery of four new convertibles. That will be subject to estimates and to the Minister of Health approving the Corporation's request that he should amend the Proposals for carrying out the duties of the Council under Section 27 of the National Health Service Act 1946, in order to increase the establishment of sitting-case vehicles from 7 to 12. It will be seen that, if the fourth sitting-case car is found to be required permanently, the Service would then have ten sitting-case vehicles—four cars and six convertibles.

Twelve of the ambulances are equipped with Novox resuscitation apparatus, and additional sets are available for other vehicles as required. Of the two Riley rocking stretchers to aid artificial respiration, one is kept at Parliament Street Depot and the other at the Guildhall sub-station.

Each new ambulance being delivered has a new-type carrying chair as part of the equipment. These chairs have proved very helpful in the carrying of patients, both for the comfort of the patients and for the work of the crews.

Alterations to Premises. During the year alterations have been made in the location of the Control Room and the offices of the Ambulance Officer and Deputy Ambulance Officer. Toilet accommodation for female employees has also been made available.

Arrangements are in hand for extending the garage accommodation at the Sherwood Hospital to enable the ambulances to be kept under cover. The growth of the hospital fleet has made it necessary for the Hospital to use the whole of the existing accommodation.

Garage Accommodation. The vehicles are accommodated as follows :—

Garages.	Day	Night
<i>For Ambulances.</i>		
Heathfield Hospital	2	2
Sherwood Hospital	3	3
Guildhall	3	3
Parliament Street Depot of the City Transport Department ..	12	11
New Fire Station, Shakespeare Street ..	—	1
<i>For Sitting-case Vehicles.</i>		
Sherwood Hospital	1	1
Parliament Street Depot of the City Transport Department ..	3	3
New Fire Station, Shakespeare Street ..	2	2
TOTAL, ALL VEHICLES	26	26

Proposed Ambulance Stations at Wilford and Beechdale Road. On 26th October 1954 the Health Committee approved revised plans for the proposed new ambulance stations at Wilford and at Beechdale Road.

The plans have been submitted to the Ministry of Health.

Training of Employees. The employees annually pass an examination in first aid in order to receive their proficiency pay. The majority are examined by the St. John Ambulance Association and some by the British Red Cross Society.

A course of post-entry training, as suggested by the Ministry of Health, has been undertaken by the employees. The course consisted of lectures by the Supervisor of Midwives on "Emergency Childbirths in Ambulances"; lectures on infectious diseases were given by the Deputy Chief Sanitary Inspector, whilst lectures on routine ambulance duties, map reading, rescue from crashed aircraft, and general subjects appertaining to ambulance duties, were given by the Ambulance Officer and by the Deputy Ambulance Officer.

Co-operation with Police and Fire Service. Complete harmony exists between the City Police, the City Fire Brigade, and the City Ambulance Service, giving maximum efficiency in the interdependence of all services 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 any large-scale accident.

Civil Defence. The training of the Civil Defence Ambulance Section under the full-time officers of the City Ambulance Service has been intensified, and instruction is given to the volunteers on two evenings each week from September till June, each volunteer attending weekly. The periods of instruction take the form of lectures and out-door exercises in alternate weeks. There has been a marked increase of recruits and the number under training each week has grown to an average of eighty persons, an increase of fifty a week from last year. It will soon be necessary to extend the period of instruction from two nights weekly to three.

The driving instruction of these volunteers is progressing favourably but the dark evenings make the training more difficult, and driving tests cannot satisfactorily be undertaken in the dark ; consequently, pupils receive their training during the winter months and will have to wait until the lighter evenings before driving tests can be undertaken.

Civil Defence Ambulance Section exercises between other local authorities and this service are being held regularly as training in mutual aid deployment.

Civil Defence Ambulances. As ambulances, owing to obsolescence, become surplus to the requirements of the peace-time Service, they are transferred to the Civil Defence Ambulance Section. Three ambulances have been so transferred, and three more of the existing peace-time fleet have been offered to the Civil Defence Corps.

Emergency Calls. There has been no major emergency call during 1954 ; ordinary emergency calls have totalled 4,673 compared with 4,362 during 1953. The highest number of emergency calls in one day was 29 on 9th October 1954, the same number as the previous highest number reached on 23rd December 1953.

Mileage, Patients, and Out-Patients. The highest number of patients carried in any one day during the year was 350 on 12th July 1954 compared with 324 on the 24th November 1953, the previous record day.

The record day's mileage of 1,544, on the 10th December 1951, was exceeded on 29th March 1954, when vehicles of the Service ran 1,663 miles.

During 1954, a total of 87,355 patients and out-patients was conveyed over a distance of 345,912 miles, as tabulated in Appendix B.

These figures show an increase of 12,251 patients (representing 16·31%) over the 1953 total and an increase of 36,797 miles, a difference of 11·90% when compared with the total during 1953.

Long-Distance Journeys. British Railways are giving considerable help in the conveyance of patients over long distances. By rail the following journeys have been undertaken during 1954 :—

Skegness	24
London	10
Leeds	7
Sheffield, Whitchurch (Salop)	5 each
Bournemouth	4
Manchester, Glasgow	3 „
Heysham Docks, Southampton, Bristol, Mablethorpe	2 „
Liverpool, Bodmin, Newcastle-on-Tyne, Buxton, Darlington, Durham, Oxford, Kingston-upon-Hull, Scunthorpe, Luton, Newcastle-under-Lyme, Colne, Portsmouth, Reading, Gloucester, Northwich, Plymouth	1 „

A total of 86 patients was conveyed by rail, a decrease of 4 compared with 1953.

Road Journeys

Sheffield	42
Birmingham, Oxford	5 each
Skegness	4
Mablethorpe, Leeds	3 „
Woodhall Spa, Coventry, Wrexham, London, Caldy Manor (Wirral, Cheshire), Whitchurch, (Salop), Buxton	2 „
Arthington Hall (Alderley Edge, Cheshire), Rotherham, Tipton, Louth, Wimbleton, Sevenoaks, Hitchin, York, Norwich, Chapel Allerton (Yorks.), Wolver- hampton, Burton-on-Trent, Newcastle-under-Lyme, Aylesbury, Grimsby, Middlesbrough, Doncaster, Boston, Caistor (Lincs.)	1 „

A decrease of 21 compared with the 1953 total of 116 long-distance journeys.

Conveyance of Analgesia Apparatus for Midwifery Service.

From 5th November 1954 the Ambulance Service has undertaken the transport of the analgesia apparatus during the evenings, nights, and week-ends. The scheme is for a trial period with a view to providing the best possible service at the lowest cost.

During the periods in respect of which the Ambulance Service provides such transport a machine is carried on each staffed ambulance, and with the aid of two-way radio it has been found possible in several instances to have the machine at the house of a patient within less than five minutes and with the running of only one additional mile.

Ministry of Health Survey. In June an advisory survey team of the Ministry of Health, at the invitation of the Health Committee, inspected the Ambulance Service.

The report, circulated to the Health Committee, said that the Minister's advisers formed the opinion that the Nottingham City Ambulance Service was an efficient and economical service.

The report recommended that a review should be made of the numbers of staffed vehicles available to meet demands arising during the late afternoons and evenings on week-days and that consideration should be given to strengthening the shifts during those periods if further experience showed that to be necessary. I do now consider such strengthening to be necessary, and the financial effects of the additional staff and vehicles will be included in the draft estimates for the next financial year.

Comment was made in the report upon the number of large ambulances in the fleet, and the report recommended that in view of the proportion of sitting patients conveyed, some of the older full-sized ambulances should be replaced by convertibles under the vehicle replacement programme. As a long-term policy,

such action had been commenced before the date of the survey, and provision is being made in the draft estimates of the next financial year for a continuation of that policy.

Progress. During the last twelve months the number of calls on the Ambulance Service has increased. The Ambulance Service has managed to cope with the continually increasing work, but resources have been strained at times to their fullest extent, and it is imperative that the service should have more men and vehicles in 1955 in order that the work may be undertaken without undue risk of the demand exceeding the availability.

The decreasing number of average miles per patient, and the increasing number of patients carried per thousand miles run, shown in columns 3 and 4 respectively of Appendix D, are an excellent demonstration of increasing productivity.

It is with great pleasure that I express thanks to the staff and employees for their loyal co-operation and assistance during the past year.

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

				<i>Ambulances and s.c. vehicles.</i>
				d.
Period ended	31.3.49	..	..	22.66
Year ended	31.3.50	..	..	27.92
" "	31.3.51	..	..	27.80
" "	31.3.52	..	..	30.16
" "	31.3.53	..	..	31.40
" "	31.3.54	..	..	34.06

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

Summary. At the 31st December 1954 the Ambulance Service consisted of the following :—

Salaried staff in the grading scheme	..	10
Leading drivers	.. ..	6
Driver-attendants	.. ..	53
Male attendant	.. ..	1
Total personnel	.. ..	<u>70</u>

Permanent Fleet :

Ambulances	.. ..	19
Sitting-case cars	.. ..	3
Convertibles	.. ..	2
		<u>24</u>
Ambulance stations	.. ..	4

APPENDIX A.

RECHARGEABLE MILEAGE 1954

CLASSIFIED UNDER MONTHS.	<i>Sitting-case vehicles.</i>	<i>Ambulances.</i>
January	530	1,372
February	988	1,569
March	988	2,168
April	758	1,703
May	657	1,683
June	727	1,415
July	862	1,470
August	562	1,911
September	760	1,206
October	699	1,442
November	1,455	897
December	877	1,191
	<u>9,863</u>	<u>18,027</u>

CLASSIFIED UNDER AMBULANCE AUTHORITIES.

			<i>S.C. Vehicles.</i>	<i>Ambulances.</i>	<i>Patients.</i>
Nottinghamshire County	..	..	2,104	5,743	1,101
Derbyshire County	..	..	5,400	9,029	971
Leicestershire County	..	..	489	418	29
Kesteven (Lincs.) County	..	..	889	2,135	61
Derby County Borough	..	..	62	159	8
London County	..	..	32	128	10
Sheffield County Borough	..	..	67	40	4
Leicester County Borough	..	..	231	17	9
Flintshire County	..	..	—	85	3
Wiltshire County	..	..	—	20	1
Oxford County Borough	..	..	73	—	2
Bedford County	..	..	—	25	1
Lincoln County Borough	..	..	—	83	1
Rutland County	..	..	29	—	1
Salford County Borough	..	..	61	—	1
Buckingham County	..	..	—	42	1
Isle of Wight	..	..	26	—	1
Hastings County Borough	..	..	—	35	1
Liverpool County Borough	..	..	24	—	1
Huntingdon County	..	..	—	1	1
Middlesex County	..	..	24	—	2
Lindsey (Lincs.) County	..	..	38	—	3
Kent County	..	..	74	—	2
Devon County	..	..	—	28	2
Southport County Borough	..	..	37	—	1
Reading County Borough	..	..	—	8	1
Manchester County Borough	..	..	—	10	1
Eastbourne County Borough	..	..	—	9	1
Grimsby County Borough	..	..	163	6	2
Surrey County	..	..	40	—	1
Birmingham County Borough	..	..	—	6	1
			<u>9,863</u>	<u>18,027</u>	<u>2,225</u>

APPENDIX B.

1954	Road Accidents		Other Accidents		Sudden Illness		Admission		Discharge		Maternity		Mental		Infectious		Inter-hospital		Out-patients		Unclassified		Gas & Air	Service		Total	
	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	O.P.	M	P	M		M	M	O.P. & P.	M
Jan.	53	204	173	862	110	501	618	3,693	510	3,337	145	1,092	33	334	362	1,674	809	2,852	4,530	13,314	52	343	—	464	7,395	28,670	
Feb.	48	201	188	856	104	454	525	3,161	492	3,472	126	927	33	370	446	2,019	658	2,240	4,214	12,174	21	483	—	429	6,855	26,786	
March	46	214	193	885	121	516	563	3,239	602	4,486	140	1,100	43	463	450	2,358	761	3,139	4,787	13,806	32	775	—	475	7,738	31,456	
April	67	280	197	920	115	490	535	3,398	443	3,001	157	1,215	32	269	398	1,855	746	2,685	4,197	11,908	37	751	—	432	6,924	27,204	
May	66	243	219	1,035	126	582	555	3,275	561	3,847	150	1,081	40	451	385	1,810	757	2,830	4,314	12,611	35	757	—	457	7,208	28,979	
June	57	252	197	899	118	468	496	3,209	461	2,983	123	845	34	376	435	2,106	716	2,745	4,110	12,175	40	307	—	438	6,787	26,803	
July	70	336	219	1,029	105	409	473	2,998	527	3,939	131	960	33	371	433	1,878	758	2,591	4,587	13,644	38	342	—	533	7,374	29,030	
Aug.	57	267	257	1,226	123	499	421	2,512	352	2,719	126	884	26	337	318	1,451	701	2,645	4,453	12,962	29	624	—	461	6,863	26,587	
Sept.	65	322	221	1,042	93	384	417	2,828	444	2,962	155	1,209	50	506	356	1,785	728	2,858	4,859	14,695	37	357	—	364	7,425	29,312	
Oct.	78	334	219	987	137	561	500	3,541	511	3,243	131	966	37	381	365	1,637	796	2,838	4,878	14,829	33	258	—	682	7,685	30,257	
Nov.	75	252	213	930	120	480	556	3,623	550	3,762	143	1,001	26	444	452	1,991	744	2,536	4,840	14,662	41	735	327	410	7,760	31,153	
Dec.	75	307	179	777	169	699	610	3,843	493	2,964	123	860	25	249	361	2,036	746	2,738	4,515	13,703	45	532	348	619	7,341	29,675	
TOTAL	757	3,212	2,475	11,448	1,441	6,043	6,269	39,320	5,946	40,715	1,650	12,140	412	4,551	4,761	22,600	8,920	32,697	54,284	160,483	440	6,264	675	5,764	87,355	345,912	

P. = Patients.

O.P. = Out-Patients.

M. = Miles.

APPENDIX C.

PATIENTS AND MILES BY EACH TYPE OF VEHICLE

Month	Ambulances		Sitting-Case Cars		Convertibles		Total	
	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles
1954								
Jan. ..	5,955	22,576	1,440	6,094	—	—	7,395	28,670
Feb. ..	5,593	21,458	996	4,579	266	749	6,855	26,786
Mar. ..	5,963	23,954	1,367	6,259	408	1,243	7,738	31,456
Apr. ..	5,331	21,114	1,313	5,319	280	771	6,924	27,204
May ..	5,757	22,934	1,175	5,176	276	869	7,208	28,979
June ..	5,164	20,569	1,292	5,266	331	968	6,787	26,803
July ..	5,594	21,577	1,451	6,399	329	1,054	7,374	29,030
Aug. ..	5,092	20,241	1,423	5,353	348	993	6,863	26,587
Sept. ..	5,628	22,362	1,418	5,901	379	1,049	7,425	29,312
Oct. ..	6,038	23,529	1,288	5,775	359	953	7,685	30,257
Nov. ..	5,951	22,388	1,375	7,248	434	1,517	7,760	31,153
Dec. ..	5,364	21,558	1,356	6,372	621	1,745	7,341	29,675
	67,430	264,260	15,894	69,741	4,031	11,911	87,355	345,912

Ambulances ..	..	..	67,430	264,260
Sitting-case cars ..	..	..	15,894	69,741
Convertibles ..	..	..	4,031	11,911
TOTALS ..	..	..	87,355	345,912

EMERGENCY PATIENTS

Emergency Patients conveyed during 1954

January ..	..	336
February ..	..	340
March ..	..	360
April ..	..	379
May ..	..	411
June ..	..	372
July ..	..	394
August ..	..	437
September ..	..	379
October ..	..	434
November ..	..	408
December ..	..	423
		4,673

APPENDIX D.

FINANCIAL SUMMARY AND STATISTICAL RECORD FROM 1948 to 1954

Year ended 31st December	1. Total Miles	2. Total Patients and Out-Patients	3. Average Miles per Patient	4. Patients Carried per thousand Miles Run	5. Working Expenses per Vehicle Mile for year ended on preceding 31st March	6. Record Day's Mileage	7. Maximum No. of Patients on any one day	8. Highest No. of Emergency Calls on any one day	9. Total Expenditure for year ended on preceding 31st March
1948 (6 months)	147,317	23,301	6.32	158.17	d. —	—	—	—	£ —
1949	301,426	54,297	5.55	180.13	22.66	1,498	246	27	28,154 (9 months)
1950	321,673	62,858	5.12	195.41	27.92	1,445	287	25	37,440
1951	343,150	68,896	4.98	200.78	27.80	1,544	296	34	39,513
1952	328,078	71,737	4.57	218.66	30.16	1,395	325	35	49,788
1953	309,115	75,104	4.12	242.96	31.40	1,445	324	29	46,785
1954	345,912	87,355	3.96	252.54	34.06	1,663	350	29	49,664

APPENDIX E.

REVENUE ACCOUNT 1953/54

EXPENDITURE.

This account covers the period 1st April 1953 to 31st March 1954.

	<i>Actual Amount.</i>	<i>d. per mile.</i>
	£	
Maintenance and cleaning vehicles ..	4,791	3·695
Wages of drivers and attendants ..	22,178	17·105
Salaries of Ambulance Officer and staff ..	3,776	2·912
National Insurance contributions ..	808	·623
Superannuation contributions ..	1,023	·789
Uniforms ..	377	·291
Licences and insurance of vehicles ..	290	·224
Petrol and Oil ..	5,729	4·419
Ambulance services hired ..	821	·633
First aid equipment and supplies ..	343	·265
Maintenance and repairs of buildings ..	69	·053
Heating, lighting, and cleaning of buildings	538	·415
Furniture and equipment of ambulance stations ..	2	·002
Nottingham City Transport administrative charges ..	1,265	·975
Rents, rates and insurance ..	730	·563
Printing, stationery, advertising and postages	322	·248
Office expenses ..	52	·040
Telephones ..	305	·235
Contribution towards central administrative expenses ..	914	·705
Miscellaneous ..	109	·084
Contribution towards capital expenditure (New vehicles) ..	2,633	2·031
Maintenance and operation of wireless equipment ..	547	·422
Loan charges ..	2,042	1·575
	<u>£49,664</u>	<u>38·304</u>

INCOME.

Use of Wireless Station ..	33	·026
Recharges to Other Authorities ..	4,292	3·310
Government grant ..	22,496	17·350
	<u>£26,821</u>	<u>20·686</u>

PART III.

ENVIRONMENTAL SERVICES

Factories Act 1937

Food and Drugs Acts 1938-1950

Housing Acts 1936-1949

Housing Repairs and Rents Act 1954

Nottingham Corporation Acts 1923-1952

Public Health Acts 1875-1936

Shops Act 1950

INFECTIOUS AND INFECTIVE DISEASES

FOOD SUPERVISION AND INSPECTION

HOUSING

SANITARY SERVICES

INFECTIOUS AND INFECTIVE DISEASES

The cases of notifiable disease reported to the Registrar General during 1954 are given below, as also are the totals for 1952 and 1953 :

	1954					1953	1952
	Number of Cases occurring each Quarter				Total	Totals	
	1st	2nd	3rd	4th			
Measles	6	19	23	618	666	3,323	3,707
Whooping Cough	191	265	415	171	1,042	1,104	1,240
Scarlet Fever	191	141	56	62	450	401	453
Pneumonia	61	25	15	43	144	257	208
Dysentery	178	168	22	28	396	111	143
Puerperal Pyrexia	13	25	31	22	91	58	56
Erysipelas	7	4	5	8	24	39	36
Ophthalmia Neonatorum	1	2	2	3	8	5	13
Poliomyelitis :							
Paralytic	2	2	5	1	10	20	11
Non-Paralytic	—	—	—	—	—	9	1
Encephalitis :							
Infective	—	—	1	—	1	—	2
Post Infectious	1	2	3	2	8	5	3
Food poisoning	1	5	49	4	59	21	77
Cerebro-Spinal Fever	2	5	1	1	9	13	9
Typhoid Fever	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	8
Diphtheria	—	—	—	—	—	—	—

Measles. The epidemic which began towards the end of 1952 and continued into the first 3 months of 1953 was followed, as was to be expected, by a year of comparative freedom from the disease. There was however, a considerable increase in the number of cases during the last quarter, the notifications amounting to 618. There was 1 death in a baby of 8 months and 8 patients were admitted to hospital.

Whooping Cough. It is satisfactory to record that there were no deaths and the incidence was lower than the four preceding years. Nevertheless Whooping Cough is still a serious disease which causes considerable morbidity among the younger children. The figures for the last 6 years are given :—

	1949	1950	1951	1952	1953	1954
Notifications . .	472	1,424	1,345	1,240	1,104	1,041
Deaths . .	1	5	7	3	3	0

Immunisation against Whooping Cough started in August and it is anticipated that results of this measure will be seen in 1955.

Scarlet Fever. The number of cases—450—was higher than in the previous year. The major incidence was in the 5-10 years age group with 275 cases ; there was only 1 case under the age of 1 year and 16 over 14 years. The disease continued to present itself in a mild form and though 66 cases were admitted to hospital this was principally on account of home circumstances. There were no deaths.

Acute Anterior Poliomyelitis and Polio Encephalitis. The total number of confirmed cases was 10 ; a marked decrease on the previous year and again considerably less than other comparable cities. All of these cases suffered some degree of paralysis but there were no deaths.

ANALYSIS BY AGES

Age Group	1953		1954	
	Male	Female	Male	Female
0 — 5 ..	8	6	1	3
5 — 10 ..	4	—	3	2
10 — 15 ..	—	1	—	—
15 — 25 ..	3	3	—	—
25 + ..	1	3	1	—

SEASONAL INCIDENCE

		No. of Cases each Quarter			
		1st	2nd	3rd	4th
1953 ..		2	3	12	12
1954 ..		2	2	5	1

Contacts or Carriers of Infectious Diseases. Authority given under Ministry of Health Circular 115/48 authorising the Medical Officer of Health to certify contacts or carriers of infectious disease for exclusion from work in order to receive sickness benefit was exercised on 10 occasions. In each case the person was concerned with food handling and it was not possible to provide alternative employment not potentially dangerous to the public. Certificates were issued in respect of dysentery on 8 occasions and scarlet fever twice.

Dysentery. There was a steep rise in the incidence of dysentery; the number of cases notified and confirmed was 396 compared with 111 in 1953. This is the highest recorded number of cases in the city and is in keeping with the marked increase over the country as a whole. The majority of cases—346—occurred in the first and second quarters of the year; the infecting organism was in all cases *Shigella sonnei*. Some of the larger outbreaks are reported in detail.

Towards the end of February an undue number of children absent because of diarrhoea was reported from a mixed junior and infant day school in the Bulwell area. A list of all children absent during the past three weeks with symptoms suggestive of dysentery was obtained from the head teacher and the families were visited by the district sanitary inspector. A faecal specimen from each child was submitted for bacteriological examination and where this was found to be positive the child was excluded from school and specimens were submitted from other members of the family. Subsequently lists of children absent with similar symptoms were obtained on alternate days for a period of three weeks. During this investigation the families of 76 children were visited; 25 were found to be positive, and of 96 family contacts who submitted specimens 27 were positive. Of these 12 were school children and 6 were children under school age. All positive cases were followed up and school children were excluded until three consecutive negative specimens had been obtained.

A similar outbreak a few weeks later occurred in another mixed junior and infant school. The same procedure was followed and a total of 20 children and 16 family contacts was found to be suffering from dysentery.

Early in March there was an outbreak in Redcot and Beechwood Residential Nurseries. In Redcot 10 children—2 of whom were admitted to hospital—and 2 nurses were found to be suffering from dysentery; in Beechwood there were 14 children and 2 nurses affected.

In the middle of March Sonne dysentery was reported at one of the Nottingham hospitals. In the orthopaedic ward 7 children developed diarrhoea which in 3 cases was found to be due to Sonne dysentery. Admission of all non-urgent patients was

promptly suspended and the advice of the Health Department was sought on measures to combat the spread of infection. With the assistance of a medical officer of the department rectal swabs were taken for bacteriological investigation from all the 72 patients in the hospital and faecal specimens were submitted from all nursing and domestic staffs. As a result 2 patients in other wards, 1 resident nurse and 3 non-resident members of the domestic staff were found to be bacteriologically positive. Detailed advice was given on general preventive measures including barrier nursing where required, mass prophylaxis, ward and kitchen hygiene and the proper treatment of all sanitary equipment. Patients who were admitted to the hospital on account of the urgency of their illnesses were isolated and bacteriologically investigated on admission. No positive cases were found among this small group. As a result of the promptness with which these suggestions were put into effect it can be recorded that an outbreak of potential severity was brought under control with only a very few cases occurring.

During the same period 26 children and 4 members of the staff at Queen's Drive day nursery were also affected.

Later, dysentery broke out in the Dowson and Heathcoat Street day nurseries. In May there was an outbreak at Dowson day nursery involving 18 children and 2 members of staff.

In November 19 children with 10 family contacts and 3 members of staff at Heathcoat Street day nursery were found to be infected. It seems probable that in this case the infection was brought into the nursery by a child whose grandfather, with whom she lived, had become ill with dysentery a few days previously.

Dysentery due to *Shigella sonnei* is frequently a mild disease and the symptoms may be quite trivial and of short duration but its nuisance value can be considerable. It causes considerable

loss of school time and the investigations necessary are protracted but are essential as a means of ensuring that food handlers and school children are kept away from work and school respectively until, as far as possible, their freedom from infection can be guaranteed. It was of interest to find that absence from school of 3 to 4 weeks was necessary to secure freedom from infection when the criterion of cure adopted was 3 consecutive negative specimens. There is however some evidence in support of the view that a less severe criterion could be adopted without materially increasing the risk of spread.

B. Coli Gastro-enteritis. In June 7 babies were admitted to the Heathfield Hospital from Redcot Residential Nursery suffering from gastro-enteritis. It was subsequently found that in one case B. Coli 0 55 was the infecting organism whereas B. Coli 0 111 was isolated from the stools of the other 6 children. Bacteriological examination of the third specimen submitted by one of the nurses at Redcot showed a growth of B. Coli 0 111.

Food Poisoning. There was an increase in the number of cases of food poisoning all of which were due to *Salmonella typhimurium*. The majority of the cases were sporadic but in September there was an outbreak in which the infected food was traced to its source. The first cases were brought to the notice of the Health Department by the prompt action of a general practitioner who reported by telephone that certain members of three families in different parts of the City presented symptoms of food poisoning after eating pork pies purchased from various retail branches of the same manufacturer.

Investigations were immediately carried out at the central manufacturing premises where it was reported that an employee was off sick with an unspecified abdominal upset. This individual was subsequently shown to be excreting *Salmonella typhimurium*. Faecal specimens were examined from all food

handlers on the manufacturing premises, and over 30 swabs were taken from the equipment. Among the food handlers 9 individuals were discovered to be infected ; the factory was immediately closed down and all meat products, cream buns and cakes etc., were recalled from the retail shops.

Bacteriological examination of the swabs showed that there had been gross contamination of certain parts of the machinery. In the meantime notifications of food poisoning were received in respect of three other families who had purchased meat products from different branches of the firm, and in each case the diagnosis was confirmed bacteriologically. In following up the 9 infected food handlers it was found that 3 members of their families were also excreting salmonellae. No food handler was permitted to return to work until three negative specimens had been received and the family contacts were similarly free from infection.

Machinery at the factory was completely dismantled and all equipment, utensils, etc., were thoroughly cleansed under supervision. The factory was allowed to re-open after eleven days when all the equipment was shown to be bacteriologically satisfactory.

A total of 25 persons was shown to be infected in this outbreak—13 persons from 6 families notified as suffering from food poisoning after consuming meat products made from this firm, and 9 food handlers along with 3 family contacts who were discovered as a result of investigations. It was later reported that in two cases the organism belonged to phage type 2c while in the remainder the organism belonged to phage type 4.

It is interesting to record that a routine sample of sausage meat which had been taken from the manufacturing premises two days before the first cases were notified showed a growth of *Salmonella typhi-murium*.

Infective Hepatitis. Towards the end of the year a general medical practitioner reported that since August he had attended almost 100 cases of infective hepatitis, chiefly among school-children. The first cases occurred almost simultaneously in sisters aged 6 and 8 years ; a month later the illness developed in a boy from a neighbouring house and within a few weeks his brother had been infected.

Thereafter cases occurred steadily throughout the area with, in general, no obvious chain of communication, though there was a series of cases in four families living in the same street. The majority of cases were in children between the ages of 8 and 10 years, but no particular school or class was implicated.

The outbreak usually involved all the children in a family, and in a few instances a parent also suffered from the illness. About half the cases were non-icteric, but presented all the common symptoms of the disease. The diagnosis was in all cases made on clinical grounds alone.

The outbreak appears to have been localised, for very few absences from school of children from outside the area were stated to be due to this condition.

Venereal Disease. New cases of syphilis numbered 59 ; the majority were in the tertiary stage.

There were 227 new cases of gonorrhoea compared with 256 in 1953.

NUMBERS OF NEW CASES

	1947	1948	1949	1950	1951	1952	1953	1954
Syphilis ..	306	270	210	121	63	73	58	59
Gonorrhoea ..	448	352	245	267	199	214	256	227
	754	622	455	388	262	287	314	286

FOOD SUPERVISION AND INSPECTION

FOOD HYGIENE

Routine visits were made to all premises where food was stored or sold to ensure that a high standard of hygiene was maintained. More frequent inspections were made of premises where food was prepared for sale.

Groups of food handlers were addressed by the inspectors on six occasions and to stimulate the interest of members of the public, seven lectures were given to organisations outside the food trades.

The complaints received of foreign matter in foodstuffs totalled 10, a decline on last year, and in two instances legal proceedings were instituted. The defendants in one case relating to a cigarette end and pieces of paper in a bottle of stout were granted an absolute discharge by the Magistrates, but the second case, a cigarette end in a loaf of bread, resulted in the manufacturer being fined £10. 10s. 0d.

During the year 12 premises were registered under Section 14 of the Food and Drugs Act 1938 for the manufacture of sausages and potted, pickled, pressed and preserved foods, bringing the total of premises registered for this purpose to 320.

In the course of 5,794 visits to varied premises where food is stored, manufactured or served, the inspectors found it necessary to draw attention to 299 defects and contraventions of the Food and Drugs Act 1938 and the Food Bye-laws. The requirements of the department, including those outstanding from 1953 were met in 450 cases.

List of Food Premises Supervised

Grocers and provision dealers including off- licence premises	1,222
Butchers and meat products manufacturers ..	448
Hotels, public houses and clubs	416
Sweet shops	369
Fruit and vegetable dealers	350
Factory canteens, etc.	245
Restaurants, snack bars, etc.	234
Bread, pastry, and confectionery dealers in- cluding bakehouses	180
Fried fish and chip shops	165
Wet fish, poultry, game, etc., dealers ..	86
Wholesale food dealers	57
School kitchens	50
Ice-Cream manufacturers	33
Mobile food shops	9
Dairies	8
Foodstalls in Markets :	
(a) wholesale	40
(b) retail	98
Miscellaneous	74

FOOD SAMPLING

A total of 1,574 samples was taken as follows :—

Formal Samples ..	496	Analysed by Public Analyst.
Informal Samples ..	510	do.
Informal Milk Samples ..	568	Tested by inspectors.
	1,574	

The following samples were found to be not genuine :—

<i>Formal</i>	<i>Action Taken</i>
3 English refined lard—a form of hog-fat not entitled to be described as lard.	All samples from same original supplier. Pro- ceedings instituted and later withdrawn as defen- dants' earlier warrantors were convicted after pro- secution by another Food and Drugs Authority.

Formal.

Oranges—contained thiourea a prohibited preservative.

Potted meat—contained extraneous dry starchy matter.

Potted meat—contained excess moisture.

Potted beef—contained extraneous dry starchy matter.

Pork sausage—deficient in meat content.

Pork sausage " " "

Informal.

Bread and butter—was not butter but margarine.

Concentrated solution of acetic acid—labelling considered inadequate with reference to strength.

Condensed milk, full cream, unsweetened—deficient in milk fat and other solids.

Crab paste (canned) deficient in crab meat.

Digestive malt raisin cake—mould growth on surface.

Home-made chutney—inadequate labelling.

Medicated antiseptic cachous—no evidence of medicated or antiseptic content.

2 Oranges—contained thiourea, prohibited preservative.

Pickled walnuts—metal cap of jar corroded by action of vinegar.

Potted beef—contained excess moisture.

2 Potted meat—contained dry starchy matter.

Action Taken.

Details referred to Ministry of Food.

Prosecution—defendant discharged on payment of £2. 2s. 0d. costs.

Letter from Chief Sanitary Inspector to manufacturer

" " "

" " "

Prosecution pending.

Followed by formal sample.

Letter from Chief Sanitary Inspector to manufacturer.

Referred to Ministry of Food, Food Standards and Labelling Division.

Shop visited but formal sample not obtainable (old stock).

No action as mould not visible at time of purchase.

Letter from Chief Sanitary Inspector to manufacturer.

Seller advised by Inspector re labelling.

Referred by Town Clerk to Ministry of Food.

Verbal advice to seller from Inspector—stocks exhausted.

Letter from Chief Sanitary Inspector to manufacturer.

" " "

Informal.

3 Potted meat—contained dry starchy matter.	Followed by formal samples.
3 Potted meat or beef—contained excess moisture.	Manufacturer advised verbally by inspector.
Pork sausage—deficient in meat content.	„ „ „
Snuff (catarrhal)—contained menthol and tobacco—inadequately labelled.	Referred to sampling officer in area of origin—labelling corrected.
2 Vinegar—non-brewed condiment wrongly described as 'vinegar'.	Seller verbally advised by inspector.

Results of sampling of MILK and ICE CREAM—see page 130.

Details of sampling of 'OTHER FOODS'—see page 188.

UN SOUND FOOD SURRENDERED

Bacon	..	..	..	174	stones
Biscuits	..	..	..	15	„
Black Puddings	..	..	..	8½	„
Butter	..	..	..	12¼	„
Canned Goods	..	..	..	8,122½	„
Cakes ..	..	..	..	43	„
Cheese	..	..	..	43½	„
Chocolates and Sweets	..	..	..	10	„
Coffee	..	..	..	3½	„
Conserves	..	..	..	173	„
Cooked Meats	..	..	..	74	„
Cooking Fat	..	..	..	2	„
Cordials	..	..	..	3	„
Dried Fruit	..	..	..	37	„
Dried Herbs	..	..	..	2	„
Dried Milk	..	..	..	8½	„
Eggs-dried	..	..	..	63	„
Eggs-liquid	..	..	..	322¼	„
Eggs-shell	..	..	..	3	„
Fish Cakes	..	..	..	6	„
Fish ..	..	..	..	807	„
Fruit ..	..	..	..	144¾	„
Flour ..	..	..	..	35½	„
<i>Carried forward</i> ..				10,113¼	„

<i>Brought forward</i> ..			10,113 $\frac{1}{4}$ stones.
Ground Almonds	..	..	$\frac{3}{4}$ "
Ice Lollies	..	..	184 $\frac{1}{2}$ "
Jelly	..	..	2 "
Macaroni	..	..	5 $\frac{3}{4}$ "
Miscellaneous	..	..	179 "
Nuts	..	..	34 $\frac{3}{4}$ "
Pork Pies	..	..	15 $\frac{1}{4}$ "
Poultry	..	..	68 $\frac{3}{4}$ "
Puddings	..	..	2 "
Rabbits	..	..	193 "
Sauces	..	..	3 $\frac{3}{4}$ "
Sausage	..	..	81 $\frac{1}{2}$ "
Shell Fish	..	..	409 "
Sugar	..	..	24 "
Synthetic Cream	..	..	3 $\frac{3}{4}$ "
Trifles	..	..	3 $\frac{3}{4}$ "
Vegetables	..	..	1,352 $\frac{1}{2}$ "
TOTAL ..			12,677 $\frac{1}{4}$ stones
Meat (see details page 127) ..			56,125 $\frac{1}{4}$ stones
Grand Total of all foodstuffs ..			68,802 $\frac{1}{2}$ stones or 430 tons approx.

Disposal of Condemned Food. Condemned meat and offals were collected with suitable safeguards from the slaughterhouse by three approved firms, specialists in the production of animal feeding stuffs and fertilisers. All other foodstuffs were disposed of by the Corporation Cleansing Department by controlled tipping methods. There were, however, consignments of liquid egg diverted to manufacturers for use in the tanning of leather, while flour and bacon were utilised by manufacturers of animal foods.

SLAUGHTERHOUSES OVER THE YEARS

The number of slaughterhouses in the City half a century ago was 153 ; the number now licensed is two. When it is realised that this change, or rather series of changes, was brought about during the period when the law relating to slaughterhouses made it difficult to close such premises, the figures become all the more striking.

Between 1904 and 1911 the number of slaughterhouses increased to 155, but subsequently there was a gradual reduction year by year. By 1929 the number had fallen to 69, of which 20 were of the 'Registered' class, 8 were 'Licensed without limitation of time' and 41 were subject to 'Annual Licences'.

The position concerning the three classes varied throughout the country, but so far as this City was concerned it was as under :—

'Registered'—those in use before 1858 and used continuously since.

'Licensed without limitation of time'—those which came into being between 1858 and 1899 and since continued to be used by the same licensee.

'Annually licensed'—those which became subject to licences subsequent to 1899.

In 1930 the Health Committee agreed, in the interests of public health, that Parliamentary powers should be sought to close all private slaughterhouses and to provide a municipal slaughterhouse to deal with the whole of the home killed meat supply of the City. Accordingly, appropriate clauses were included in the Nottingham Corporation Bill 1932. These met strenuous opposition from the meat trade and, following a poll of rate-payers which resulted in a large majority against the proposals,

the clauses were deleted from the Bill. For the time being, then, the City Council abandoned the scheme for the erection of a public slaughterhouse.

However, complaints of nuisances arising from slaughtering in populous districts of the City continued to be made by aggrieved persons and the Medical Officer of Health and the Chief Sanitary Inspector from time to time reported to the Health Committee on the insanitary conditions which prevailed. There was, moreover, in the Cattle Market, an old, insanitary slaughterhouse belonging to the Corporation about which there was much criticism. Because of this and in view of the abandonment of the comprehensive scheme for an abattoir, the Corporation embarked upon a limited scheme to replace the old Cattle Market premises. The proposed new building was planned to accommodate the butchers then using the old slaughterhouse, together with others who had signified a desire to use public facilities. It was in these circumstances that the existing public slaughterhouse came to be established and opened in June 1938 at a cost of approximately £32,000.

At the end of 1938 there were 53 private slaughterhouses still in use and in respect of 39 of these the Health Committee received applications for the renewal of annual licences ; the other 14 premises were either ' Registered ' or ' Licensed without limitation of time '. The establishment of the public slaughterhouse placed the Committee in a position to refuse to renew the licences for the more unsatisfactory premises and 21 were, in fact, refused. In 7 cases there were appeals to Quarter Sessions against the Corporation's decision ; 2 appeals were heard by the Recorder of the City, Sir Albion H. H. Richardson, C.B.E., K.C., and were allowed. The remaining 5 were finally settled by agreement and resulted in 3 appeals being withdrawn and 2 of the licences being renewed.

The outbreak of war in September 1939 brought into operation the control of meat and livestock by the Government and by January 1940 all slaughtering throughout the country was carried on by the Ministry of Food in slaughterhouses selected for the purpose ; all others were closed under Emergency Regulations. In Nottingham the abattoir and three private slaughterhouses were used by the Ministry for the meat supply of a population of about 450,000 in Nottingham and district. The Health Committee was not consulted in the selection of the premises to be used and one of the slaughterhouses used by the Ministry continuously throughout the war and afterwards had, in fact, been refused a licence by the Committee in 1938, although the licence was subsequently restored after appeal by the owners to Quarter Sessions.

On the 28th April, 1954, when the Minister of Food announced in the House of Commons that the rationing and control of meat would end on the 3rd July, and that from the 2nd July, private slaughtering of animals for human consumption would be permitted, 19 slaughterhouses remained in existence. Others in use before the war had, meantime, been adapted for other purposes or were no longer available.

The anticipated resumption of private slaughtering brought 13 applications in May, of which 2 were granted. Of the 11 applicants refused, 5 gave notice of appeal against the Health Committee's decision. In an extended hearing 3 appeals were heard by a bench of three magistrates, whose unanimous decision was that the appeals could not be allowed ; 1 of the 2 remaining appeals was withdrawn, while the other stands adjourned *sine die*.

The cases for the appellants were carefully put and supported in great detail ; they were met by stronger cases put by the Corporation.

Many of these slaughterhouses which were in use before 1939 were in close proximity to dwelling-houses, the occupants of which were subjected to the unpleasant sounds, sights and smells associated with slaughtering. In some cases it was necessary to drive animals through narrow passages and back yards of dwelling houses to reach the inadequate pens and lairages. Almost without exception, there were no facilities for the proper cooling of carcasses, except in the vitiated atmosphere of the restricted slaughter chambers, with a considerable risk of gross contamination by animal excreta ; premises which were altogether a travesty of progress, relics of by-gone days and a blot on our otherwise advanced civilisation.

At the time of writing, the abattoir cannot accommodate the entire facilities for the City's meat supply, but extensions now in course of building will enable the whole of the slaughtering to be accommodated under one roof.

THE MEAT SUPPLY

Meat Transport. The handling and transport of meat from the slaughterhouses to the shops was fairly satisfactory. The bulk of meat was transported in specially constructed vehicles, but since decontrol, several butchers have transported their supplies in light vans. Greater attention must be paid to this matter.

ANIMALS SLAUGHTERED FOR FOOD.

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Number Killed*	16,652†	6,661	5,284	74,619	75,456	178,672
Reason for Condemnation ..	NUMBER OF CARCASES CONDEMNED					
All diseases except tuberculosis :						
Whole carcase con- demned ..	20	31	47	121	126	345
Carcases part (or organ) condemned ..	1,910	2,007	21	2,719	2,391	9,048
Percentage affected ..	11·59	30·59	1·28	3·8	3·33	—
Tuberculosis only :						
Whole carcasses condemned ..	60	221	5	—	159	445
Carcases part (or organ) condemned ..	1,929	2,602	3	—	3,257	7,791
Percentage affected ..	11·94	42·38	·15	—	4·52	

* ALL carcases were inspected.

† Bulls 423 ; bullocks 9,746 ; heifers 6,483.

Meat Surrendered. All unfit meat was surrendered ; no meat was seized.

	Home killed meat	Imported meat
	in stones	
Beef	24,123½	728½
Mutton and Lamb ..	629½	—
Pork	5,721½	66
Veal	193½	—
Offals	24,652½	11
TOTAL	55,319½	805½
GRAND TOTAL SURRENDERED : 56,125½ stones = approx. 350½ tons.		

Inspections. All animals waiting in the lairages were, as far as practicable, subjected to ante mortem inspection. Any showing abnormal conditions were slaughtered without delay, special attention being given to examination of the viscera and carcase.

All carcases and offals were inspected and in addition to routine inspections in the wholesale and retail markets, meat inspectors made 1,821 visits to private slaughterhouses and 2,113 to other premises.

If deemed necessary to confirm an opinion, specimens were submitted to the Public Health Laboratory or to the Veterinary Inspectors of the Ministry of Agriculture and Fisheries, Animal Health Division.

THE MILK SUPPLY

REGISTRATIONS

All factors affecting milk from production to delivery were regularly examined to ensure that the statutory requirements applicable to the trade were complied with.

The bottling establishments other than those where processing of milk occurred—previously described as “other dairies”—ceased to bottle milk as from 1st October 1954, in accordance with the provisions of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The following details applied at 31st December 1954 :—

Processing establishments	..	..	..	4
Distributors operating from wholesale dairies	..			17
Distributors operating from dairies outside the City				13
Distributors — shopkeepers	..	..	..	522

LICENSING

DESIGNATED MILK

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	4
„ „ „ sterilise	4*
„ „ „ sell tuberculin tested ..	75
„ „ „ „ pasteurised ..	329
„ „ „ „ sterilised ..	636
Supplementary licences to sell tuberculin tested	9
„ „ „ pasteurised ..	10
„ „ „ sterilised ..	9

* One processing establishment closed down to re-open in new premises where the sterilisation of milk was added to the other processes carried out.

Since the 1st November, 1952, Nottingham has formed part of a "Specified Area" declared by the Minister of Food under The Milk (Special Designation) (Specified Areas) Order, 1952, which makes it illegal for any person to sell by retail for human consumption, any milk other than pasteurised, sterilised or tuberculin tested. Sales of accredited milk were permissible until September 30th 1954 but none was sold in the City.

For some time previous to 1952, distributors had been encouraged by the Health Department to deal only in designated milks and when the above Order came into operation, retail sales of raw undesignated milk amounted only to about a half per cent of the City's milk supply. The change-over in milk sales on the appointed date consequently presented no appreciable difficulty and the scheme has since functioned most successfully. A large new processing establishment was opened during the year and the plant capacity for the heat treatment of milk in the City is now well in advance of consumer demand.

SAMPLING

BACTERIOLOGICAL EXAMINATION

Examination for Tubercle Bacilli. A total of 104 samples including 14 samples of designated milks was obtained, 98 showing negative results on biological testing.

Positive results were obtained from 6 samples and were notified to the Medical Officers of Health of the producers' areas, the affected animals being identified and slaughtered under the Tuberculosis Order, 1938.

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

1954	..	5.77 per cent.
1953	..	5.64 „
1952	..	4.71 „
1951	..	9.18 „
1950	..	5.40 „
1949	..	1.66 „
1948	..	1.72 „

Tuberculin Tested Milk—Raw. One hundred and forty-four samples were procured and 140 complied with the prescribed standards.

Pasteurised Milk—including Tuberculin Tested Pasteurised Milk. Of six hundred and thirty-six samples of pasteurised milk sold under licence and subjected to the half-hour Methylene Blue Test, one was unsatisfactory. To test the efficiency of pasteurisation, these samples were also subjected to the Phosphatase Test and 626 were proved to have been satisfactorily treated.

Sterilised Milk—including Tuberculin Tested Sterilised Milk. A total of 248 samples of milk processed under licence was obtained for examination and 247 were found to have been satisfactorily treated.

CHEMICAL EXAMINATION

Milk Samples analysed by the Public Analyst

1954	No. of Samples.	Average Percent of Fat.	Average Percent of Solids not Fat.
January	41	3.417	8.694
February	31	3.435	8.486
March	35	3.810	8.601
April	35	3.50	8.661
May	46	3.340	8.744
June	39	3.419	8.806
July	44	3.618	8.834
August	48	3.756	8.742
September	63	3.671	8.628
October	51	3.871	8.947
November	41	3.883	8.745
December	9	3.777	8.826
AVERAGE	—	3.624	8.728

The Standard for Milk is "Fat" 3.0% and "Solids not Fat" 8.50%.

Of 568 informal samples of milk tested by the inspectors by the Gerber process, 69 or 12% were found to be of unsatisfactory quality.

ACTION TAKEN ON UNSATISFACTORY MILK SAMPLES

Samples taken formally and found not genuine	Action Taken.
10 samples deficient in milk fat taken from 9 producers.	Letters from Chief Sanitary Inspector to producer and Milk Production Officer.
18 samples deficient in milk solids-not-fat.	" " " "
7 samples deficient in milk fat and/or milk solids not fat.	" " " "
1 sample deficient in milk solids-not-fat.	Prosecution—seller fined £6/0/0. and £3/4/0 costs.
2 samples containing added water 11% and 22% respectively.	
8 samples containing added water, 4%, 7%, 3%, 4%, 4%, 6%, 11% and 7% respectively. Also 5 of these milks were deficient in milk fat when sold as "Channel Islands Milk".	Prosecution—fines of £3/0/0 on each count. Total £24/0/0. Costs £10/13/0. Details transmitted to Ministry of Food for appropriate action.
2 samples containing added water, 7% and 6.3% respectively.	Prosecution pending.

OTHER ADMINISTRATIVE ACTION RELATING TO THE MILK SUPPLY

Samples taken formally and found not genuine.	Action Taken.
Sale of bottled milk unfit for human consumption—containing glass fragments. (Food and Drugs Act 1938, Section 9).	Bottlers prosecuted. Case dismissed—it was not established to the satisfaction of the Bench that the glass was in the milk at time of sale.
Carriage of a live calf in a vehicle used at the same time for milk distribution. (Milk and Dairies Regulations 1949, Article 31).	Offender prosecuted. Fined £5/0/0.
Six charges concerning dirty and unsatisfactory conditions in dairy premises. (Milk and Dairies Regulations 1949).	Occupiers prosecuted—five charges were proved. Fines totalling £40/0/0 imposed.

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.

2,406 inspections were made.

Registrations in force at the end of the year :—

MANUFACTURERS.

" Hot Mix " method	..	..	8	
" Cold Mix " method	..	..	13	
			—	21

VENDORS AND DEALERS.

" Pre-packed " ices	..	..	702	
" Loose " ices	..	..	239	
			—	941
New registrations	..	..	42	
Transfer of registrations	..	..	53	

Sampling. A total of 36 samples of ice-cream was taken for analysis, all of which conformed to the standard required by the Food Standards (Ice-Cream) Order, 1953.

Samples of iced lollies totalling 23 were taken and analysed for metallic contamination. The analyst reported that none of the metallic impurities which they contained was of sufficient magnitude to be the cause of illness.

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	208
2	2½ — 4	44
3	½ — 2	6
4	0	4

In addition, six miscellaneous samples were submitted for bacteriological examination which included one iced lolly, a cloth used for wiping ice cream trays, water used for the sterilization of palate knives, milk powder and waxed cartons.

FERTILISERS AND FEEDING STUFFS ACT, 1926

Samples taken	Satisfactory	Unsatisfactory	Total
FERTILISERS :			
Sulphate of Ammonia	1	—	1
Dried Blood	1	—	1
" Nitro-chalk "	1	—	1
" National Growmore " Fertiliser ..	1	—	1
Plant Food Tablets	1	—	1
Concentrated Liquid Blood Manure ..	1	—	1
" 12 Point Limax "	1	—	1
Superphosphate of Lime	—	1	1
Bone Meal	—	2	2
Sulphate of Potash	1	—	1
Basic Slag	1	—	1
Hoof and Horn	—	1	1
FEEDING STUFFS :			
Layers Mash or Meal	1	4	5
National Pig Food No. 1 (Sows and weaners)	1	—	1
National Poultry Food No. 1a (Winter layers)	1	—	1
Balancer Meal	1	—	1
Layers Pellets	1	—	1
Feeding Meat and Bone Meal	—	1	1
" Sharps " (Pig feeding)	1	—	1
TOTALS	15	9	24

Action taken on unsatisfactory samples was as follows :—

Bone meal	..	..	Letter from Chief Sanitary Inspector to seller.
Bone meal	..	..	Warning letter from Town Clerk to sellers.
Feeding meat and bone meal	..		Letter from Chief Sanitary Inspector to seller.
Hoof and horn	..	..	" " " "
Layers mash	..	..	Letter from Chief Sanitary Inspector to manufacturers.
Layers mash	..	..	Letter from Chief Sanitary Inspector to seller.
Layers meal	..	..	Letter from Chief Sanitary Inspector to manufacturers and sellers.
Layers meal	..	..	Result reported to Administrative Authority in area of origin.
Superphosphate of lime	..		Letter from Chief Sanitary Inspector to seller.

SHELL FISH

Shell fish from various sources were received into the Sneinton Wholesale Fish Market and samples were frequently submitted to the Public Health Laboratory for bacteriological examination.

Consignments of mussels from any source which had previously been found to be unsatisfactory were retained and sampled, and if a satisfactory report was not received from the laboratory, the mussels were confiscated.

The total weight of shell fish found to be unfit for human consumption was two tons, eleven hundredweights.

Of 21 samples of mussels taken, two were found to be unsatisfactory. Details are given :—

Origin of Layings	No. of Samples	Satisfactory	Unsatisfactory
Boston, Lincolnshire ..	11	10	1
Ireland	2	2	—
Cromer	1	—	1
Denmark	7	7	—
TOTALS ..	21	19	2

In addition one sample of French Escallops taken, was found to be satisfactory.

THE PHARMACY AND POISONS ACT, 1933

This Act permits the sale of poisons in Part II of the Poisons List by persons whose names and premises are entered in the local authority's list.

Applications for entry received	19
Approved	19
Withdrawn	Nil
Transfer of licences	Nil
Registrations not renewed, owing to discontinuance of the Sales of Part II Poisons ..	15

Cautionary letters were sent to five persons for minor infringements of the Act.

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) ..	10,559
(b)	No. of inspections made for the purpose	19,935
(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 ..	784
(b)	No. of inspections made for the purpose	3,684
(3)	No. of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	5
(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	5,969

Informal Action

No. of defective dwelling-houses rendered fit in consequence of informal notices by the Local Authority or their officers ..	4,976
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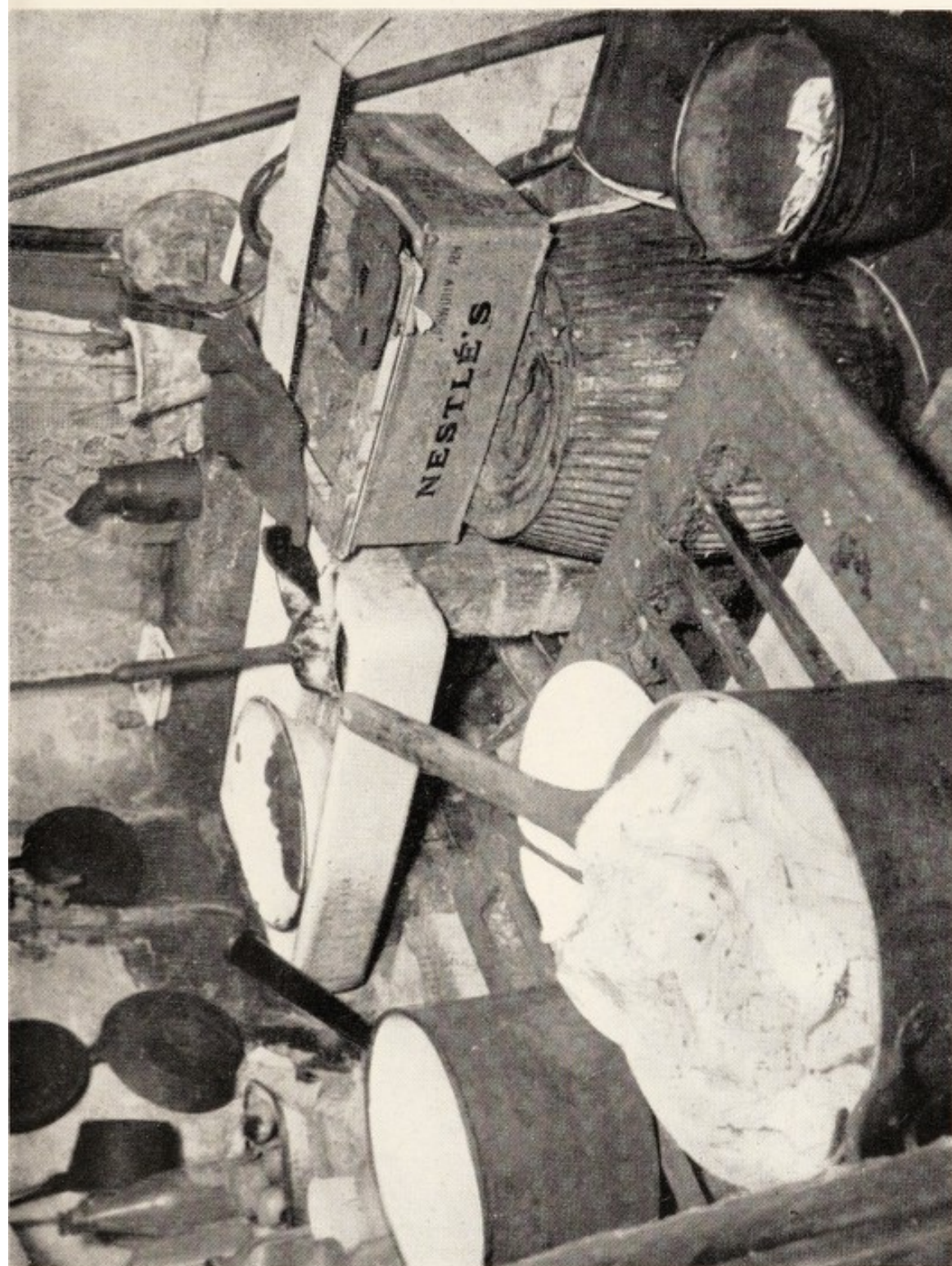
Action under Statutory Powers

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	779
(b)	No. of dwelling-houses in which defects were remedied after service of formal notices :—	
1.	By owners	589
2.	By Local Authority in default of owners ..	190

2. Proceedings under the Public Health Acts.

(a)	No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	1,199
(b)	No. of dwelling-houses in which defects were remedied after service of formal notices :—	
1.	By owners	962
2.	By Local Authority in default of owners ..	113



'ALL MOD. CONS.?'

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	7*
(b) No. of dwelling-houses demolished in pursuance of demolition orders	17

* This figure includes 4 houses closed under the provisions of Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953.

4. No Proceedings were necessary under Sect. 12 of the Housing Act, 1936.

Two demolition orders made in 1953 were the subject of an appeal to the County Court and the orders were set aside by the Court to enable the owners to use the premises for purposes other than human habitation.

The number of cases of overcrowding brought to notice was 48, involving 59 families and 351 persons, the equivalent of 296½ units. These cases represent only illegal overcrowding and do not reflect the actual position throughout the City.

The Housing Repairs and Rents Act 1954. The Housing Repairs and Rents Act 1954, came into operation on 30th August. Among many important new provisions the Act enables a landlord whose property is in good repair and fit for human habitation to claim an increase of rent. A tenant who receives from his landlord notice of an increase may, if he considers that his house is not in good repair and/or is not suitable for occupation in accordance with the standards prescribed by the Act, apply to the local authority for a "Certificate of Disrepair". If a certificate is granted, the tenant may withhold the rent increase until such time as the certificate is revoked.

No. of applications for certificates of disrepair ..	71
No. ,, withdrawn	11
No. ,, granted	52
No. ,, refused	8
No. of certificates revoked	1

WOMEN HOUSING OFFICERS

There are four women housing officers, appointed by the Housing Committee, attached to the department of the Chief Sanitary Inspector. Their work involves the investigation of insanitary conditions in houses on the Corporation housing estates and in assisting tenants to make the best use of their houses. They also advise the tenants on the Clifton estate in the efficient use of the solid fuel appliances which must be operated smokelessly in accordance with the conditions of tenancy.

In the course of the year 16,274 visits were made and the number of defects reported to the Estates Department totalled 3,556.

SANITARY SERVICES

The shortage of qualified sanitary inspectors continued throughout the year, but despite a depleted staff, progress was made in the improvement of housing conditions, the supervision of food, the hygiene of food premises and the prevention of atmospheric pollution.

The coming into operation of the Housing Repairs and Rents Act 1954 in August, placed further responsibilities upon the department in the inspection of houses for which applications for "Certificates of Disrepair" were made by the tenants.

The same Act required the local authority to submit to the Minister of Housing and Local Government within a period of twelve months an estimate of the number of unfit houses within the City and to this end surveys were carried out.

Some progress was made towards the improvement of the drainage of the houses in the old Clifton village. Sewers were provided within a reasonable distance of the majority of the houses and the work commenced of converting insanitary pail-closets to water-closets with connections to the new sewers.

Nottingham's "smokeless area" at Clifton continued to grow in size and by the end of the year over 3,000 houses were occupied. The Beaver Committee Report on Air Pollution published towards the end of the year recommended that the local authority should continue to be responsible for the prevention of atmospheric pollution. The Committee further recommended that local authorities should have power under general legislation to establish smokeless zones, and the implementation of this recommendation by the Government will enable the Corporation to proceed with their plans for making the centre of the City smokeless.

The Health Committee at their December meeting approved in principle the setting up of a smokeless zone of **170 acres**, bounded by **Upper and Lower Parliament Streets, Canal Street, Castle Road, Standard Hill and Park Row.**

THE YEAR'S WORK

NOTICES

INFORMAL

TOTAL NUMBER SERVED	10,554
TOTAL NUMBER COMPLIED WITH	10,782

Details of Nuisances Found :

	Nuisances etc. found	Nuisances * etc. remedied
Houses —filthy	32	31
„ —verminous	2	1
Drains —clearance of	121	129
„ —repair of	309	324
Panterpits—abolition of	4	3
Additional water-closets—provision of	1	—
Water-closets—clearance of	54	58
„ „ —repair of	2,031	2,009
Closets—cleansing of	7	13
Courts, yards and passages—paving of	52	13
„ „ „ —cleansing of	4	7
„ „ „ —repair of	215	242
Nuisance from pigs	1	3
„ „ fowls	2	4
„ „ other animals	7	7
„ „ accumulations of refuse	19	29
Dustbins—provision of	1,990	2,243
Miscellaneous nuisances	393	365
Tents, vans and sheds	5	5
Houses-let-in-lodgings	23	23
Factories with mechanical power	128	212
„ without mechanical power	6	5
Workplaces	13	24
TOTAL	5,419	5,750

* Includes remedial action taken on notices outstanding on 31st December, 1953.

Defects in Houses					Defects found	Defects * remedied
Roofs	..	..	..	..	2,105	1,890
Walls	..	..	..	..	1,838	1,579
Floors and ceilings	..	..	..	..	1,210	1,096
Windows	..	..	..	..	1,771	1,760
Fireplaces	..	..	..	..	729	784
Coppers	..	..	..	..	55	63
Sinks provided	..	..	..	..	74	55
„ —repair of	..	..	..	..	195	212
Defective water pipes and fittings	..	..	..	..	209	196
„ rainwater conductors	..	..	..	..	1,439	1,291
Others	..	..	..	..	1,158	900
TOTAL					10,783	9,826
Number of defective houses dealt with					..	5,969

STATUTORY

Notices under Public Health Act, 1936

				Served	Complied* With
Sect. 39	Drainage	..	..	411	381
„ 44	Inadequate closet accommodation	..	..	9	11
„ 45	Closets	..	..	80	72
„ 56	Paving of courts, yards and Passages, dwelling-houses	..	..	137	125
„ 75	Dustbins	..	..	626	668
„ 83	Dirty houses	..	..	3	4
„ 92 (a)	Houses	..	..	651	569
„ (b)	Others	..	..	5	2
„ 287	Notice of entry	..	..	8	8

Notices under Nottingham Corporation Act, 1923

Sect. 73	Repair of water-closets	..	368	331
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Notices under Nottingham Corporation Acts 1935 and 1952

Cleansing and repair of drains, water-closets and soil pipes	..	..	91	96
--	----	----	----	----

* Includes remedial action taken on notices outstanding on 31st December, 1953.

Notices under Housing Act, 1936					Served	Complied* With
Sect. 9	..	..	..	..	779	822
TOTAL					3,168	3,089

Number of Inspections

First visits	..	..	..	..	18,695
Re-visits	..	..	..	..	26,955
TOTAL					45,650

Consequent upon the failure of owners to comply with statutory notices, the Corporation ordered work on private contractors and recovered expenses incurred in 540 cases as follows :—

	£	s.	d.
Nottingham Corporation Act, 1923, Sect. 73 ..	173	1	1
„ „ „ 1952, „ 72 ..	11	11	5
Housing Act 1936, Sects. 9 and 10 ..	2,267	9	0
Public Health Act, 1936, Sect. 39 ..	504	16	9
„ „ „ „ 45 ..	144	5	1
„ „ „ „ 56 ..	265	0	4
	£3,366	3	8

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 £295. 9s. 6d.

* Includes remedial action taken on notices outstanding on 31st December, 1953.

ATMOSPHERIC POLLUTION

Although the fuel supply position improved, inferior or unsuitable fuels were still responsible for some of the complaints of excessive emissions of smoke.

The standard of smoke emissions from chimneys in Nottingham, other than those of private houses, 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.

The inclusion of 4 new entries under ' Work carried out by owners ' below is noteworthy.

Monthly average emission of dense smoke per chimney.

	Minutes				Minutes		
	1952	1953	1954		1952	1953	1954
January	1.65	1.63	1.64	July	0.84	0.94	1.05
February	1.46	1.75	1.24	August	0.92	0.56	1.09
March	1.42	1.82	0.90	September	0.94	0.89	0.91
April ..	1.68	1.07	1.25	October	1.35	1.13	1.23
May ..	1.16	1.10	0.93	November	1.53	1.15	0.92
June ..	1.36	1.82	0.84	December	1.17	1.18	1.23

Observations and notices—	1952	1953	1954
Half-hourly observations of chimneys	1,329	1,103	1,238
Total No. of minutes dense smoke emitted	1,691	1,382	1,347.5
Average No. of minutes of dense smoke per chimney	1.30	1.256	1.102
Intimation Notices served ..	69	49	40
Advisory visits including verbal cautions	409	417	470
Statutory Notices served ..	17	10	8
Complaints investigated ..	128	156	168
Cases where work was executed for smoke and/or grit nuisance abatement	36	33	37

Work carried out by owners—	1952	1953	1954
Chimney stacks erected or extended	9	7	13
Chimney stacks dismantled ..	2	5	6
Boilers converted from hand to mechanical stoking	20	4	5
Mechanical stokers overhauled or renewed	18	5	9
New boilers installed	9	5	11
Grit arresting apparatus installed	—	2	3
„ „ „ repaired	—	12	2
Steam cranes replaced by diesel ..	—	—	2
Steam locomotives replaced by diesel	—	—	2
Conversion from coal to oil fuel or gas	—	—	3
Filters and scrubbers for nylon plant	—	—	1
Miscellaneous	—	—	5
Estimated cost to the owners	£74,710	£38,050	£68,640

Measurement of Atmospheric Pollution. Seven stations, each equipped for the measurement of deposited solids from the atmosphere and of the sulphur content of the air, continued in operation.

Summary of Analyses *

	Deposited Solid Matter in Tons per Square Mile			Lead Peroxide
	Annual	Max. monthly	Av. monthly	Max. figures mgm. S.O. ₂ per day per 100 sq. cm.
City Centre ..	232·10	29·60 : Nov.	19·34	4·29 : Jan.
Basford ..	276·90	31·79 : May	23·07	2·15 : Feb.
Bulwell ..	228·72	30·38 : May	19·06	1·81 : Nov.
Clifton ..	269·67	36·95 : May	22·47	1·77 : Jan.
Meadows ..	236·35	29·74 : Oct.	19·69	4·99 : Jan.
Mapperley† ..	130·64	18·11 : May	10·88	2·16 : Jan.
Wollaton ..	101·37	15·67 : May	8·44	0·92 : Jan.
Av. for City..	210·82	—	17·56	—

* For full details see page 184.

† Only 11 months results available due to interference.

The results again confirmed that the most heavily polluted areas were Basford and the Meadows and that Mapperley and Wollaton experienced lower deposits than the industrial districts of the City. The figures for deposited solid matter for Clifton were unduly high owing to abnormal amounts of soluble matter.

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'.

Prior Approval of Plant for Steam Raising, etc. The provisions of Section 85 of the Nottingham Corporation Act 1952, make it an offence to instal any furnace for steam raising or for any manufacturing or trade purposes, unless the furnace is, as far as practicable, capable of being operated continuously without emitting smoke. Plans and specifications of proposed new furnaces may be submitted to the City Council for approval and five installations were approved by the Health Committee after appropriate amendments had been made.

Smokeless Zones. Preliminary details of a proposed smokeless zone in the centre of the City are given on page 139.

WATER SUPPLY

The water supply was satisfactory and with few exceptions all the houses in the City have a piped supply direct from the mains. The closest co-operation to safeguard the purity of the water supply continued between the Water and Health departments. Samples of raw and treated water from all the pumping stations were taken frequently by the City Water department and the results of the bacteriological and chemical analyses sent to the Medical Officer of Health.

SWIMMING BATH WATER

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

All the baths are equipped with modern break-point chlorinating units. A total of thirty samples was taken from the swimming baths and submitted to the City Analyst for chemical and, if necessary, bacteriological examination ; all were reported satisfactory.

In addition two samples were taken of the water in the children's paddling pool at Bulwell Lido ; both were satisfactory.

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	255	247	6
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities	2,039	1,842	128
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises) ..	—	—	—
TOTAL	2,294	2,089	134

Details of Defects.

Nature	Found by Sanitary Inspectors	Referred by H.M. Inspectors	Remedied*
Want of cleanliness	3	—	6
Overcrowding	—	—	—
Unreasonable temperature	1	—	4
Inadequate ventilation	1	—	—
Ineffective drainage of floors	2	—	1
Sanitary Conveniences :			
(a) Insufficient	9	—	3
(b) Unsuitable or defective	126	29	181
(c) Not separate for sexes	3	—	15
Other offences against the Act (not including offences relating to Outwork)	8	—	9
TOTAL	153	29	219

* Includes defects found but not remedied in 1953.

Outwork

Outworkers employed in the City totalled 2,357 and 1,890 visits were paid to their premises which, in 5 cases, were found to be unwholesome.

Nature of Work	No. of Outworkers	
	1953	1954
Lace, lace curtains and nets	1,102	1,211
Wearing Apparel :—		
Making etc., cleansing and washing	970	960
Nets, other than wire nets	101	89
Carding, etc. of buttons, hooks and eyes, pins and hair pins	39	39
Household linen	28	38
Brass and brass articles	15	17
Weaving of textile fabrics	2	3
Paper bags	2	—
Brushes	1	—
	<u>2,260</u>	<u>2,357</u>

SHOPS ACT, 1950

Visits to shops during the year totalled 973.

The provisions of the Act relating to closing hours and early closing days were, on the whole, well observed, but it was necessary to institute proceedings in five cases for non-observance of the provisions relating to Sunday trading, with the following results :—

Two Motor Traders were fined £2. 0s. 0d. and £5. 0s. 0d., respectively for failing to exhibit the statutory notices when carrying on retail trade on Sunday.

A Hardware Merchant was fined £1. 0s. 0d. for carrying on trade on Sunday.

Two Grocers were fined £1. 0s. 0d. and £3. 0s. 0d. respectively for selling groceries and failing to exhibit the requisite Sunday trading notices.

The registration of a person of the Jewish religion was granted under the provisions of Section 53 of the Shops Act 1950 to enable his shop to open on Sunday and close on Saturday.

Visits were made to the three cafes open for the serving of meals throughout the night and no young persons were found to be employed.

Three trade exhibitions were again organised and in each case an order was made extending the hours of closing for retail trade or business. The requirements of the Act regarding the closing hours and the employment of assistants were fully observed.

It was again decided not to suspend the operation of the provisions of the Act relating to general closing hours during the Christmas period.

YOUNG PERSONS (EMPLOYMENT) ACT, 1938

A total of forty-two visits was made under the above Act. Theatres and cinemas were visited on thirty-six occasions and it was found that the number of young persons in such premises is decreasing, in spite of the fact that the working hours are generally much less than the maximum allowed under the Act, i.e., 44 hours per week for young persons under 16, and 48 hours per week for those over 16 and under 18 years of age.

PUBLIC HEALTH ACT, 1936

MISCELLANEOUS PROVISIONS

Workplaces. Action was required in 17 cases of unsatisfactory sanitary accommodation for employees, and in 2 cases because of uncleanness of premises.

Houses-let-in-lodgings. The Bye-laws regarding the cleansing and decoration of houses-let-in-lodgings during the month of April were enforced in those houses registered by the Authority.

The Housing Repairs and Rents Act 1954, repealed the provisions of the Housing Act 1936 which empowered the Corporation to make bye-laws with respect to houses-let-in-lodgings. As a consequence, the City bye-laws made in 1926 ceased to have effect on the 30th August.

There are 167 known houses-let-in-lodgings in the City but this does not represent the total number as there is no obligation upon the occupiers to inform the local authority of the existence of such establishments.

Common Lodging Houses. There were only two establishments in use in the City ; one a Municipal Hostel known as "Sneinton House" and the other the Salvation Army Hostel in Aberdeen Street. Both these hostels provided accommodation for men only and were satisfactorily conducted.

Canal Boats. The canals and other navigable waters within the City have been visited on eight occasions during the year and fourteen 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 on the craft.

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.

There were no new registrations during the year ; the number of boats now in use and registered by this Authority is forty-one.

KNACKERY

The knackers' yard situated in the Nottingham Corporation's Eastcroft Depot, London Road, was under constant supervision and the records of animals killed and the carcasses brought in to the premises were inspected regularly.

There was no cause for complaint regarding the working methods carried out at this establishment.

RAG FLOCK AND OTHER FILLING MATERIALS Act, 1951

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

The table shows the number of licences and registrations in force :—

Upholstery premises registered	..	..	37
Licences to store rag flock	..	..	4
„ „ manufacture rag flock	..	..	—

A total of sixty-four samples of various types of filling materials was taken and submitted for analysis and the following were found to be unsatisfactory :—

	Action Taken
Sample of Washed Flock (No. 93 Informal) contained an excess of 0.6% of soluble impurities and an excess of 10 parts per 100,000 of chlorine in the form of soluble chlorides.	Followed by formal sample No. 10.
Sample of Washed Flock (No. 10 Formal) contained an excess of 0.2% of soluble impurities and an excess of 13 parts per 100,000 of chlorine.	Letter from Town Clerk to manufacturer. Material withdrawn for reprocessing.
Sample of Woollen Mixture Felt (No. 92 Informal) contained only 41% animal fibre as against the standard of 60%.	Letter to manufacturers. Material withdrawn for reprocessing.
Sample of Coloured Woollen Flock (No. 87 Informal) contained only 45% animal fibre as against the standard of 70%.	Followed by formal sample No. 11.
Sample of Coloured Woollen Flock (No. 11 Formal) contained only 40% animal fibre.	Manufacturer informed by Town Clerk that material was wrongly described and should have been called Woollen Flock Mixture.
Sample of Woollen Mixture Felt (No. 86 Informal) contained an excess of 0.2% of soluble impurities.	Letter to manufacturers. Material withdrawn for reprocessing.
Sample of New Cotton Felt (No. 70 Informal) contained an excess of 1.2% of trash.	Followed by formal sample No. 12.
Sample of New Cotton Felt (No. 12 Formal) contained an excess of 1.0% of trash.	Letter to manufacturers. Material withdrawn for reprocessing.

MEASURES AGAINST RODENT AND INSECT PESTS

The rat population of the City continued at a low level and no major infestation came to light. Since the occupiers of infested premises were usually anxious to be clear of these pests they were willing to co-operate with control measures and no notices were served under the Prevention of Damage by Pests Act 1949.

Infestations at dwelling houses in the older parts of the City were mainly due to defects in the drainage system. After these had been traced and remedied no further trouble was experienced.

Routine baiting of the sewers by the City Engineer's staff continued throughout the year making an important contribution to the success of surface control measures.

Destruction of insect pests made heavy demands on the time of the disinfection staff who dealt with a large variety of insects. No complaint of nuisance from mosquitoes was received during the year.

Advice was given on a wide range of problems and in many cases extensive treatments were carried out. Hotel and restaurant kitchens, canteens, and other busy food premises were concerned to eliminate cockroaches and avoid reinfestation. A method of treatment employed gave protection for a long period and was applied with a minimum of interference with normal routine at these places. Early results were most encouraging and it is hoped that permanent improvement will be achieved as a result.

A total of 994 treatments was carried out for the control of insects.

HEATING APPLIANCES (FIREGUARDS) ACT, 1952

During the year 75 visits involving the examination of 242 appliances were made to 58 premises.

In the course of these examinations 107 appliances were found to be insufficiently guarded and it was necessary in 60 cases to carry out the prescribed tests. The shopkeepers willingly withdrew the unsatisfactory appliances from sale or display until such time as suitable guards were available.

PART IV.

MISCELLANEOUS

BIRTH CONTROL

DEPARTMENTAL LAUNDRY

EPILEPSY AND CEREBRAL PALSY

ESTABLISHMENTS FOR MASSAGE OR SPECIAL
TREATMENT

NATIONAL ASSISTANCE ACTS 1948 (Sect. 47)
and 1951—RECORD OF CASES

NOTTINGHAM CREMATORIUM

NURSES ACT 1943—NURSING AGENCIES

NURSING HOMES

PUBLIC MORTUARY

ULTRA VIOLET RAY CLINIC

BIRTH CONTROL

The Nottingham Women's Welfare Centre held twice weekly sessions on Tuesday afternoons and Friday evenings at the Nottingham General Dispensary. A total of 628 women attended the centre, 94 on the recommendation of the family doctors and 416—a fall of over 200—on their own initiative.

The Corporation assisted financially in accordance with the provisions of the Ministry of Health Circular 1208/31, in respect of women referred from the Welfare Centres and the Chest Centre ; 174 and 21 women were referred respectively and of these 118 actually attended for advice.

DEPARTMENTAL LAUNDRY

After staffing difficulties lasting for over twelve months had been overcome, the Laundry reached its maximum capacity shortly before the end of the year.

No new items of equipment were purchased, the capacity remaining at 850 lbs. of washing per week. A laundry service was provided for all of the Welfare Centres, the City Occupation Centre and three of the Day Nurseries.

Apart from staffing the main difficulty to be overcome was that of drying the washing—a problem which was aggravated by the abnormally high number of wet days. Additional heating apparatus was installed in the drying room to assist in solving this problem.

EPILEPSY AND CEREBRAL PALSY

The number of persons known to be suffering from epilepsy and cerebral palsy is given below. The number of cerebral palsy cases was lower than last year as those whose diagnosis was in doubt, and those who left the City or of whom there was no trace were omitted. The Nottingham and District Cripples' Guild had on their register 9 of the 33 cases, all of whom were known to the Welfare Department.

	Local Education Authority	Mental Health Service	Others
Cerebral Palsy ..	63	54	33
Epilepsy ..	52	70	17

There was no scheme under Sect. 29 of the National Assistance Act 1949 in operation and until such time as a scheme is completed and approved, the part to be played by the Local Health Services cannot be forecast.

A register of handicapped persons, however, was in course of preparation.

ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

The Nottingham Corporation Act 1952 provides for the licensing of premises used or intended to be used for the treatment of persons requiring massage, electrical treatment or radiant heat, light, electric vapour or other baths for therapeutic treatment, or other similar treatment.

There were 12 applications for renewals and 2 new applications for licences ; the conditions were satisfactory in each case and all applications were granted.

Registered members of the Chartered Society of Physiotherapists or the Faculty of Physiotherapy are exempted from annual licensing but are required to submit certificates of exemption signed by independent medical practitioners. Certificates of exemption were received in respect of 8 registered members of these professional bodies and their premises were inspected in accordance with the bye-laws made under this Act.

NATIONAL ASSISTANCE ACTS 1948-1951

The cases in which compulsory removal was considered numbered 13 and, in addition, 4 cases were kept under observation from 1953. Each was visited by a medical officer and a sanitary inspector. By means of persuasion to enter hospital or by use of the Home Services, statutory action was avoided, except in one case which was appropriately dealt with by the Mental Health section.

Persons requiring statutory action	—
„ voluntarily removed to hospital ..	4
„ „ „ for cleansing ..	3
„ removed under Sect. 20, Lunacy Act 1890	1
„ under observation at home ..	2
No action required	2
Died	1
	13

The three persons—one elderly man and two elderly women—who were removed to the Reception Centre for cleansing were detained there for a few days while the homes were cleaned by home helpers. New beds and bedding were obtained through the National Assistance Board and new clothes through the Women's Voluntary Service.

NOTTINGHAM CREMATORIUM

The number of cremations—3,578—was again the highest on record since the crematorium opened in 1931.

The Medical Officer of Health, the Deputy Medical Officer of Health and a Senior Medical Officer are Medical Referees appointed by the Home Secretary. The approval of the Home Secretary to the appointment of the third Medical Referee was sought early in 1950 when the number of cremations during the preceding year had been 2,000. Since that year the number of cremations increased by 75% and it was therefore disappointing when the Home Secretary refused to approve the appointment of a fourth Medical Referee in September.

The responsibilities of the Medical Referee for authorising cremations are serious ones and they now constitute a considerable burden which often interferes with the legitimate work of the Department. It is not often realised that these duties are by no means straightforward and therefore cannot be fitted into a pre-arranged part of the day's work. Applications for cremation are frequently delayed and reach the Department within a few hours or less of the scheduled time of disposal ; frequently the forms are improperly completed, attested or signed. Though the number of City cases has increased steadily, nearly two-thirds of all cremations are those of residents from neighbouring counties, and considerable time has often to be spent on long distance telephone calls before the final authorisation to cremate can be given.

The fourth cremator which was to have been installed in 1954 is now expected to be ready early in 1955.

The figures for the past 8 years are given.

Year	ALL CREMATIONS		CREMATIONS OF CITY RESIDENTS		
	No. of Cremations	Increase over previous year	No. of Cremations	Increase over previous year	Percentage of total deaths
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%
1953	3,126	13%	1,139	18%	34·5%
1954	3,578	14%	1,311	13%	39·9%
TOTAL 19,420		—	7,178	—	—

Cremation and Residence

Place of Residence	No. of Cremations
City	1,311
County excluding West Bridgford	949
West Bridgford	150
Other areas	1,168
	3,578

NURSES ACT 1943 — NURSING AGENCIES.

Two agencies which were first licensed in 1945, had their licences renewed, the staff, premises and records at the annual inspection being found satisfactory in accordance with the Nurses Act 1943 and Nursing Agency Regulations 1945. These agencies had on their registers 40 State Registered Nurses, 5 State Certified Midwives and 13 State Enrolled Assistant Nurses.

An application for a licence by a new agency named the British Nursing Association was granted in November ; it was intended to employ 60 State Registered Nurses, 20 State Certified Midwives and 30 State Enrolled Assistant Nurses.

NURSING HOMES

Nursing Homes registered under the Public Health Act 1936, Sections 187—195 numbered ten throughout the year. One maternity home on January 1st reduced the number of beds from 6 to 2, making a total of 21 maternity beds available in 5 nursing homes. For other cases, 50 beds were provided in 6 homes, one also admitting maternity cases.

The owners of two nursing homes—one undertaking maternity cases—expressed their intention of closing, but have not surrendered their certificates.

Regular visits of inspection were carried out by Medical Officers and by the Supervisor of Midwives.

PUBLIC MORTUARY

This establishment situated at the rear of the Canal Street Police Station received a total of 489 bodies, over one half of which were subject to the jurisdiction of the City Coroner ; post mortem examinations numbering 295 were undertaken.

Improvements initiated two years ago were completed ; the addition of office accommodation for the pathologists and convenient viewing arrangements with a waiting room for relatives, finally brought the building up to recognised standards.

The mortuary was closed on two occasions during the year ; in the first part for completion of the alterations and again during the summer through shortage of staff. During these periods normal work was transferred to the Nottingham General Hospital and opportunity is taken of expressing grateful thanks for this co-operation, and also for the assistance given in training of new attendants.

ULTRA VIOLET RAY CLINIC

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

Analysis of cases :—				1953	1954
No. of cases from previous year	..			295	200
New cases	..	..	..	362	551
				—	—
Total no. of cases treated	..	..		657	751
City patients	..	..	..	644	719
County patients	..	..	..	13	32
				—	—
				657	751
No. of adult patients male	..	..		161	218
„ „ „ „ female	..	..		258	315
„ „ patients 5–15 years	..	..		91	90
„ „ „ 0–5 years	..	..		147	128
				—	—
				657	751
No. of cases discharged or ceased to attend . .				457	550
No. of cases carried forward	..	..		200	201
				—	—
				657	751
No. of treatments :					
Total no. of treatments given	..			12,759	14,699
Average no. of treatments per patient				19·4	19·6

PART V.

HEALTH COMMITTEE

„ „ STAFF

„ „ REPORTS TO THE CITY
COUNCIL

ATTENDANCES AT DAY NURSERIES

„ „ WELFARE CENTRES

THE TUBERCULOSIS REGISTER

HOME NURSING SERVICE—

RECORD OF PATIENTS NURSED

INCIDENCE OF BLINDNESS

MEASUREMENT OF ATMOSPHERIC POLLUTION

SICKNESS RETURNS—MINISTRY OF NATIONAL
INSURANCE

FINANCIAL SUMMARY

DETAILS OF SAMPLING OF “OTHER FOODS”

HEALTH COMMITTEE

1954

LORD MAYOR :

COUNCILLOR SIDNEY HOBSON, 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, C.B.E., J.P.

ALDERMAN H. O. EMMONY, J.P.

COUNCILLOR H. J. H. BRYAN

COUNCILLOR C. CAMERON, J.P.

COUNCILLOR MRS. L. E. CHAMBERS, J.P.

COUNCILLOR J. LLEWELLYN DAVIES, F.R.C.S.

COUNCILLOR C. E. GIBBS

COUNCILLOR MRS. A. L. HAMILTON

COUNCILLOR J. W. KENYON, J.P.

COUNCILLOR L. MITSON

COUNCILLOR W. H. MURDOCK

COUNCILLOR EDWARD SMITH

COUNCILLOR DR. E. WANT, M.B., CH.B.

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—

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

Senior Medical Officers—

PATRICIA H. S. SHAW, M.D., D.P.H., Barrister-at-Law.
Prevention Care and After-Care.

FRANCES M. EARLE, M.D., D.C.H., D.P.H.
Maternal and Child Health.

Senior Assistant Medical Officer—

JOHN V. L. FARQUHAR, M.A., M.R.C.S.,
L.R.C.P., D.P.H.

From 1.10.54.

Medical Officers—

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

To 27.6.54.

W. MARY MARKHAM, M.R.C.S., L.R.C.P., D.C.H.

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

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

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

NELLIE M. PLOWRIGHT, M.B., Ch.B., D.C.H.

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

City Analyst—

W. W. TAYLOR, B.Sc., F.R.I.C. †

John Ryle Health Centre—

Nurse/Secretary—MISS C. HOLMES, S.R.N., S.C.M.

Midwifery—

Supervisor—MISS E. E. JONES, S.R.N., S.C.M., H.V., Q.N.

Asst. „ MISS M. M. LE MANQUAIS, S.R.N., S.C.M., R.F.N., M.T.D.

District Midwives—36 Full-time.

2 Part-time.

Health Visiting.

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

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

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 —General 34

Tuberculosis 6

Students 5

† Part-time.

Day Nurseries.*Supervisor*—MISS K. THOMPSON.

ARNOLD ROAD	..	<i>Matron</i> —MISS E. HALLS, C.N.N. <i>Nursery Nurses</i> —5 <i>Warden</i> 1
BELLS LANE	..	<i>Matron</i> —MISS M. R. M. DALE, C.N.N. <i>Nursery Nurses</i> —5 <i>Warden</i> 1
BULWELL	..	<i>Matron</i> —MISS D. GARSIDE, S.R.N. <i>Nursery Nurses</i> —5 <i>Warden</i> 1
DOWSON	..	<i>Matron</i> —MRS. P. BATES, C.N.N. <i>Nursery Nurses</i> —4 <i>Warden</i> 1
HEATHCOAT STREET		<i>Matron</i> —MISS J. TALBOT. <i>Nursery Nurses</i> —5 <i>Warden</i> 1
PIERREPONT	..	<i>Matron</i> —MRS. M. STEED, S.R.N., S.C.M. To 2.11.54. <i>Nursery Nurses</i> —5 <i>Warden</i> 1
QUEEN'S DRIVE	..	<i>Matron</i> —MRS. E. MACKINTOSH, S.R.N., S.C.M. <i>Nursery Nurses</i> —6
RADFORD	..	<i>Matron</i> —MRS. M. A. R. NAYLOR, S.R.N. <i>Nursery Nurses</i> —5 <i>Warden</i> 1
SYCAMORE ROAD		<i>Matron</i> —MRS. H. ROSS, R.S.C.N., C.N.N. <i>Nursery Nurses</i> —5 <i>Warden</i> 1

Mother and Baby Homes.

QUEEN'S DRIVE	<i>Matron</i> —MRS. E. MACKINTOSH, S.R.N., S.C.M.
THE HOLLIES	<i>Matron</i> —MRS. M. SHAW, S.C.M.

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

Social Workers.

MRS. K. M. ADAMS.	To 31.10.54.
MISS M. BOTTOMS.	
MISS C. M. HALLING.	To 17. 4.54.
MISS G. HATTON.	From 17.11.54.
MISS S. WEST.	From 26. 7.54.

*In conjunction with Regional Hospital Board.

Home Nursing.

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

Senior Assistant Superintendent—

MISS E. E. SRIGLEY, S.R.N., S.C.M., H.V., Q.N.

Assistant Superintendent—MRS. E. MARKHAM, S.R.N., S.C.M., H.V., Q.N.
(Part-time) From 10. 5.54.

Home Nursing Sisters—56 — Full-time.

11 — Part-time.

Home Help Service.

Organiser—MRS. L. E. GRAY.

District Organisers—

MISS S. M. BOSWELL, B.Sc., From 1. 9.54.

MRS. D. M. CLULOW.

MRS. K. A. STEVENSON.

MISS E. L. WILSON.

Case Workers — 6.

Home Helpers —Full-time —170.

—Part-time —314.

Mental Health.

DUNCAN MACMILLAN, M.D., B.Sc., F.R.C.P.E., D.Psych. ★
Physician-Superintendent, Mapperley Hospital.

HENRY FISHER, M.D., L.R.C.P., L.R.C.S., D.P.M. ★
Dep. Physician-Superintendent, Mapperley Hospital.

THOMAS R. FORSYTHE, M.D., D.P.M. ★
Consultant Psychiatrist, Mapperley Hospital.

WILFRID L. JONES, M.B., B.S., D.P.M. ★
Consultant Psychiatrist, Mapperley Hospital.

JULIUS KAMIENIECKI, Ph.D., M.A., LL.M. ★
Senior 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.

Head Social Worker—MISS M. PIMLOTT.

Social Workers—3. ★

Duly Authorised Officers—6.

City Occupation Centre Organiser—MISS E. L. GRANGER. To 18. 6.54.

” ” ” ” —D. H. CATER. From 16.8.54.

City Occupation Centre Staff—12.

*In conjunction with Regional Hospital Board.

Ambulance Service.

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

Ambulance Officer—A. K. HICKS.

Deputy „ „ —R. G. YATES.

Sanitary Inspection.

Chief Sanitary Inspector—A. WADE, M.B.E., F.R.San.I.

Deputy Chief Sanitary Inspector—R. YOUNG, M.R.San.I.

Senior Inspector of Meat and other Foods—F. RICHARDSON, Cert.R.San.I.

Senior Housing Inspector—J. D. McDONALD, M.R.San.I.

Sanitary Inspectors, all branches —25.

„ „ *Trainees* — 3.

Smoke Inspector—1.

Female Housing Officers—4.

Administrative and Clerical.

Administrative Officer—C. V. TUBB, D.P.A.

Chief Clerk—J. C. SLIGHT.

Senior Clerks—7.

Clerks, General Division—all sections—Full-time 44.
Part-time 12.

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.

Other Staff.

Caretakers—2.

Maintenance Assistant—1.

Mortuary Attendants—2.

Rodent Operators—6.

Storemen—2.

Van Drivers—3.

† Part-time.

HEALTH REPORT 1954

REPORTS

OF THE

HEALTH COMMITTEE

TO THE

CITY COUNCIL

WITH REGARD TO A MODIFICATION OF THE CITY
COUNCIL'S PROPOSALS UNDER SECTION 26 OF THE
NATIONAL HEALTH SERVICE ACT, 1946, RELATING
TO WHOOPING COUGH IMMUNISATION.

THE HEALTH COMMITTEE

Beg to report

That they have considered the desirability of extending the arrangements for the immunisation of children against diphtheria to include immunisation against whooping cough.

Diphtheria immunisation has been successful as is indicated by the reduction of the incidence of diphtheria in the City from 455 cases with 13 deaths in 1941, to no cases since 1949, with no deaths since 1948. No deaths in immunised children have ever been reported.

Whooping Cough is now the most serious infectious disease of childhood having a high mortality rate, particularly in infants under one year of age. Moreover it is impossible to estimate the chronic ill health which is known to follow an attack of whooping cough in infancy. During the last five years large scale trials by the Medical Research Council have shown evidence of the value of whooping cough immunisation which can now be given combined with diphtheria immunisation in three single injections.

An extension of the present arrangements so that combined whooping cough and diphtheria immunisation could be offered in the Health Department Clinics to young children from four months of age necessitates further Proposals being made under Section 26 of the National Health Service Act, 1946, and such Proposals require the approval of the Minister of Health.

It is accordingly recommended that the following modification be made of the Council's existing Proposals under this Section and that the Town Clerk be instructed to submit this modification to the Minister of Health for approval :—

At the end of the Council's existing Proposals dealing with Diphtheria Immunisation add the following paragraph :—

“ E. COMBINED DIPHTHERIA AND WHOOPING COUGH IMMUNISATION.

The Council as Local Health Authority also intends to make arrangements to offer combined whooping cough and diphtheria immunisation to young children reaching the age of four months ”.

Dated this 16th day of February, 1954.

This report was submitted to the City Council at their meeting on the 5th April, 1954, and was adopted.

WITH REGARD TO AN AMENDMENT OF THE PRO-
POSALS UNDER SECTION 22 OF THE NATIONAL
HEALTH SERVICE ACT, 1946, RELATING TO THE
SUPPLY OF WELFARE FOODS.

THE HEALTH COMMITTEE

Beg to report

That the Minister of Health has decided, with the agreement of the Associations of Local Authorities, that when local offices of the Ministry of Food close, about the end of June, 1954, the local distribution of welfare foods shall be undertaken by local health authorities as part of their duties under the National Health Service Acts.

The welfare foods will be delivered periodically to the Council by the Ministry of Food, the foods concerned being National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin A and D Tablets. Charges for National Dried Milk and Orange Juice will continue to be made at prices authorised by the Minister ; Cod Liver Oil and the Vitamin Tablets will continue to be distributed free of charge. No charge will be made for any welfare food if the person entitled thereto is in receipt of a grant from the National Assistance Board.

The Council will not bear any part of the cost of these foods, which are subsidised by the Government. It has, however, been estimated that, in order to provide the necessary additional staff, premises, equipment, etc., the additional expenditure required during the current financial year will be £3,476 and the amount required for a full year will be £4,367. This expenditure will attract Exchequer grant at the rate of 50%.

The existing Proposals of the Council under Section 22 of the National Health Service Act, 1946, describe an arrangement whereby the Council co-operate with the Ministry of Food in the distribution of the welfare foods. As this arrangement must now cease, it is proposed that the Council accept sole responsibility for this distribution as a duty under the National Health Service Act, 1946 and, accordingly, it is necessary to amend the Council's existing Proposals.

Your Committee, therefore, recommend that the following paragraph be substituted for paragraph " B " 4 in Part II of the Council's existing Proposals made under Section 22 of the National Health Service Act, 1946, and that the Town Clerk be instructed to apply to the Minister of Health for approval of this amendment :—

On page 6, delete paragraph 4 (except the heading) and substitute the following paragraph :—

" The Council propose, as part of their arrangements under Section 22, to distribute welfare foods supplied by the Ministry of Food, which are included in the National Welfare Foods Scheme ; and to purchase and distribute other welfare foods where the welfare of expectant and nursing mothers or young children so requires ".

Dated this 11th day of May, 1954.

This report was submitted to the City Council at their meeting on the 14th June, 1954, and was adopted.

**RELATING TO THE ERECTION OF A MATERNAL
AND CHILD HEALTH CENTRE WITH RESIDENTIAL
ACCOMMODATION FOR NURSES AND MIDWIVES,
AT THE JUNCTION OF WILFORD ROAD AND QUEEN'S
DRIVE.**

THE HEALTH COMMITTEE

Beg to report

That they have had under consideration the need to provide more suitable Maternal and Child Health Centre facilities in the area of Wilford Road ; at the same time, as they are constantly faced with the problem of recruiting Midwives and Home Nurses, they have also considered the provision of residential accommodation for them in this area.

Your Committee are of opinion that a new building is required to accommodate the Centre and that practical advantages would be obtained if the residential accommodation was provided in the same building. They accordingly propose to erect a building, partly one-storey and partly three-storey, at the junction of Wilford Road and Queen's Drive, containing on the ground floor a Maternal and Child Health Centre and a minor treatment room for the School Health Service and four self-contained flats for Nurses and Midwives on the first and second floors ; there will also be a block of four garages for the use of Nurses and Midwives who use motor cars in the course of their duties.

The existing Clinic facilities in this area are provided in a dwelling-house at No. 25 Wilford Road. This building is quite unsuitable for the purpose. The maintenance of temperature of the building in the winter presents a real problem and its rooms are small and it is impossible to use it for many activities which

are desired at a Centre of this kind. The infant mortality rate in this area is high in comparison with most other areas in the City and your Committee particularly desire to provide adequate and up-to-date Clinic facilities for the residents.

Tenders for the construction of this building have been invited and your Committee propose to accept the lowest, that of Hutchinson and Rostance (Builders) Ltd., of Nottingham, in the sum of £21,568. 11s. 9d. Additional expenditure on the purchase of furniture and equipment will amount to £2,420 and the administrative expenses of the Housing Architect's Department will amount to £1,600. There will also be direct payments for the lay-out of the green and the provision of shrubs, estimated together to cost £100, and a charge of £90 for works in connection with the provision of vehicle entrances.

The annual costs of operation and maintenance (exclusive of loan charges) will amount to £1,160. The whole of the expenditure will rank for Exchequer grant at the rate of fifty per cent.

Your Committee recommend the Council to approve these proposals and to authorise the Town Clerk to make application to the Minister of Housing and Local Government for sanction to borrow the total sum of £25,779. 0s. 0d., to meet this expenditure.

Dated this 15th day of June, 1954.

This report was submitted to the City Council at their meeting on the 4th October, 1954, and was adopted.

ATTENDANCES AT DAY NURSERIES

	ARNOLD ROAD			BELLS LANE			BULWELL			DOWSON			HEATHCOAT STREET			PIERREPONT			95 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 ..	5	170	408	17	143	514	-	135	425	-	104	350	94	263	279	-	175	315	124	159	219	9	243	364	10	136	456
FEBRUARY ..	10	181	398	15	123	542	-	137	493	-	100	461	94	283	234	10	183	335	50	212	270	19	227	380	10	162	417
MARCH ..	13	202	511	3	147	586	26	177	570	-	103	554	58	396	285	32	217	440	83	169	220	5	223	450	23	278	466
APRIL ..	7	163	334	-	80	369	23	131	376	-	81	453	43	299	172	29	203	360	47	172	162	-	197	358	13	258	324
MAY ..	4	202	320	14	77	412	51	168	468	-	29	279	55	291	308	-	222	459	52	235	264	19	265	491	21	304	434
JUNE ..	6	202	353	20	128	478	24	181	470	-	76	379	42	208	244	1	205	470	48	248	264	15	185	452	20	284	426
JULY ..	20	270	353	20	131	487	17	144	422	-	97	473	25	340	287	17	164	478	71	247	267	49	192	500	17	300	502
AUGUST ..	-	102	172	15	94	225	13	63	174	-	43	181	29	148	147	-	64	153	30	196	116	11	93	179	-	120	159
SEPTEMBER	-	159	404	44	254	461	29	156	381	-	152	509	109	342	336	9	158	365	79	249	266	6	200	445	23	276	494
OCTOBER ..	1	140	370	38	248	428	38	191	367	-	173	386	109	318	330	-	131	427	76	292	260	16	213	345	20	285	376
NOVEMBER ..	5	199	444	15	261	400	49	183	378	-	199	484	65	130	328	29	195	528	47	276	285	22	242	546	7	273	462
DECEMBER ..	-	160	354	16	219	314	32	169	278	-	121	384	17	191	244	25	106	303	30	225	163	3	156	342	15	216	357
TOTALS	71	2,150	4,421	217	1,905	5,216	302	1,835	4,911	-	1,278	4,893	740	3,209	3,194	152	2,023	4,633	737	2,590	2,756	174	2,436	4,852	179	2,892	4,873
	6,642			7,338			7,048			6,171			7,143			6,808			6,083			7,462			7,944		

Age Groups
AttendancesA : 0-6 months.
" 2,572.B : 6 months-2 years.
" 20,318.C : 2 years-5 years.
" 39,749.Total : 62,639.
Daily average : 29.

ATTENDANCES AT WELFARE CENTRES.

	ANTE-NATAL AND POST-NATAL CLINICS						INFANT CLINICS				TODDLERS' CLINICS			
	No. of Sessions	New Cases	Return Visits	Post-Natal Visits	Total Attend-ances	Average per Session	No. of Sessions	New Cases	Attend-ances	Average Attend-ances	No. of Sessions	New Cases	Attend-ances	Average Attend-ances
Aspley ..	99	198	1,316	96	1,610	17	99	321	4,419	45	48	20	719	15
Bilborough ..	52	93	701	59	853	17	100	270	4,075	41	52	13	676	13
Basford ..	48	159	964	57	1,180	25	96	221	3,569	17	51	24	696	14
Bulwell ..	51	137	780	46	963	19	99	224	3,680	37	52	3	613	12
Edwards Lane ..	48	85	475	27	587	13	100	232	3,136	32	52	12	811	16
Huntingdon Street ..	99	372	1,543	83	1,998	21	102	317	3,753	37	52	26	672	13
Hyson Green ..	—	—	—	—	—	—	100	278	4,967	50	—	—	—	—
Jarvis Avenue ..	48	87	707	45	839	18	99	176	2,605	27	52	13	607	12
Lenton Abbey ..	—	—	—	—	—	—	51	32	989	20	—	—	—	—
Radford ..	152	444	2,382	178	3,004	20	152	654	7,688	51	51	103	976	20
Sneinton ..	100	221	1,362	71	1,654	17	100	386	4,624	47	51	41	685	14
Wilford Road ..	102	278	1,959	106	2,343	23	103	365	4,084	40	48	14	794	15
John Ryle H. C. . .	52	71	643	57	771	15	99	259	4,333	44	32	13	418	13
TOTALS ..	851	2,145	12,832	825	15,802	18.5	1,300	3,735	51,922	39.9	541	282	7,577	14
Consultant Clinic ..	52	466	425	29	891	17.8								

TUBERCULOSIS REGISTER

	PULMONARY			NON-PULMONARY			Total		
	Adults		Child- ren	Adults		Child- ren	1954	1953	1952
	M.	F.		M.	F.				
Cases B/Fwd. ..	1,445	1,588	493	61	118	81	3,786	3,587	3,499
Transfers from other areas ..	33	25	—	—	—	—	58	52	49
"Lost" cases returned ..	4	3	2	—	—	—	9	6	7
NEW CASES ..	1,482	1,616	495	61	118	81	3,853	3,645	3,555
	195	168	51	2	7	5	428	534	459
	1,677	1,784	546	63	125	86	4,281	4,179	4,014
Cases written off ..	301	200	46	29	19	13	608	393	427
Children becoming adults ..	1,376	1,584	500	34	106	73	3,673	3,786	3,587
	+14	+18	—32						
Cases on Register at end of year ..	1,390	1,602	468	34	106	73	3,673	3,786	3,587
DETAILS OF CASES WRITTEN OFF :—									
Recovered							237	149	192
Deaths							89	110	124
Transferred to other areas or lost sight of							282	134	111
DEATHS :—									
Total No.							89	110	124
Rate per 1,000 population—Pulmonary							0.28	0.33	0.38
do. —All forms							0.28	0.35	0.40
Average Rate per 1,000 population for past 10 years—									
Pulmonary							0.51		
do. —All forms							0.55		
EXAMINATION OF CONTACTS :—									
No. of contacts examined (clinically and radiologically)							2,172	2,171	2,138
do. found to be tuberculous							30	35	34
WORK OF THE TUBERCULOSIS HEALTH VISITORS :									
No. of visits paid to patients' homes							14,012	12,677	13,020

191

*Classified in what Column—Not to be included in Trench

INCIDENCE OF BLINDNESS

At the request of the Ministry of Health—Circular 2/53—the following table is included :—

A. Follow-up of Registered Blind and Partially Sighted Persons

The total number of blind and partially-sighted persons registered was higher than during the previous year, and the number of such persons on the Blind Persons Register reached 618.

The reason for the increasing numbers registered does not appear to be due to any real increase of disabilities of sight but to more effective ascertainment. More blind and partially-sighted persons are coming to notice as the advantages of being registered are becoming better known.

Blind	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(1) Cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:—				
(a) No treatment ..	19	10	1	41
(b) Treatment (medical, surgical or optical)	15	9	—	13
(2) Cases at (1) (b) above which on follow up action have received treatment ..	6	7	—	9
Partially-Sighted				
(1) Cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:—				
(a) No treatment ..	1	—	—	6
(b) Treatment (medical, surgical or optical)	1	1	—	5
(2) Cases which received follow up treatment	—	—	—	5

B. Ophthalmia Neonatorum

No cases were notified.

MEASUREMENT OF ATMOSPHERIC POLLUTION

DEPOSIT GAUGES

Deposited solid matter in tons per square mile per month.

	City Centre			Basford			Bulwell			Meadows			Mapperley			Wollaton			Clifton		
	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	Insol- uble	Sol- uble	Total
January ..	9.88	6.07	15.95	16.60	6.67	23.27	9.15	4.64	13.79	8.44	6.65	15.09	5.23	4.64	9.87	5.50	3.96	9.46	9.39	22.68	32.07
February	12.64	6.46	19.10	19.04	9.60	28.64	15.17	9.50	24.67	16.77	9.36	26.13	9.00	5.72	14.72	4.84	5.34	10.18	10.23	18.07	28.30
March ..	12.64	7.71	20.35	17.08	7.28	24.36	14.08	5.24	19.32	11.40	6.90	18.30	8.94	3.75	12.69	2.30	3.20	5.50	7.47	17.82	25.29
April ..	4.58	3.95	8.53	8.03	4.00	12.03	6.06	5.17	11.23	5.10	4.00	9.10	3.30	4.00	7.30	0.60	3.20	3.80	2.80	3.72	6.52
May ..	16.96	8.86	25.82	23.04	8.75	31.79	21.01	9.37	30.38	14.64	6.90	21.54	12.17	5.94	18.11	10.30	5.37	15.67	17.56	19.39	36.95
June ..	10.27	5.78	16.05	12.77	5.42	18.19	12.53	6.12	18.65	12.57	6.10	18.67	7.70	5.65	13.35	6.84	2.45	9.29	8.98	11.28	20.26
July ..	9.62	7.15	16.77	12.71	6.82	19.53	11.53	7.68	19.21	8.21	6.79	15.00	6.71	5.48	12.19	5.83	3.35	9.18	6.72	12.18	18.90
August ..	9.75	9.22	18.97	14.17	8.17	22.34	10.17	8.35	18.52	8.80	6.77	15.57	6.04	3.56	9.60	6.74	2.77	9.51	6.05	15.20	21.25
September	10.34	9.89	20.23	16.57	8.40	24.97	11.96	7.29	19.25	12.63	9.34	21.97	7.17	5.20	12.37	4.17	2.64	6.81	6.35	8.27	14.62
October	13.40	9.65	23.05	13.10	9.10	22.20	11.33	5.97	17.30	19.20	10.54	29.74	INTERFERENCE			3.20	3.97	7.17	4.39	11.43	15.82
November	13.73	15.87	29.60	16.24	12.02	28.26	9.74	11.41	21.15	15.80	11.20	27.00	5.60	5.59	11.19	3.73	4.44	8.17	6.65	24.70	31.35
December	9.58	8.10	17.68	10.90	10.42	21.32	6.03	9.22	15.25	8.90	9.34	18.24	4.53	4.72	9.25	2.87	3.76	6.63	5.37	12.97	18.34
TOTAL ..	133.39	98.71	232.10	180.25	96.65	276.90	138.76	89.96	228.72	142.46	93.89	236.35	76.39	54.25	130.64	56.92	44.45	101.37	91.96	177.71	269.67

ATMOSPHERIC SULPHUR

Expressed as milligrammes of Sulphate per day per 100 sq. cm. of Lead Peroxide.

	City Centre	Basford	Bulwell	Meadows	Mapperley	Wollaton	Clifton
January ..	4.29	2.01	1.51	4.99	2.16	0.92	1.77
February ..	3.75	2.15	1.48	4.12	1.74	0.78	1.64
March ..	3.26	1.74	1.17	3.73	1.31	0.77	1.19
April ..	2.51	1.43	0.90	2.90	1.17	0.57	1.05
May ..	2.17	1.30	1.07	2.49	0.86	0.56	1.37
June ..	1.58	0.91	0.59	2.25	0.64	0.27	0.60
July ..	1.77	0.90	0.62	2.03	0.62	0.24	0.58
August ..	1.81	1.00	0.74	1.91	0.73	0.41	0.70
September ..	1.37	1.36	0.70	2.21	1.04	0.32	0.55
October ..	2.87	1.08	1.18	2.10	1.48	0.36	0.66
November ..	2.19	2.08	1.81	2.36	1.98	0.55	1.42
December ..	2.29	1.92	1.61	2.18	1.89	0.57	1.20

MINISTRY OF NATIONAL INSURANCE SICKNESS RETURNS

The number of claims for sickness benefit in Nottingham and the immediately surrounding areas gives 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	
	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954
JANUARY ..	1,748	1,751	65	24	1	3	8	10	55	41
FEBRUARY ..	2,381	1,578	53	21	30	—	11	13	54	40
MARCH ..	1,534	1,262	49	18	11	—	2	7	36	29
APRIL ..	1,056	970	15	9	—	—	1	8	16	17
MAY ..	968	1,051	15	14	2	—	—	3	23	18
JUNE ..	872	864	7	2	—	—	1	5	10	12
JULY ..	814	801	5	6	—	—	—	1	4	18
AUGUST ..	704	693	7	6	—	—	4	1	18	12
SEPTEMBER ..	985	989	5	2	—	—	1	3	23	11
OCTOBER ..	1,324	1,205	13	3	1	—	8	1	30	15
NOVEMBER ..	1,204	1,291	11	8	—	1	22	4	18	26
DECEMBER ..	1,096	1,414	12	31	—	5	21	11	33	48

* The two areas are not identical.

COST OF HEALTH SERVICES

SERVICE	Actual Cost—Year ended 31st March, 1954						Estimated Cost— Year ending 31st March, 1955		
	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)	4,711	3,323	—	1,388	.14	1.07	1,431	.15	1.10
Sanitary Inspection and Other Services	38,132	1,464	1,223	35,445	3.65	2 3.31	40,368	4.11	2 7.10
Health Centres	2,673	523	1,073	1,077	.11	.83	942	.10	.73
Maternal and Child Health	72,621	10,741	30,577	31,303	3.22	2 .12	35,283	3.59	2 3.18
Midwifery	39,481	1,612	18,776	19,093	1.97	1 2.71	20,196	2.05	1 3.56
Health Visiting	24,155	163	11,040	12,952	1.33	9.98	15,233	1.55	11.74
Home Nursing	40,891	861	19,995	20,035	2.06	1 3.44	21,739	2.21	1 4.75
Vaccination and Immunisation	3,618	—	1,807	1,811	.19	1.39	1,909	.19	1.47
Ambulance Service	49,664	4,325	22,496	22,843	2.35	1 5.60	28,617	2.91	1 10.05
Prevention of Illness, Care, and After-Care	17,699	1,166	8,022	8,511	.88	6.56	11,030	1.12	8.50
Maternal Health	21,959	325	10,561	11,073	1.14	8.53	12,307	1.25	9.48
Domestic Help	93,423	5,445	43,947	44,031	4.53	2 9.92	49,807	5.07	3 2.37
Other Expenses	2,855	826	918	1,111	.11	.86	717	.07	.55
TOTAL	411,882	30,774	170,435	210,673	1 9.68	13 6.32	239,579	2 .37	15 4.58

DETAILS OF SAMPLING "OTHER FOODS"

Item	Genuine			Unsatisfactory			Totals		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
1. Milk	433	—	433	50	—	50	483	—	483
2. Milk, canned	—	15	15	—	1	1	—	16	16
3. Butter, cream, cheese and other dairy products	1	18	19	—	1	1	1	19	20
4. Ice Cream and frozen "lollies"	—	58	58	—	—	—	—	58	58
5. Open meat products	—	30	30	5	11	16	5	41	46
6. Canned or preserved meats and meat products	—	15	15	—	—	—	—	15	15
7. Canned or pre-packed fish and fish products	—	20	20	—	1	1	—	21	21
8. Soups	—	7	7	—	—	—	—	7	7
9. Oils and fats	—	15	15	3	—	3	3	15	18
10. Fresh fruits and vegetables	—	3	3	1	2	3	1	5	6
11. Canned or preserved fruits and vegetables	—	46	46	—	—	—	—	46	46
12. Sweets, sugar confectionery, etc.	—	13	13	—	—	—	—	13	13
13. Jams, preserves, fruit curds, jellies, etc.	—	38	38	—	—	—	—	38	38
14. Bread, biscuits, etc.	—	5	5	—	—	—	—	5	5
15. Baking Powder and raising preparations	—	5	5	—	—	—	—	5	5
16. Flours	—	8	8	—	—	—	—	8	8
17. Cake, pudding and other flour mixtures	—	17	17	—	1	1	—	18	18
18. Canned or pre-packed puddings	—	2	2	—	—	—	—	2	2
19. Cereals	—	8	8	—	—	—	—	8	8
20. Food flavouring and colouring	—	4	4	—	—	—	—	4	4
21. Food drinks and non-alcoholic beverages	1	43	44	—	—	—	1	43	44
22. Spices, sauces and condiments	—	73	73	—	5	5	—	78	78
23. Wines, spirits and other alcoholic beverages	2	2	4	—	—	—	2	2	4
24. Drugs (internal and external use)	—	31	31	—	2	2	—	33	33
25. Miscellaneous	—	10	10	—	—	—	—	10	10
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