

[Report 1956] / Medical Officer of Health, Nottingham City.

Contributors

Nottingham (England). City Council.

Publication/Creation

1956

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CITY OF NOTTINGHAM

EIGHTY-FOURTH
ANNUAL REPORT

OF THE


HEALTH SERVICES

1956

MEDICAL OFFICER OF HEALTH
WILLIAM DODD, M.D.

Nottingham :

DERRY AND SONS, LIMITED, PRINTERS



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PRINCIPAL CONTENTS

Page

PART I

Vital Statistics	10
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PART II

Personal Health Services

Health Centres	16
Maternal and Child Health	18
Prevention of Illness, Care and After-Care :	47
Immunisation and Vaccination	63
Home Nursing Service	72
Home Help Service	79
Mental Health	83
City Ambulance Service	103

PART III

Environmental Services

Infectious and Infective Diseases	118
Food Supervision and Inspection	127
Housing	142
Sanitary Services	145

PART IV

Miscellaneous

Administration	162
Epilepsy and Cerebral Palsy	165
Establishments for Massage or Special Treatment	165
Incidence of Blindness	166
National Assistance Act 1948—Sect. 47	167
Nottingham Crematorium	168
Nursing Agencies	169
„ Homes	169
Public Mortuary	169
Ultra Violet Ray Clinic	170

PART V

Health Committee	172
„ „ Staff	173
„ „ Reports to the City Council	178
Sickness Returns—Ministry of National Insurance	189
Financial Summary	190

P R E F A C E

The year was notable for the institution of practical steps to limit poliomyelitis by vaccination. The whole year was affected by it ; in January the Minister of Health made his announcement, in December vaccination was resumed for registered children. Any initial doubts which scarcely seemed justified concerning the use of the stringently tested English vaccine were largely dispelled and though claims for the vaccine's efficacy cannot be made with certainty, there are good grounds for believing that the increase in the annual number of cases anticipated in the British Isles will be prevented. The passage of a number of summers will be necessary to prove the results, but a substantial reduction, not only in the number of cases of the illness but also in its effect, is fully expected.

The general availability of this satisfactory prophylactic before the incidence of the disease has reached notable proportions may mean that tragic consequences—such as were common less than 20 years ago with diphtheria and which scarcely disturbed the public conscience—will never be seen.

To those people who create alarm on the occurrence of small outbreaks of poliomyelitis in a few localities, a recollection of the results of diphtheria is salutary. In 1941 in this City there were 455 notified cases of diphtheria resulting in 13 deaths ; the numbers for poliomyelitis for the past five years (page 120) provide a contrast.

★ ★ ★

It is clear that the objective of the health services must be the achievement for everybody of the full capacity to work and the ability to live a useful life.

As in so many spheres, the early steps of reparative work often yield the greatest results, and this can be said of the labours of the pioneers in environmental health during the first quarter of the present century ; a good deal was achieved. The emphasis, however, passes more and more to the personal services in which the outcome is less apparent.

Much as the efforts of specialist workers are still necessary to secure effective and permanent institutions geared to the national needs and economy, the degree of future success of the health services does not lie with them alone. More evident is the need for enlightened co-operation by the public. They, having come to regard it as a good thing to continue to be interested and enquiring regardless of age, are aware that many illnesses are avoidable. The formula for achievement is not difficult and is within the capacity of most people, but it has to be learned. For this new teaching is required. It will need to be interesting, even inspiring, and to achieve it careful consideration must be given to a wide programme of health education—a vital part of preventive health work.

It is based on three interrelated principles ; knowledge and understanding, proper habits of living and a sensible attitude of mind. The greatest impediment to the improvement of the health of the people is ignorance, which includes ignorance of the simple workings of their own bodies, how to keep those bodies fit and free from disease, how to live in a healthy way, and the development of a sense of responsibility towards themselves and their families.

★ ★ ★

The acceptance by the Health Committee in December 1954 of the principle that an area in the centre of the City should be considered as a ' smokeless zone ' was not followed up, as steps towards a simplified procedure were anticipated within the

Clean Air Bill. The Bill became an Act in July 1956, and the first 'appointed day' was declared as the 31st December.

A widening of powers was given to local authorities for what are more correctly described as 'smoke control areas', and it can now be stated that initiating action leading to some parts around the City centre being designated, will soon be in operation.

Before an Order declaring a district a 'smoke control area' can become operative, all premises—warehouses, factories, offices and residences—will need to be surveyed individually. If appliances in use, large or small, cannot be worked without the making of smoke, advice on adaptation or replacement will be offered. There is provision in the Act for financial assistance. Even so, voices of objection will be raised. Justification for the measure, however, can be founded on grounds of economy, for as the result of cleaner air not only will large costs for the cleaning of buildings, etc., be avoided, but also family budgets will in time show an improvement as internal and external paintwork will have a longer life and the cost of laundering of both household and personal linen will be reduced.

★ ★ ★

An interesting event in the City's history has been the absorbing into its life of a considerable number of coloured members of the Commonwealth. Not surprisingly, social posers have arisen, though none has created problems of difficulty. The accommodation selected by these people cannot, in the nature of things, with a waiting list for houses of several thousands, be suitable in all regards. This is shown in the number of applicants on social grounds for admission to hospital for confinement. The total of 600 included 111 from coloured mothers.

★ ★ ★

It was commented in this preface three years ago that the full development of B.C.G. vaccination for infant contacts and for school leavers, coupled with the continued rehousing of infected

families, was a measure which would lead in due course to the lessening of the number of cases of tuberculosis on the register. While this latter has yet been little affected, the number of deaths has fallen from 124 in 1952 to 78 in 1956, while the number of contacts found tuberculous was 34 of 2,138 examined in the former year and 5 of 2,911 examined in 1956.

The table on page 54 shows the total number of families rehoused since the Estates Committee accepted the recommendation of the Health Committee to give priority where infective cases of pulmonary tuberculosis imperilled the health of others. A waiting list of 112 still remains and would seem too high for a priority arrangement, but during the past three years the financial difficulty of increasingly high rentals has prevented many from accepting the opportunity of better accommodation in newly built premises. The emphasis continues to be for re-let houses with lower rentals.

★ ★ ★

Almost regularly each month reports were taken to the Health Committee of the presence of foreign matter in foodstuffs ; all instances related to foods in daily use in every home. Some reports concerned the results of unexpected and fortuitous circumstances, despite persistent care, but others when investigated pointed to varying degrees of carelessness. Large and small firms were implicated and manufacturing procedures which failed to exclude foreign matter in the products, ranged from the out-dated to the completely mechanised and modern. ' Untouched by hand ' is a good claim but it should not mean equally ' Mauled by mucky machinery '.

The law does not distinguish between the undesirable and the dangerous, though by the public, not unnaturally, all extraneous substances are regarded as dangerous. The Health Committee

accepted this view and showed no disposition to lessen its authority to enforce the degree of wholesomeness which results from the careful application of standards of purity in the processes of manufacture.

★ ★ ★

The perusal of the statistics on page 12 is interesting. The population continued to increase despite the scarcity of land for the building of houses. An increase of almost 34,000 since 1939 contrasts with a practically static population between 1925 and 1939. During these years the birth rate did not alter greatly apart from the immediate post war years of 1946 and 1947, but the general death rate continued to fall slowly. Of striking significance—and especially so is the rate for 1956—is the fall in the numbers of deaths of infants under 1 year, as reflected by the reduction of the infant mortality rate from 88 in the period 1926-30 to 22 in the year under review.

★ ★ ★

The evidence of the rapidly developing interest over recent years in all aspects of mental health shows almost daily through the various news agencies. Although the services of Nottingham enjoy a national reputation, a review of all the facilities still indicates the need for extension.

The City Occupation Centre of 150 places is one of the few large centres in the country and its usefulness is now fully extended. Consideration of its present and future role has led to an interesting account of its development, see page 94.

WILLIAM DODD.

1st February, 1957.

HEALTH DEPARTMENT,
HUNTINGDON STREET,
NOTTINGHAM.

PART I

VITAL STATISTICS

VITAL STATISTICS*

GENERAL

POPULATION	..	..	..	..	..	312,000
AREA IN ACRES	..	..	..	..	..	18,364
AVERAGE NO. OF PERSONS PER ACRE	..	..	..	..	..	16·9
NO. OF MARRIAGES—Church 1,908, REGISTRY OFFICE 1,044	..	..	..	..	..	2,952

BIRTHS**Live**

LEGITIMATE	..	Males	2,468	Females	2,345	..	4,813
ILLEGITIMATE	..	„	171	„	174	..	345
				Total	..	..	5,158
Birth-rate per 1,000 of population	..	..	..	..	..	..	16·53

Still

LEGITIMATE	..	Males	65	Females	58	..	123
ILLEGITIMATE	..	„	1	„	5	..	6
				Total	..	..	129
Stillbirth-rate per 1,000 live and stillbirths	..	..	..	..	..	..	24·40

DEATHS**All Causes**

Males	..	1,708	Females	1,618	Total	..	3,326
Death-rate per 1,000 of population	..	..	..	..	..	..	10·66

Maternal Mortality

Rate per 1,000 births (live and still)	0·76
---	----	----	----	----	----	------

Infant Mortality

No. of deaths of infants under 1 year	..	..	..	..	..	112
Rate per 1,000 relevant live births	..	..	..	..	..	21·71
Illegitimate	..	..	..	..	..	37·68
Legitimate	..	..	..	..	..	20·57

* Provisional, See page 13.

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 UNDER ONE YEAR
CERTIFIED	63	9	3	3	78	13	12	5	4	112
UNCERTIFIED	—	—	—	—	—	—	—	—	—	—
Insufflation of stomach contents	—	—	—	—	—	—	1	1	—	2
Haemolytic disease of new-born	2	—	—	—	2	—	—	—	—	2
Whooping cough	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal fever	—	—	—	—	—	—	—	—	1	1
Bronchitis	1	—	—	1	2	1	1	—	1	5
Pneumonia (all forms)	—	2	1	—	3	5	3	3	1	15
Gastro-intestinal infection	—	—	—	—	—	—	—	1	1	2
Gastritis	—	—	—	—	—	—	—	—	—	—
Suffocation (overlying)	—	—	—	—	—	1	—	—	—	1
Difficulty or injury at birth	7	—	—	—	7	—	—	—	—	7
Atelectasis	9	—	—	—	9	—	—	—	—	9
Premature birth	33	1	1	—	35	—	—	—	—	35
Congenital malformations	8	5	1	—	14	2	2	—	—	18
Other causes	3	1	—	2	6	4	5	—	—	15
TOTALS	63	9	3	3	78	13	12	5	4	112

DEATHS OF CHILDREN

1-5 years

CAUSES OF DEATH	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	Total
Respiratory infection ..	3	2	—	1	6
Gastro-intestinal infection	1	—	—	—	1
Other infections ..	—	2	—	1	3
Abdominal emergency ..	—	—	—	—	—
Accident (a) Motor ..	1	—	—	—	1
(b) Other ..	—	1	—	1	2
Other conditions ..	1	—	3	1	5
TOTALS ..	6	5	3	4	18

POPULATIONS, BIRTH, DEATH, INFANT AND MATERNAL MORTALITY RATES

	Estimated Population	Birth-rate	Death-rate	Infant mortality	Maternal mortality
		per 1,000 population		rate per live births	1,000 total 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	13·2	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	16·97	11·98	33	·57
1952 ..	306,600	16·71	10·74	28	·38
1953 ..	310,700†	16·64	11·01	27	·77
1954 ..	311,500	16·05	10·61	24	·59
1955 ..	312,000	15·67	11·28	28	·60
1956 ..	312,000	16·53	10·66	22	·76

* Borough Boundary Extension.

† City Boundary Extension.

FINAL STATISTICS

POPULATION—Mid year estimate of Registrar General ... 312,500

BIRTHS**Live**

			1956.	1955.	1954.
LEGITIMATE	Males 2,452	Females 2,319	4,771	4,539	4,626
ILLEGITIMATE	„ 189	„ 195	384	354	375
TOTAL	..	..	5,155	4,893	5,001
Birth-rate	per 1,000 of population	..	16·50	15·67	16·05
EXCESS OF BIRTHS OVER DEATHS	..	..	1,670	1,368	1,695

Still

LEGITIMATE	Males 61	Females 56	117	116	91
ILLEGITIMATE	„ 4	„ 4	8	9	10
TOTAL Stillbirths	..	..	125	125	101
Stillbirth-rate	per 1,000 live and stillbirths	..	23·67	24·91	19·79

DEATHS**All Causes**

	Males 1,791	Females 1,694	3,485	3,525	3,306
Death-rate	per 1,000 of population	..	11·15	11·28	10·61

Maternal Mortality Rate 0·76 0·60 0·59

Infant Mortality

No. of deaths of Infants under 1 year	..	113	137	122
Rate per 1,000 relevant live births	..	21·92	28·00	24·35
Illegitimate	..	26·04	33·90	27
Legitimate	..	21·59	27·54	24

ANALYSIS OF DEATHS

Total Deaths	1956	1955	1954
	3,485	3,525	3,306
Deaths under 1 year	113	137	122
" 1—5 years	20	20	24
" 5—45	191	217	196
" 45—65	820	817	786
" 65 and over	2,341	2,334	2,178
Causes of Deaths :—			
*Heart disease	528	520	505
Vascular lesions of nervous system	498	471	429
Coronary disease, angina	406	349	349
*Malignant and lymphatic neoplasms	326	293	281
Defined and ill-defined diseases—various	272	285	289
Bronchitis	269	296	253
Pneumonia	192	243	184
*Circulatory disease	181	186	159
Malignant neoplasm, lung, bronchus	131	135	121
Hypertension with heart disease	97	99	93
Accidents, other than motor vehicle accidents	85	58	65
Malignant neoplasm, stomach	75	101	89
Malignant neoplasm, breast	56	47	56
Ulcer of stomach and duodenum	40	43	48
Nephritis and nephrosis	37	44	32
Motor vehicle accidents	36	31	20
Tuberculosis, respiratory	35	52	73
Suicide	28	46	45
Congenital malformations	27	45	31
*Diseases of respiratory system	27	32	35
Malignant neoplasm, uterus	26	29	33
Gastritis, enteritis and diarrhoea	21	9	13
Diabetes	19	19	20
Influenza	17	15	10
Leukaemia, aleukaemia	15	25	14
Hyperplasia of prostate	12	16	25
Other infective and parasitic diseases	9	3	4
Syphilitic disease	8	15	15
Pregnancy, childbirth, abortion	4	3	3
Tuberculosis, non respiratory	3	4	4
Meningococcal infection	2	2	3
Homicide and operations of war	2	1	4
Measles	1	5	1
Whooping cough	—	2	—
Acute poliomyelitis	—	1	—
Diphtheria	—	—	—

* 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

Having been opened in October, 1952, the centre has housed the general medical services of the Eastern half of the Clifton Housing Estate for over four years. The general programme through 1956 was similar to that of previous years ; morning and evening surgeries, and in the Authority's portion of the building, clinics relating to the care of mothers and pre-school children. All arrangements worked smoothly ; the consulting suites were entirely satisfactory for the work and the manning of the telephone for twenty-four hours daily and seven days a week was continued.

The secretary of the centre gave a limited amount of assistance with the transmission of telephone messages to hospitals, etc. ; assistance of a secretarial character was not called for.

Though the estate is now almost complete except for the building of certain public buildings, places of worship and entertainment, etc., the aggregate of those registered with doctors practising from the health centre has not risen proportionately to the total population. This effect has been commented on in previous reports and is attributed to the site of the present centre becoming less convenient for all residents as new building has caused later residents to live at an increasing distance ; the furthest point of the estate from the health centre would involve covering a distance of rather less than one mile.

Early in the year a revised rental for each of the firms practising from the centre was negotiated with the Executive Council. As a result the total rental for the four suites was raised from £416 a year to £624 a year from 25th March.

One partnership of two doctors relinquished a suite and the Executive Council arranged for replacement by the principal of another practice.

It was recorded in the report for 1955 that plans for the permanent health centre sited conveniently with other public buildings were at an advanced stage in the Autumn of that year. A slowing of the progress on the basis of these plans was first apparent in 1955, but the direction of the Ministry of Housing and Local Government received in February of this year—Circular 10/56—drastically curtailed loan sanctions, etc., for new projects except in cases of special urgency.

PROPOSED HEALTH CENTRE AT LAMBOURNE DRIVE

The Health Committee agreed at its October meeting to reduce the site of some 6,330 square yards reserved by disposing of a part of 80 feet frontage and 120 feet depth. It will be recalled that initial thoughts in 1947-8, which were confirmed officially, were that reservations of $1\frac{1}{2}$ -2 acres should be made for health centres. Not only has land been standing idle, but the view has gained ground that should the building of health centres develop into a real possibility, both the area and the building within its curtilage will be smaller than at first conceived.

MATERNAL AND CHILD HEALTH

Live Births. There were 5,158 City births notified, representing a provisional birth rate of 16·5, an interruption of the downward trend which started in 1948.

The number of births increased by 247 compared with 1955.

There were 345 illegitimate births, 14 more than in 1955.

Stillbirths. There were 129 stillbirths, representing a rate of 24·40 per thousand live and stillbirths. This rate, along with the slightly higher rate for 1955, represents the highest figure since 1944.

Year	Birth Rates			Stillbirth Rates		
	Nottingham	England & Wales	Great Towns	Nottingham	England & Wales	Great Towns
1947 ..	23·9	20·6	23·0	21·9	24·1	25·9
48 ..	19·82	17·9	20·0	23·3	23·2	25·3
49 ..	18·96	16·7	18·7	19·9	22·7	24·4
50 ..	17·47	15·8	17·6	19·5	22·7	24·8
51 ..	16·97	15·5	17·3	22·72	23·0	25·4
52 ..	16·71	15·3	16·9	22·58	22·7	24·6
53 ..	16·64	15·5	17·0	18·97	22·5	24·8
54 ..	16·05	15·2	15·98	19·79	23·5	23·0
55 ..	15·67	15·0	N/A*	24·91	23·2	N/A*
56 ..	16·53	15·7	N/A*	24·40	23·0	N/A*

* Not now available.

The result of the detailed enquiry into each stillbirth is shown in the table on page 23. Congenital malformation and maternal toxæmia each caused 17·8% of cases, whilst hazard of birth accounted for a further 15·5%. In 37·2% the cause was unknown.

Infant Mortality. The number of deaths of infants under one year was 112, representing a rate of 21.71 per thousand live births, the lowest figure ever recorded here.

Year	Nottingham	England & Wales	Great Towns
1947 ..	50	41.4	47.0
48 ..	44	33.9	42.9
49 ..	38	32.4	37.0
50 ..	31	29.6	33.8
51 ..	33	29.7	33.9
52 ..	29	27.6	31.2
53 ..	26	26.8	30.8
54 ..	24.5	25.4	27.5
55 ..	28.00	24.9	N/A*
56 ..	21.71	23.8	N/A*

* Not now available.

The decrease in infant death rate was particularly associated with the 1-12 months age group, but a slight decrease also occurred in neo-natal deaths.

Death rates per 1,000 live births		
Year	Under 1 month	From 1 month to 1 year
1951 ..	20.73	11.9
52 ..	18.21	10.57
53 ..	15.39	10.34
54 ..	14.78	9.72
55 ..	16.76	11.24
56 ..	15.12	6.59

Deaths of Infants — Causes and Rates

	1952	1953	1954	1955	1956
All Causes	Total Death Rate				
	29	26	24.5	28.00	21.71
Individual Causes	Proportionate Death Rate				
	5.2	5.7	5.6	8.18	3.88
Respiratory diseases	0.8	0.9	0.6	0.20	0.18
Gastro intestinal infection ..	4.7	3.0	4.5	6.54	3.49
Congenital malformations ..	10.2	9.4	6.7	7.15	6.79
Prematurity	1.4	1.1	0	0.82	1.94
Atrophy, Debility, Marasmus and Atelectasis	2.8	2.9	2.2	2.25	1.36
Birth injury	3.9	3.0	4.9	2.86	4.07
Other causes					

Prematurity accounted for 31·3% of infant deaths compared with 26% in 1955 and 23·1% in 1954, though respiratory infection remained the main cause of death between 4 weeks and 1 year and caused 44·1% of the total.

The illegitimate death rate was 37·7 per thousand illegitimate births compared with the legitimate death rate of 20·6.

Neo-Natal Mortality. Deaths of infants under one month numbered 78, a neo-natal mortality rate of 15·1.

The result of the detailed enquiry into each neo-natal death is given on page 22. Prematurity alone accounted for 39·8% deaths, and congenital malformations for 15·4% ; hazard of birth accounted for a further 12·8% and infection for 10·3%.

Death occurred during the first day in 44·9% of the infants dying and 88·3% were dead within one week of birth.

Peri-Natal Mortality. This has been calculated on the basis of the number of stillbirths and deaths under one week of age per 1,000 live and stillbirths.

The rate was 36·5 ; a detailed analysis of causes is given.

Primary factors	Total	Premature infants
Ante-natal causes :		
Toxaemia including haemorrhage ..	23	19
A.P.H. without toxaemia ..	7	5
Rh. incompatibility ..	5	3
Intra-natal causes :		
Injury	20	9
Asphyxia	8	3
Other	2	0
Post-natal causes :		
Infection only	4	4
Congenital malformation	30	20
Prematurity only	29	29
Other causes	9	6
Unknown	56	31
All causes	193	129

Prematurity. Of the live births 7.1% were premature compared with 8.4% in 1955 and 7.0% in 1954. No less than 65.1% of stillbirths were prematurely born and also 45.5% of total infants dying.

The neo-natal mortality rate per thousand premature babies was 128.1 compared with 6.5 for mature infants; the figures for 1955 were 121.95 and 8.4. The death rate from 4 weeks to 1 year was 10.9 for premature and 6.3 for mature infants.

An analysis of stillbirths in these infants showed that 22.6% were due to maternal toxæmia, and 20.2% to congenital malformation. The majority of neo-natal deaths were ascribed to prematurity only.

Mortality related to weight and place of birth

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	%			
Upto & incl. 3 lb. 4 oz...	5	4	2	50.0	1	1	100	28	24	85.7
3 lb. 4 oz.— 4 lb. 6 oz...	20	15	—	—	5	1	20	50	10	20.0
4 lb. 6 oz.— 4 lb. 15 oz.	26	13	2	15.4	13	—	—	44	3	6.8
4 lb. 15 oz.— 5 lb. 8 oz...	72	7	3	42.9	65	—	—	122	5	4.1
TOTALS	123	39	7	17.9	84	2	2.4	244	42	17.2

ANALYSIS OF NEO-NATAL DEATHS

	Born at			Legitimate.		Sex.		Premature.		Age at death				Post mortem		Other complications.			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	Barely adequate	Inadequate	1	2	3	4	5 or over	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
Total																																			
Congenital malformation ..	12	9	3	-	11	1	6	5	7	3	2	2	5	5	7	6	-	6	2	6	4	5	3	-	3	1	4	2	4	1	-	1	-		
Hazard of birth :																																			
(a) Injury ..	10	6	4	-	9	1	8	2	5	5	8	2	-	7	3	3	3	4	5	3	2	3	4	1	2	-	-	5	2	3	-	-	-		
(b) Asphyxia ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(c) Other ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Rhesus incompatibility ..	2	1	1	-	2	-	1	1	-	2	1	-	1	1	1	-	-	2	-	2	-	-	-	1	1	-	-	-	-	2	-	-	-	-	
Infection :																																			
(a) Resp'y. ..	8	5	3	-	6	2	4	4	4	-	2	2	4	7	1	1	1	6	3	3	2	5	-	2	-	1	2	1	2	2	1	-	-	-	
(b) Gastro-intest. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(c) Other ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Prematurity only ..	31	28	3	-	25	6	21	10	31	-	20	3	6	9	22	16	1	14	13	9	9	14	4	4	4	5	1	15	4	5	3	3	-	-	
Other causes ..	7	4	3	-	7	-	5	2	2	5	1	2	3	2	5	1	1	5	2	3	2	3	2	1	-	1	1	2	-	2	2	-	-	-	
Unknown ..	8	3	4	1	8	-	7	1	2	6	2	5	1	6	2	1	-	7	4	4	-	2	2	1	1	2	1	1	3	1	1	-	1	-	
TOTAL ..	78	56	21	1	68	10	52	26	49	29	35	13	16	37	41	28	6	44	29	30	19	32	15	10	11	10	9	26	15	16	7	4	1		

* Classification of Ante-Natal Care adopted as in the "Maternity in Great Britain" Survey.

ANALYSIS OF STILLBIRTHS

	Born at			Legitimate.		Sex		Prematurity.		Maceration.		Post-mortem		Other complications.			A.N. care*			Place in family					Age of mother							
	Hospital	Home	Nursing Home	Yes	No	M.	F.	Yes	No	Yes	No	Yes	No	Prep.	Labour	None	Adequate	Barely adequate	Inadequate	1	2	3	4	5 or over	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Total																																
Congenital malformation ..	23	19	4	23	-	6	17	17	6	7	16	1	22	10	4	9	9	11	3	6	9	2	1	5	2	5	6	2	2	-		
Hazard of birth :																																
(a) Injury ..	10	9	1	10	-	6	4	4	6	1	9	4	6	5	1	4	3	4	3	5	2	2	1	-	1	3	4	-	2	-	-	
(b) Asphyxia ..	8	6	2	8	-	7	1	3	5	-	8	1	7	1	2	5	3	4	1	3	4	1	-	-	2	2	2	1	1	-	-	
(c) Other ..	2	2	-	1	1	-	2	-	2	-	2	-	2	1	-	1	-	-	2	1	-	-	-	1	-	1	-	1	-	-		
Maternal toxæmia																																
(a) With A.P.H.†	11	-	-	10	1	6	5	9	2	4	7	-	11	3	1	7	2	4	5	5	2	-	1	3	1	5	2	-	2	1	-	
(b) No A.P.H. ..	12	9	3	11	1	7	5	10	2	9	3	-	12	2	1	9	3	9	-	5	3	-	1	3	2	3	2	3	1	1	-	
A.P.H. without toxæmia ..	7	7	-	7	-	4	3	5	2	3	4	-	7	1	1	5	2	3	2	1	1	1	1	3	-	1	4	2	-	-		
Rhesus incompatibility ..	3	3	-	3	-	1	2	3	-	2	1	-	3	1	-	2	-	3	-	-	-	1	1	1	-	-	2	-	1	-		
Other causes ..	5	5	-	5	-	3	2	4	1	5	-	-	5	3	1	1	1	3	1	-	1	4	-	-	-	3	-	-	1	1	-	
Unknown ..	48	29	18	46	2	26	22	29	19	25	23	4	44	16	2	30	15	27	6	12	10	6	10	10	5	12	12	10	7	2	-	
TOTAL ..	129	100	28	124	5	66	63	84	45	56	73	10	119	43	13	73	38	68	23	38	32	17	16	26	13	35	34	23	17	7	-	

* 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.

[illegible]

Inadequate attendances only in last 3 months.

† Ante-partum haemorrhage.

MIDWIFERY SERVICE

The domiciliary midwives attended 2,646 or 50·5% of the total City confinements, an increase of 125, to which is related an increase in the birth rate from 15·67 to 16·53. In addition to the nursing of those delivered at home, 216 women admitted to hospital on account of abnormality returned home after delivery or treatment to the care of the midwife originally booked—a considerably increased number.

There were 49 unbooked cases.

City midwives continued to attend the ante-natal sessions at the welfare centres in their districts and during the year commenced attendance at two ante-natal clinics held by general practitioners at their surgeries, bringing the total to five.

Maternity Medical Services. 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
1955	2,521	1,478	58·6	323	12·8
1956	2,646	1,705	64·4	292	11·0

Medical Aid. City midwives called a doctor to mothers in 34·1% of confinements compared with 32·7% in 1955, 32·5% in 1954, and 30·4% in 1953. Rupture of the perineum accounted for 43·3% of the calls. There was a noticeable increase in the number of abnormal presentations.

Maternity Emergency Service. The obstetric flying squad from the City Hospital was called for home emergencies in 14 cases, 13 having post partum haemorrhage ; in 7 of these, the placenta was retained, and in 1 other, obstetric shock was also present. One other case was treated for retained placenta and ruptured perineum.

Hospital Admission. Under the standing agreement with the City Hospital, 21 cases were admitted direct from City midwives compared with 30 in 1955 and 31 in 1954.

Hospital Confinements for Social Reasons. Of all the confinements in the City Hospital, 448, or 23·3% were booked for social reasons. Based on the Ministry of Health's bed occupancy standard of 30 per year, this represents the reservation of approximately 15 hospital beds for social cases, which is in excess of the 11 beds provisionally allocated for this purpose.

Applications considered in the department numbered 607, of which 415 were recommended.

Analgesia. Pethidine was administered to 976 women. It was associated with gas and air analgesia in 770 of these cases, with trichloroethylene in 41 cases and with both in 12 cases.

Gas and air was used in 1,688 domiciliary confinements, or 63·8% compared with 66·2% in 1955 and 62% in 1954.

Trichloroethylene was administered by domiciliary midwives in 164 cases, in 23 of which gas and air was also used. Three machines were available for use by groups of midwives.

Mass Radiography. The number of women referred to the Chest Radiography Centre was 2,070, of whom 64·7% attended. The system of issuing appointments to mothers making their first attendance at ante-natal clinics, and started 14 months ago, did not reduce the defaulter rate.

Blood Examination. Haemoglobin estimations, blood and rhesus grouping and tests for venereal disease continued as routine examinations at ante-natal clinics. Where the haemoglobin level was 70% or less, a blood film was examined and estimations were repeated at not longer than monthly intervals; the routine red blood count done in such cases was discontinued at the end of November.

Relaxation. A teaching course of relaxation and training for childbirth arranged and conducted for City midwives by a physiotherapist, was completed by 11 midwives in March.

Classes conducted by midwives have continued at the John Ryle Health Centre and at the Basford, Edwards Lane, Radford, Sneinton and Huntingdon Street Centres. Mothercraft teaching, an important part of such classes, was shared equally between health visitors and midwives.

Altogether 402 mothers attended the classes. A total of 343 sessions was held, at which the average attendance was 4.

Consultant Clinic. The weekly clinic at Edwards Lane Welfare Centre continued, and 455 women were referred; there were 514 return visits.

Home Care of Premature Babies. There were 8 midwives who had received special training in premature baby care; two were engaged full time and two part-time in this work.

Of 122 premature babies born at home, 36 were transferred to hospital. Those born in hospital and sent home to the care of the midwife numbered 160.

A total of 4,324 visits was paid.

Post Graduate Courses. Refresher courses were attended by 12 midwives. Training in premature baby care at Sorrento Hospital, Birmingham, was undertaken by two midwives.

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. From four courses a total of 32 pupil midwives was trained.

CONFINEMENTS IN THE CITY

				Nottingham mothers	Occurred in the City
Total No.	..	..	..	5,241	7,572
Attended by City midwives	..		2,646		
„ „ private midwives	..		3		
„ „ „ doctors	..		1		
Attendant not known	..	..	3		
			—————	2,653	2,653
In hospital	..	..	..	2,434	4,668
„ nursing homes	..	..	..	154	251

WORK OF CITY MIDWIVES

Home Births (live and still) :

Single deliveries	..	..	2,633	
Multiple deliveries	..	..	26	
			—————	
Babies delivered	..			2,659

Visits to Mothers—

Ante-natal	..	..	..	..	23,461
Post-natal	..	..	..	..	50,004
In connection with hospital bookings for social reasons, follow-up of ante-natal clinic defaulters, additional visits to infants, labour prior to delivery, etc.	..			4,076	
				—————	77,541

WORK OF SUPERVISORS OF MIDWIVES

Visits to midwives and inspection of records and equipment ..	210
Inspection of midwives in Nursing Homes	13
Special domiciliary visits :	
Expectant and nursing mothers	201
Stillbirths	4
Puerperal Pyrexia	16
Ophthalmic conditions	104
Skin conditions	1
Office interviews regarding hospital confinements ..	607
" " with midwives	445

REQUIREMENTS OF CENTRAL MIDWIVES BOARD

Midwives notifications to Local Supervising Authority :

Notifying intention to practise	160
Ceasing to practise in this area	10
Practising at end of year	150

Distribution :

Domiciliary service ..	53
City Hospital ..	32
Firs Maternity Hospital ..	16
Women's Hospital ..	27
Highbury ..	15
Nursing homes and ..	
Nursing co-operations ..	11
Private practice ..	6
—	160

Notifying medical aid calls to doctors from midwives :

	<i>City Midwives</i>	<i>Nursing Homes</i>	<i>Total</i>
To mothers	894	4	898
„ infants	209	—	209

Aid was sought for :—

	1952	1953	1954	1955	1956
Mothers—					
Ruptured perineum	320	360	412	376	387
Pyrexia	39	59	54	41	55
Abnormal presentations ..	18	23	19	22	36
Prolonged labours	60	65	52	46	61
Ante-partum haemorrhage ..	15	56	38	41	36
Post-partum haemorrhage ..	35	33	44	39	38
Retained placenta	27	27	28	20	18
Obstetric shock and collapse ..	6	8	10	2	3
Abortion and miscarriage ..	36	37	15	28	34
Phlebitis	13	11	17	10	5
Stillbirths	8	29	2	3	5
Premature labours	8	30	33	49	42
Other conditions	57	76	103	147	174
	<u>642</u>	<u>814</u>	<u>827</u>	<u>824</u>	<u>894</u>

Infants—

Prematurity	30	25	23	11	13
Asphyxia and cyanosis ..	17	15	28	14	21
Jaundice	4	12	6	7	6
Deformity	6	9	17	13	7
Skin conditions	9	13	8	15	2
Eye discharges	82	149	139	127	134
Other conditions	46	39	64	55	26
Sent to Eye Infirmary for advice	10	11	—	—	—
	<u>204</u>	<u>273</u>	<u>285</u>	<u>242</u>	<u>209</u>

	1955	1956
Notifying liability to become a source of infection	60	198
„ commencement of artificial feeding :		
Domiciliary cases	141	191
Institutional cases	552	603
„ deaths of infants—as midwives	1	4
„ „ „ as maternity nurses	2	1
„ stillbirths—acting as midwives	18	17
„ „ „ maternity nurses	11	8

ADMISSIONS TO CITY HOSPITAL DIRECT FROM CITY MIDWIVES

	1955	1956
Mothers—		
Retained placenta	—	3
Premature labour	9	7
Ante-partum haemorrhage	6	4
Threatened abortion	1	—
Toxaemia	2	—
Prolonged labour	3	2
Malpresentation	4	2
Unbooked social emergency	3	2
Obstetric shock	2	—
Hypertension	—	1
	<hr/> 30	<hr/> 21

MATERNAL DEATHS

All occurred in hospital :

Congestive cardiac failure ; mitral stenosis	1
„ „ „ „ and aortic valvular disease	1
Shock and haemorrhage ; ruptured uterus, prolonged obstructed labour	1
Acute pulmonary oedema, obstetric shock ; manual removal of retained placenta	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
20	8	12	12	—	2	5	11	2

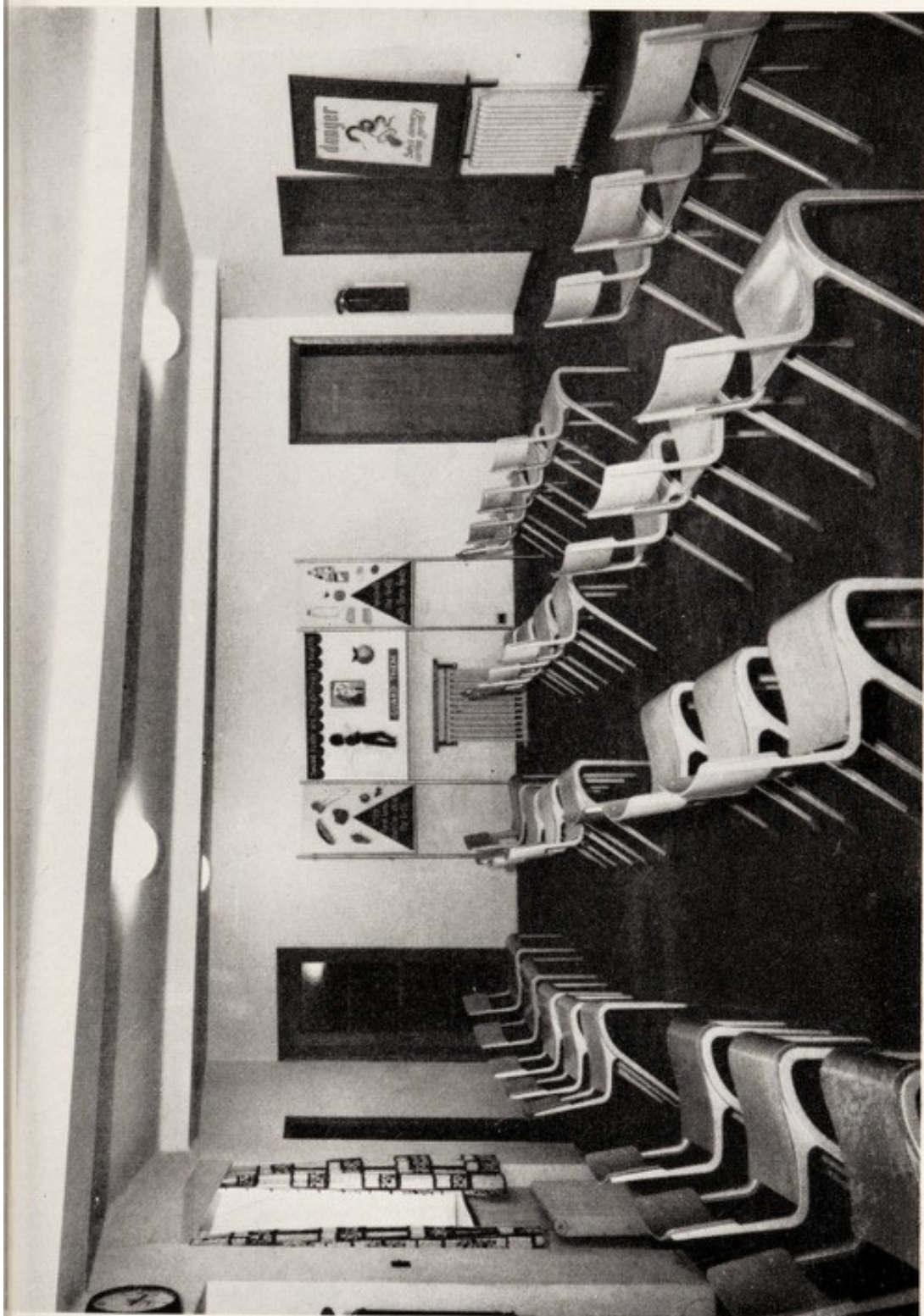
OPHTHALMIA NEONATORUM

Cases notified	..	..	..	..	2
Domiciliary confinements	..	..	..	..	2
Institutional	..	..	..	..	—

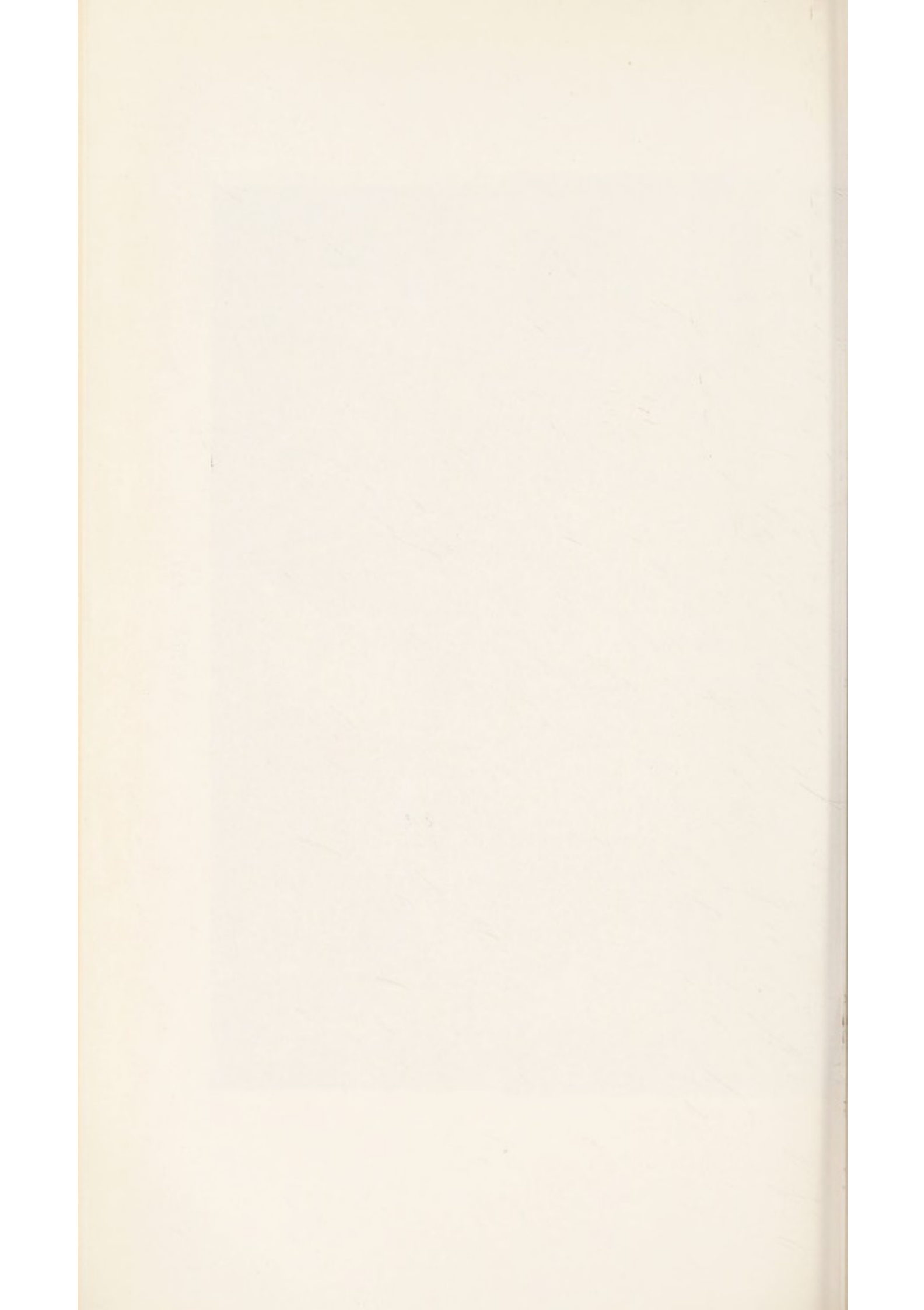
In connection with the above, 4 home visits were paid ; eye conditions other than ophthalmia neonatorum necessitated 462 visits.







WAITING HALL



HEALTH VISITING

Staff. On completion of training, four health visitors joined the staff and, allowing for appointments and resignations, the staff numbered 31 in December, the same as at the end of 1955.

Clinic nurses and clerks continued to assist at sessions, thus enabling the health visitor to carry out her educational and teaching function. However, as long as the staff is under strength, the health visitor can only carry out part of her duties to the whole family, though there was some extension in their scope in certain directions.

The number of voluntary workers remained small, but their service continued to be of notable help.

Home Visits. The average case load in December was 717 children under the age of five years and each health visitor visited an average of 749 families in her area.

VISITS IN CONNECTION WITH	1954	1955	1956
Pre-school children :			
Primary visits	4,864	4,706	5,024
Revisits under 1 year	41,833	40,958	33,306
" 1-5 years	49,664	53,160	48,360
Expectant mothers :			
Primary visits	188	340	375
Revisits	65	181	329
Ophthalmia neonatorum :			
Primary visits	43	34	45
Revisits	142	133	135
Old people :			
Primary visits	822	737	452
Revisits	1,932	4,312	3,795
Stillbirth enquiry	34	47	58
Neo-natal "	23	35	21
B.C.G. vaccination	1,085	1,130	1,265
Vaccination and immunisation	20	23	92
Infectious disease	42	35	1,075
Hospital after-care	62	50	105
Boarding-out	25	8	—
Housing	13	10	58
Diabetic	—	7	119
Other	—	2	377
TOTAL NUMBER OF HOME VISITS..	100,857	105,908	94,991
" NO ACCESS " VISITS	18,201	19,584	15,309

Liaison with General Practitioners. To further the growing contacts between general practitioners and health visitors, social gatherings were arranged under the joint sponsorship of the British Medical Association, the local Executive Council and the Health Committee. The first one was held at Sneinton Welfare Centre on 24th April for the Southern and Eastern areas of the City, and the other at Ernest Purser Welfare Centre on 3rd July for the Northern and Western parts. In addition to general practitioners and health visitors, home nurses, midwives and home help organisers were invited; the number of those attending was most encouraging and appreciation of this opportunity for meeting and mutual discussion was expressed by many of those present.

The problems of the aged remained the chief reason for two way liaison, but contact was also made regarding ante-natal cases, children and family problems.

Liaison with Hospitals. The contacts already established continued. In the City Hospital sociological reports were made both to enable the priority for admission of the aged to be assessed and to judge progress after discharge; where social difficulties complicated the discharge of any patient the health visitor assisted in their solution.

At the General Hospital, in addition to co-operation in assisting the discharge of certain patients, the health visitor continued to be a member of the team at the Diabetic Clinic. The number of home visits subsequently paid was increased.

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, was continued. The present course started in October, and a total of 11 students was accepted, 3 for the City and 5 for Nottinghamshire, 2 for Derbyshire and 1 from the Punjab who is being trained on behalf of the World Health Organisation.

Since the commencement of the course in October 1947, 135 students have been trained, 62 being for the City.

Welfare Centres. On July 5th a new centre was opened by Alderman Ernest Purser, after whom the centre was named. Plans of the ground floor and of a flat, appear between pages 36 and 37.

The script of the brochure prepared for the opening ceremony is reprinted below.

TEXT OF BROCHURE

The Ernest Purser Welfare Centre is the second to be completed in a building programme which will replace inadequate clinic facilities in the City.

Designed by the Housing Architect the Centre has cost £21,760. It is situated at the junction of Queen's Drive and Wilford Road. The building is constructed in brick, the exterior surface being of local sand-faced bricks.

The Centre will serve an area having a population of approximately 50,000, the number of children under school age in this area being more than 1,750, whilst the annual number of births is over 350.

The ground floor is shared by the Maternal and Child Health and School Health Services. A suite of rooms comprising weighing room, advising room and consulting room for ante-natal, infant and toddler clinics opens from one end of the waiting hall. At the opposite end is situated the clinic for the treatment of minor ailments amongst school-children. An office has been provided for the health visitors working in the area.

On the first and second floors there are four self-contained flats for midwives and home nurses serving the area. At the rear of the building there is a block of four garages for their use.

ALDERMAN ERNEST PURSER

ALDERMAN PURSER has been an active member of the City Council for 33 years. He was first elected in 1923 and ten years later became Sheriff of the City. He was Lord Mayor for the year 1936-37, and in 1946 was elevated to the aldermanic bench.

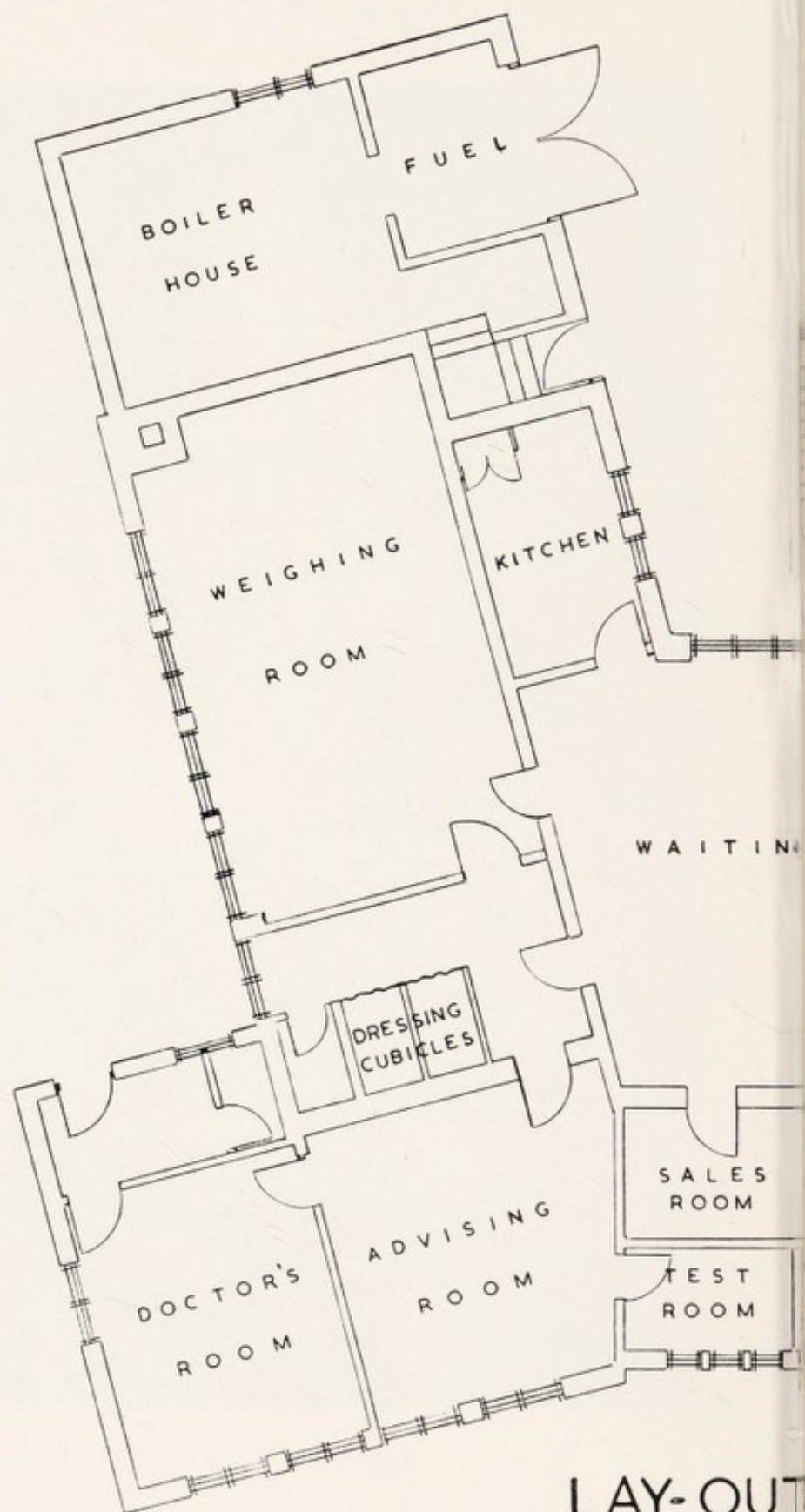
In 1951 Alderman Purser became leader of the Labour Group of the City Council, an office from which he recently resigned.

During much of his time on the City Council he has served on the Health Committee and has been Chairman since 1935. He has always been keenly interested in the health and welfare of the community and has actively encouraged developments in the health services designed towards that end.

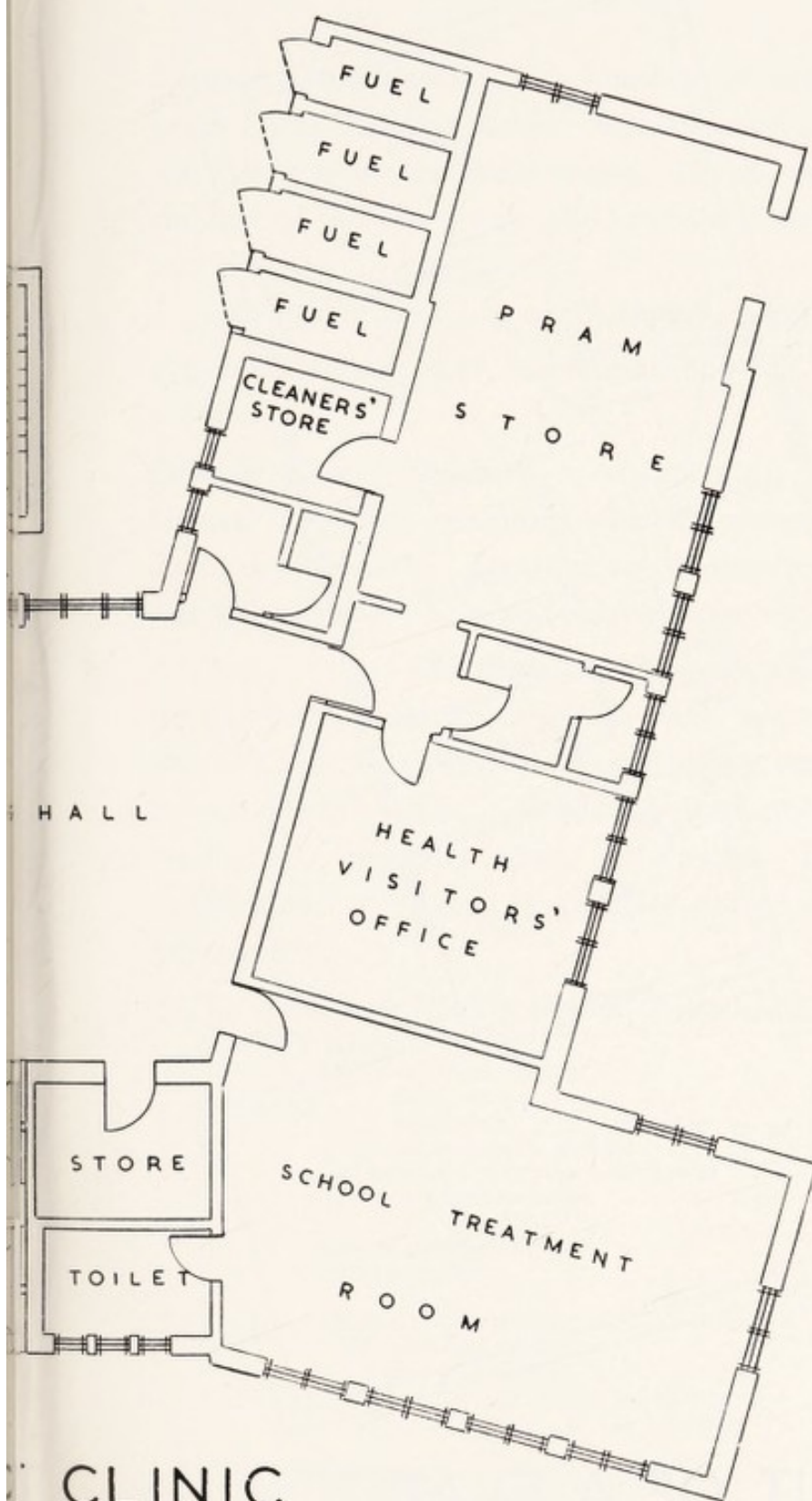
It was to pay tribute to his work that the Health Committee unanimously decided that this Centre should be named after him.



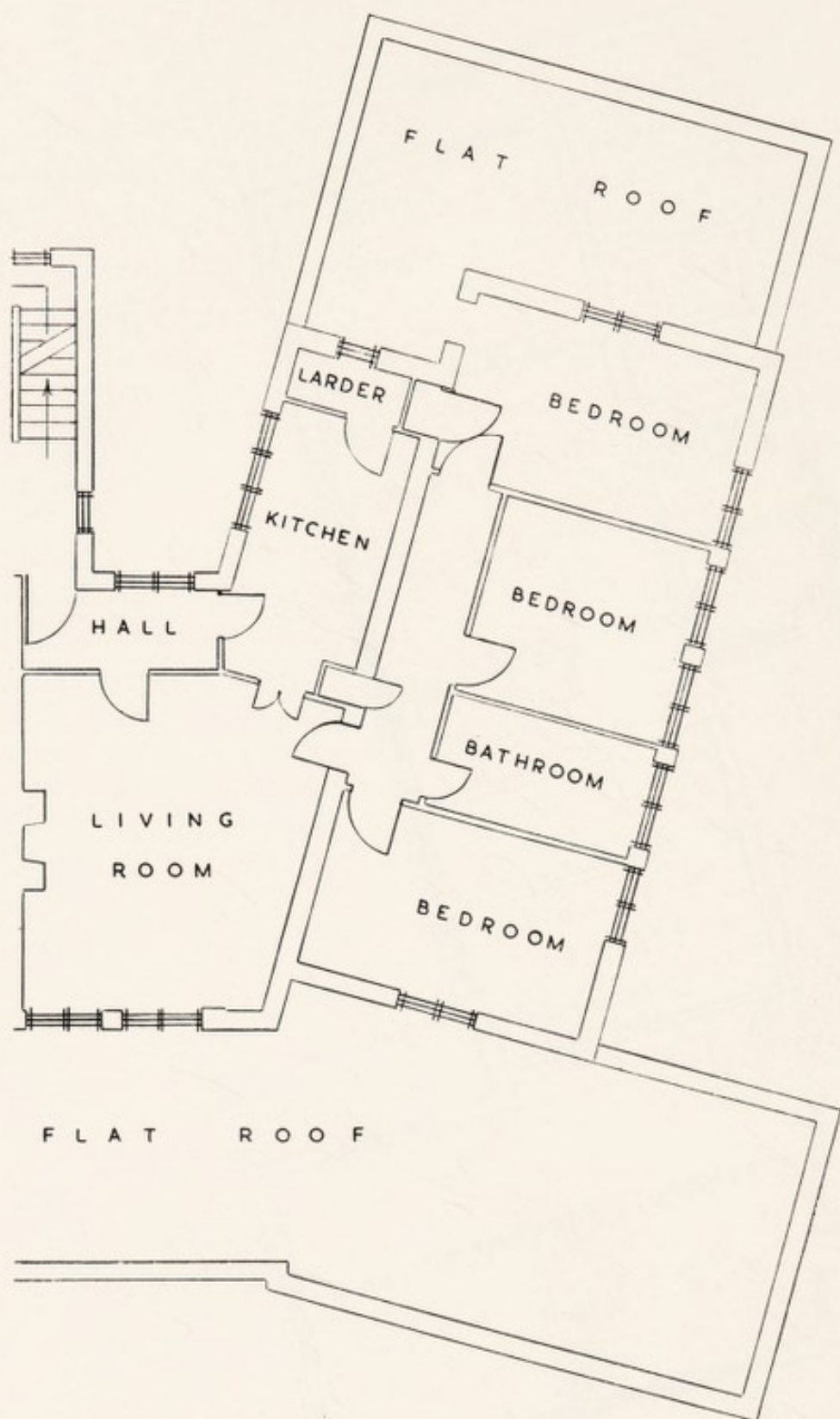
ALDERMAN ERNEST PURSER



LAY-OUT



CLINIC



LAY-OUT OF A FLAT

Centre Attendances. The number of individual children under 1 year attending welfare centres showed an increase of 251, and a review of attendances showed that the percentage of City children of this age group who attended remained the same as in 1955.

Over 1 year of age, 6,943 individual children attended the clinics, an increase of 47, and representing 40% of children aged 1-5 years.

Dental Care. Mothers. Arrangements made with the General Dispensary continued whereby one session a week was devoted to mothers. The number of women referred was 355 and 328 attended. Sessions held numbered 49.

Children. Pre-school children referred from welfare centres and day nurseries were treated at the Central School Clinic by a dental surgeon working under the Principal School Dental Officer. Following treatment, children were recalled for inspection every six months. Inspection of all children over two years was carried out at the day nurseries twice yearly.

The work is analysed in the following table.

Treatment :			
No. of extraction sessions	..	..	31
" " filling sessions	..	..	—
" " cases treated	..	..	533
" " attendances for treatment	..	..	628
No. attended ; treatment not required	..	..	19
Temporary teeth extracted	..	..	1,307
" " filled	..	..	2
General anaesthetics given	..	..	592
Other procedures	..	..	3
Of the 533 cases treated :			
530 cases had extractions.			
1 case " fillings.			
1 " " extractions and fillings.			
1 " " " " dentures.			
Inspections :			
No. of inspection sessions	..	..	2
" " children inspected	..	..	180
" " " not requiring treatment	..	..	136
" " " requiring treatment	..	..	44

Arrangements were made for an expansion of the dental services, which will be under the direction of the Principal School Dental Officer. By agreement with the General Dispensary, the dental surgery was re-equipped, including the provision of a new dental chair and unit ; alterations were carried out to provide a more adequate recovery room. The work was completed by the end of the year. Children's work will continue at the Central School Clinic.

The increase in conservative treatment which should now follow will be associated with inspection sessions by dental officers at ante-natal and toddler sessions at welfare centres. This will be in addition to the continued reference of cases by clinic medical officers. Dental surgeons, anaesthetists and attendants will be employed on a part-time basis.

Deafness in Pre-School Children. A scheme was prepared whereby health visitors could undertake routine screening tests on young children, preferably before the commencement of speech, and as early as possible in cases where deafness was particularly suspected. Children failing such tests would be referred, with the agreement of the general practitioner, to a consultant otologist. When deafness was confirmed and its degree assessed, then the child and his mother would receive guidance and training at a special audiology clinic.

Steps were taken by the Health Committee to modify the proposals under Sect. 22 of the National Health Service Act to enable the authority to send children to special audiology clinics run by other authorities until such time as one is established here. The report presented to the City Council in October is given on page 187. Whilst the Ministry of Health has expressed general approval of the scheme, their acceptance of the modification of the proposals is awaited.

In May, 10 health visitors successfully completed a course of training in screening tests conducted in Nottingham by Mrs. Irene Ewing of the Department of Education of the Deaf, University of Manchester.

In October a start was made at Aspley, Basford, Bulwell, Ernest Purser and Radford welfare centres in the routine testing of 9 months old infants and all younger children whose hearing was suspect ; the age for routine screening was subsequently lowered to 6 months. In December tests for toddlers were started at about two years of age. Two infants, aged 1 year 8 months and 1 year 11 months, are awaiting special supervision and training once the full scheme can be put into operation.

Environmental Survey into Leukaemia in Childhood.

The nation wide survey organised by the Oxford Social Medicine Unit into death in the years 1953 to 1955 of children under 10 years of age dying from leukaemia included Nottingham children, 10 dying from leukaemia and 6 from other malignant conditions. These children were matched by age and sex with 16 controls. The field work was carried out by one medical officer, but health visitors assisted in the preliminary contact with parents.

An interim report published from Oxford in September indicated a relationship between abdominal X-rays in pregnancy and the subsequent development of leukaemia in children. In the series here it was noted that in 2 cases of leukaemia and in 1 control such X-rays had been taken.

Consultant Clinics. The number of new cases referred by medical officers of the City clinics to the weekly paediatric clinic at Huntingdon Street was 87 ; subsequent visits numbered 159.

At the monthly ear, nose and throat clinic, 59 children were examined. Of these, 46 were recommended for operative treatment and 6 referred to hospital for further investigation. No immediate treatment was indicated for 7 children.

The number of children referred to the orthopaedic clinic was 60 ; of these 44 were sent for remedial treatment of postural defects—all of minor degree.

Welfare Foods. Arrangements continued for the distribution of dried milk and vitamin preparations available under the welfare foods scheme either from all infant clinic sessions or the central distribution office at Canning Circus.

Amounts distributed	1955	1956
National dried milk — tins ..	194,985	186,270
Orange juice — bottles ..	221,868	242,335
Cod liver oil — bottles ..	37,492	33,196
Vitamin tablets — packets ..	17,636	18,781

Transport. Three health visitors were given a car allowance during the year, bringing the total to 9, and 1 other health visitor used a Douglas Vespa auto-cycle provided by the Corporation.

BIRTH CONTROL

The Nottingham Women's Welfare Centre held thrice weekly sessions at the Nottingham General Dispensary. A total of 122 women attended the centre on the recommendation of their family doctors and 935 on their own initiative.

The Corporation continued to give financial assistance for women referred from the Welfare and Chest Centres ; of 141 and 30 referred, 118 attended.

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 Attendances	Average per Session	No. of Sessions	New Cases	Attendances	Average Attendances	No. of Sessions	New Cases	Attendances	Average Attendances
Aspley	100	191	1,264	66	1,455	14.5	100	404	3,645	36.4	46	22	586	12.5
Bilborough	52	80	594	45	674	13.0	100	175	2,383	23.8	51	19	460	9.0
Basford	48	136	848	55	984	20.5	97	140	3,944	40.6	51	40	625	12.2
Bulwell	52	131	823	49	954	18.3	99	251	3,347	33.8	49	27	560	11.4
Edwards Lane	49	91	609	30	700	14.3	100	212	3,394	33.9	50	8	731	14.6
Ernest Purser	102	212	1,513	57	1,725	16.9	102	327	3,246	31.8	46	15	377	8.2
Huntingdon Street	101	444	1,811	84	2,255	22.3	102	398	3,839	37.6	49	26	537	10.9
Hyson Green	—	—	—	—	—	—	101	246	4,481	44.3	—	—	—	—
Jarvis Avenue	48	61	404	35	465	9.6	99	135	2,392	24.1	50	22	321	6.4
John Ryle H.C.	51	68	566	40	634	12.4	147	352	4,223	28.5	46	12	534	11.6
Lenton Abbey	—	—	—	—	—	—	52	74	1,195	22.9	—	—	—	—
Radford	152	396	2,173	133	2,569	16.9	151	576	5,929	39.2	61	72	884	14.4
Sneinton	101	172	1,333	67	1,505	14.9	101	336	4,093	40.5	51	64	560	11.0
TOTALS	856	1,982	11,938	661	13,920	16.2	1,351	3,626	46,111	34.1	550	327	6,175	11.2
Consultant Clinic	51	455	514	6	975	19.1								

DAY NURSERIES

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. Additional numbers of children, varying from 5-15% according to the nursery, were maintained on the register.

Priority for Admission. Social need continued to be the sole criterion for admission ; the small waiting lists allowed of immediate placing where there was urgent need. The percentage of cases admitted because one parent was sole breadwinner increased to the level of 1952.

Reason for admission	1954	1955	1956
Parent sole bread-winner	32%	34%	41%
Family income insufficient	20%	25%	15%
Parent disabled, chronic invalid or in prison ..	9%	10%	8%
Bad housing conditions	19%	17%	18%
Mother in employment, e.g., nurse, teacher ..	6%	5%	7%
Temporarily accommodated on special requests	14%	9%	11%

Infectious Diseases. Mild outbreaks of dysentery occurred at 4 nurseries—Heathcoat Street, Pierrepont, Arnold Road and Bulwell.

In January, an outbreak at Heathcoat Street affected 19 children aged 1-5 years, 10 being under 2 years ; 4 staff were also infected and 4 home contacts in 1 family. No new admissions were accepted for one month.

At Pierrepont an outbreak started in February and lasted for five weeks. Children in the 1-2 years age group, and 14 older children were affected, as were 5 staff, and 3 home contacts in 3 families. At the peak of the outbreak the number of children attending fell to 3, and accordingly the nursery was closed for three days.

An outbreak at Arnold Road in June affected 12 children, only 1 being under 2 years of age. No staff or home contacts were infected, and admissions were stopped for two weeks only.

In December, at Bulwell Nursery, 18 cases were reported amongst children aged 1-5 years, 6 being under 2 years ; of the staff, 5 were affected, as were 7 home contacts in 4 families. The nursery was closed one week before Christmas, and will re-open when the infection has subsided.

The following is an analysis of the diseases which required quarantine measures.

	1954	1955	1956
Measles	5	163	—
Sonne dysentery	73	32	84
Chicken pox	33	30	12
Mumps	19	14	12
Whooping cough	11	7	6
German measles	2	4	45
Scarlet fever	3	3	1
Poliomyelitis	—	1	1

Attendances. The total attendance of 62,114 was lower by 308. The average daily attendance in relation to the total places was as follows :—

AGE GROUPS	Average daily attendance				
	1952	1953	1954	1955	1956
0 — 6 months ..	14	15	11	10	10
6 months — 2 years ..	71	73	86	86	87
2 years — 5 years ..	164	165	168	170	165
TOTALS ..	249	253	265	266	262
Percentage total places ..	73·2%	73·2%	75·9%	76·2%	75·1%

Charges. On July 1st the standard charge per day was raised from 5/- to 7/- ; in case of hardship a sliding scale continued to operate down to a minimum charge of 1/-.

On November 1st the minimum charge per day was raised to 1/2d. in accordance with the increase in cost of food when the free milk allowance was cut from two-thirds to one-third of a pint per day.

A total of 201 applications for reduction of fees was made ; 193 were granted.

Training Centre. Students attended from the City, Nottinghamshire, South Derbyshire and North Leicestershire. They spent two days each week at the training centre and three days in the nurseries and nursery schools.

The examination of the National Nursery Examination Board was passed by 43 students, 38 at the first attempt. When the new course opened in September, 48 students started training, bringing the number of first and second year students to 87.

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

Training Nurseries. From January to September there were 14 first and 16 second year students in the seven City training nurseries, and from September onwards 16 first and 13 second year, a total of 59 students.

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 ..	2	158	462	-	189	345	19	175	393	-	118	362	32	200	241	12	134	402	23	224	180	49	249	375	30	148	444
FEBRUARY ..	15	150	345	-	215	385	15	256	512	-	120	445	27	221	191	17	151	329	59	185	177	23	260	377	43	186	470
MARCH ..	16	156	461	12	172	390	-	276	485	-	85	440	50	268	324	9	60	142	31	178	225	38	296	347	2	223	443
APRIL ..	-	176	457	38	101	410	5	207	334	-	130	361	43	275	287	11	144	314	11	247	133	16	233	341	21	223	413
MAY ..	-	168	517	20	183	500	16	226	461	-	151	428	53	335	312	11	205	474	35	295	216	10	269	396	48	214	377
JUNE ..	-	132	388	15	203	535	21	270	554	-	199	467	68	281	356	21	254	515	59	233	227	6	285	484	76	194	439
JULY ..	-	129	371	14	172	476	10	250	575	-	192	452	55	261	360	22	227	414	34	216	205	22	212	408	65	181	428
AUGUST ..	-	65	173	5	70	174	-	87	234	-	78	178	28	95	137	11	81	156	12	123	111	6	55	165	3	103	153
SEPTEMBER ..	-	117	361	28	127	341	-	220	445	-	129	391	80	234	286	34	167	372	33	310	238	44	184	427	18	154	459
OCTOBER ..	-	110	446	52	193	325	8	258	486	-	212	466	117	302	316	30	192	415	44	383	219	59	191	429	37	185	560
NOVEMBER ..	3	135	451	43	213	405	22	247	539	-	209	514	79	287	350	20	230	497	52	380	196	58	201	518	44	200	483
DECEMBER ..	-	79	324	15	136	294	10	93	203	-	93	358	41	231	252	3	139	363	30	225	137	33	152	354	29	129	325
TOTALS	36	1,575	4,756	242	1,974	4,580	126	2,565	5,221	-	1,716	4,862	673	2,990	3,412	201	1,984	4,393	423	2,999	2,264	364	2,587	4,621	416	2,140	4,994
	6,367			6,796			7,912			6,578			7,075			6,578			5,686			7,572			7,550		

Age Groups
AttendancesA : 0-6 months,
" 2,481B : 6 months-2 years,
" 20,530C : 2 years-5 years,
" 39,103.

Total : 62,114.

CARE OF ILLEGITIMATE CHILDREN

The Superintendent Health Visitor, who is responsible for assisting mothers expecting illegitimate children, interviewed 93 women with outcome as follows :—

Admitted to Mother and Baby Home ..	26
Awaiting admission to Home in 1957 ..	2
Hospital confinement arranged ..	31
Confinement at own home ..	10
Homes outside City ..	14
Left City before delivery ..	2
Still under consideration ..	8
—	93

The Hollies Mother and Baby Home. Accommodation is available for 8 mothers and 6 babies. During the year 26 mothers were admitted, 18 during the ante-natal period.

Emphasis continued to be laid on rehabilitation of the mother so that she and her child could take their places together in the community. The mothers remained until employment and accommodation either with relatives or in lodgings, or a residential post, were found ; the average stay was seven weeks. The health of the mothers and babies throughout was satisfactory.

Mothers in the home 1/1/56 ..	2
Admitted to the home ..	26
Returned home with baby ..	8
Went into lodgings with baby ..	6
Babies admitted to Children's Home ..	2
Babies adopted ..	7
Left before confinement ..	1
Remaining in the home at 31/12/56 ..	4

Homes outside the City. These were used in five cases—the mothers all being 16 years or under.

Quarry Maternity Home, Lincoln ..	3
Putnam House, Aylesbury ..	1
Mossley Hill Salvation Army Home, Liverpool ..	1

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

CARE OF THE AGED

The guiding principle was that, wherever possible, the home services were used to prevent removal to hospital or to Part III accommodation, thus avoiding the loss of a familiar environment after many years' residence. A transfer was never suggested without much thought, as it was known that leaving home perhaps for good was an irreparable blow to old people.

In such circumstances, acute and chronic illness presented different problems. An acutely ill patient, if the family doctor so wished, was provided with the necessary domiciliary services. If it were considered to be a case for a short spell in hospital, the continuity of home life was not destroyed for on discharge the services resumed their function.

In long illnesses, however, it was realised that the state of affairs would continue indefinitely, and it had to be decided whether or not the home services could give adequate help to the patient at home. On account of the shortage of hospital beds, many patients who needed constant attention had to remain at home.

In 1955 it was noticed for the first time that there was a trend towards the seeking of assistance at an earlier stage of deterioration than before. This trend continued ; indeed, it was more marked, and the serious cases of complete social breakdown were few.

Health Visiting Service. The number of new cases showed a marked diminution, a development which was not unexpected as, after the initial work in 1954 and 1955, many of the elderly in need were already known. Except for those referred by the Physician of the Geriatric Unit of the City Hospital for sociological reports where a slight increase was noted, those referred by all other agencies were fewer. This was specially remarkable in those found by the health visitors themselves, where the number was only a quarter of that for 1955. This figure may be taken as an indication of the awareness of the health visitors of the numbers of old people resident in their districts.

The total number on the register, which was started in 1954, was 2,064, of whom 1,185 were known to be alive at the end of the year.

The number of references for help, on the other hand, showed only a slight diminution.

Source of report	1954	1955	1956
General practitioners	55	69	42
Geriatric unit for after care	177	116	88
" " " sociological reports	88	40	49
Welfare Services Department	58	48	18
Relations and neighbours	77	80	38
Health Department	25	109	74
Clergy	3	—	—
Voluntary organisations	123	86	62
Health visitors	216	161	36
General Hospital	—	44	45
Total new visits	822	753	452
Re-visits	1,932	4,312	3,795
	2,754	5,065	4,247

Assistance arranged through	1954	1955	1956
General practitioner	83	240	219
Home helper	189	334	224
Public health inspector	20	40	22
Convalescence	6	19	19
Housing Department	7	27	21
Welfare Services Department	55	74	71
National Assistance Board	77	97	57
Council of Social Service	14	46	28
Women's Voluntary Service—clothing	42	76	64
Blind Institute	9	16	8
Nottingham General Dispensary : Chiropody	28	59	55
W.V.S. : Meals on wheels	21	37	35
Relatives—advice	78	180	203
Total	629	1,245	1,026

Chiropody. The scheme by which the Nottingham General Dispensary reserved one weekly session for old people recommended by the Department continued successfully. There were altogether 522 treatments carried out.

The demand showed no lessening and newcomers to the list had to wait 8-10 weeks for their first appointment.

Older People's Advisory Clinic. In spite of the transfer to the attractive new premises at the Ernest Purser Welfare Centre, the numbers continued to diminish and the clinic, therefore, was held only by appointment. It became clear that the old people attended not for medical advice but for discussion of social problems, which were more conveniently dealt with by the health visitors in their homes. Only the most mobile made their way to the centre.

Nuffield House. Experience was gained in the first full year of the running of the Octagon Club as an occupation centre for elderly psychiatric patients. The effect of a midday meal and fresh orange juice daily was shown by an increase in physical well-being which, though impossible to measure, was nevertheless visible and unmistakable. The effect of the companionship and occupation and, above all, the security given by the staff, was even more impossible to measure but was very real.

At the beginning of the year there was a small group of regular attenders who enjoyed a settled routine. Newcomers were often somewhat suspicious on their arrival, but within two or three weeks most of them conformed to the others and became accepted as members of the group.

A good standard of work in all the occupations was aimed at, and the pleasure of members when they demonstrated the work they had done clearly showed their pride in their achievement.

It was possible to get the men to undertake a wide variety of occupations, but the women were more conservative and, having mastered one particular form, were not anxious to do anything different. The actual re-awakening of long dormant skills, or the learning of new ones, was often impressive in both the men and the women.

Transport presented considerable difficulty as, somewhat unexpectedly, it was found that the members who were physically and mentally capable of using the public services were negligible in number. Late in the year a twelve seater Bedford "Kenex" Roadmaster Mark V was purchased. For convenience when entering and leaving the vehicle, the step was widened and two handrails and the special high body to allow more head room were fitted. In addition, the rear seats were raised as difficulty was experienced with low seating.





'A wide variety of occupations



..... at the Octagon Club'



Evening meetings for relations were instituted in the Summer and the attendance was excellent. Much useful information was obtained from discussions with the staff. The most important fact which emerged was that there were numerous cases in which the tension in the family was eased when the old relative was occupied away from home during the day and returned tired in the evening.

There were 48 new members enrolled, the age distribution being as follows :—

Age	Up to 64	65-74	75+	Total
Men ..	2	8	3	13
Women ..	3	15	17	35
Total ..	5	23	20	48

The average attendance showed an increase from 10·3 a day in January to 25·4 in December.

PREVENTION OF BREAK-UP OF FAMILIES

In December 1955 a staff committee was set up with the broad mandate of present and future ascertainment of families whose social needs were more repeated and persistent than the average, to report on procedure both routine and special to be applied to actual problem families and, above all, to recommend preventive measures capable of practical application. Under the chairmanship of a medical officer, the membership comprised representatives of various sections of the Health Department—health visitor, home helper, public health inspector, mental health and administrative staff; 6 meetings were held.

The committee came to the conclusion that the Health Department alone could not deal effectively with these families for whilst many details of the problems fell within its scope, nevertheless a more comprehensive view was needed in order to avoid wasteful and ineffectual efforts by various visitors and agencies working in isolation and with insufficient information about the family as a whole.

Joint Circular 16/56 from the Home Office and Ministries of Health and Education regarding the co-ordination of the statutory and voluntary social services dealing with the family, required information on the measures taken by the Council in dealing with children neglected or ill-treated in their own home, in pursuance or otherwise of the Joint Circular 78/50.

In order to review the situation here, a meeting was arranged between the heads of the Health, Education, Children's and Welfare Departments. It was decided that meetings in the

nature of case conferences should be held regularly to consider families in social difficulty, and that these should be attended by officers having first hand knowledge of the cases. In addition, it was contemplated that there would be periodic meetings of the heads of the departments concerned, or their representatives, at which broad questions of policy could be discussed as distinct from particular cases.

It was also agreed that the Children's Officer should carry out the duties of convening officer and should maintain records of the business carried out at the meetings.

Whilst the four departments already mentioned were primarily concerned, it was envisaged that when particular cases were under discussion, other Corporation departments would be invited to send their representatives, as would other statutory and voluntary bodies such as the Probation Services and the National Society for the Prevention of Cruelty to Children.

The first conference was called at the end of October and two others have been held since. The circumstances of 8 families were considered and already the meetings have proved to be of value. They enabled all concerned to discuss cases and to exchange information, some of which was known to one department only.

Vacancies at Crowley House are being sought for a family since the Minister of Health interpreted the Authority's proposals under the National Health Service 1946, Sect. 28, as permitting the sending of families to recuperative and rehabilitation homes for training.

TUBERCULOSIS

Work of Chest Clinic. The Authority's preventive function, having been soundly built in previous years, continued on the triple foundation of contact tracing, B.C.G. vaccination and rehousing.

RESULTS OF EXAMINATION OF CONTACTS

Year	No. of new cases of Tuberculosis confirmed	No. of Contacts examined	Found tuberculous	
			No.	Percentage
1949 ..	581	924	34	3.7
50 ..	517	858	29	3.4
51 ..	506	1,087	28	2.6
52 ..	459	2,138	34	1.6
53 ..	534	2,171	35	1.6
54 ..	428	2,172	30	1.4
55 ..	386	2,630	16	.608
56 ..	329	2,911	5	.17

Bacille-Calmette-Guerin Vaccination. Regular sessions were held for the investigation of child contacts and, where necessary, for vaccinations, of which 521 were carried out.

Rehousing. A staff committee consisting of a senior medical officer, the chest physician, the senior health visitor and a social worker, met as necessary. The number of families rehoused since 1952 is shown :—

Year	Recommen- dations made	Families re-housed		
		Re-lets	New	Total
Prior to 1952	233	—	—	—
1952	123	86	148	234
1953	183	77	124	201
1954	100	65	51	116
1955	110	64	39	103
1956	123	54	52	106
TOTALS	872	346	414	760
Waiting list at 31st December, 1956 ..		112		

Care Committee. The volume of work remained much as last year. The Committee met weekly to discuss grants of cheap milk, loans of bedding, domestic help, laundry grants, and other miscellaneous requests.

	1954	1955	1956
Milk at reduced rate	333	310	297
Referred to National Assistance			
Board for allowances	326	313	327
Loan of bedding	127	182	150
" " nursing equipment	157	155	169
Domestic help { Home Help Service	51	56	51
{ Other help	15	11	11
Clothing provided	74	107	75
Employment arrangements	144	161	196
Training course	27	33	46
Convalescence	13	17	13
Other matters	135	161	166
TOTAL	1,402	1,506	1,501

Other Assistance. There was continued co-operation with the National Assistance Board which helped with supplementary allowances, bedding and clothing grants, and other special needs of patients. The Ministry of Labour continued the follow-up of tuberculous persons when fit for employment and, where necessary, arranged rehabilitation and training courses.

The Children's Department was helpful in arranging for children to be cared for so that mothers were able to enter a chest hospital. For patients treated at home, nursing equipment was lent free of charge.

Many patients, especially those living alone, benefited from the services of the Home Help Department. Where a helper could not be provided, the Care Committee made token payments to relatives and friends for their assistance.

Thirteen patients were referred for convalescence. Of these, seven went away and benefited from the change. The remainder were found unsuitable or were unable to accept vacancies arranged because of changes in home conditions.

This year, patients having treatment at home were instructed in occupational therapy arranged by the British Red Cross Society. Arrangements for relatives to collect materials were made in cases where the occupational therapist could not visit. Other voluntary organisations, the Women's Voluntary Service, the Council of Social Service and the ex-service organisations, gave assistance in appropriate cases.

TUBERCULOSIS REGISTER

	PULMONARY			NON-PULMONARY			Total			
	Adults		Child- ren	Adults		Child- ren	1956	1955	1954	1953
	M.	F.		M.	F.					
Cases B/Fwd. ..	1,454	1,655	417	32	122	60	3,740	3,673	3,786	3,587
Transfers from other areas ..	21	27	—	2	—	—	50	35	58	52
"Lost" cases returned ..	7	2	—	—	—	—	9	3	9	6
	1,482	1,684	417	34	122	60	3,799	3,711	3,853	3,645
NEW CASES ..	170	113	20	10	10	6	329	386	428	534
	1,652	1,797	437	44	132	66	4,128	4,097	4,281	4,179
Cases written off ..	167	161	55	8	8	10	409	357	608	393
	1,485	1,636	382	36	124	56	3,719	3,740	3,673	3,786
Children becoming adults ..	+18	+12	—30	+3	+1	—4				
Cases on Register at end of year ..	1,503	1,648	352	39	125	52	3,719	3,740	3,673	3,786
DETAILS OF CASES WRITTEN OFF :—										
Recovered							186	161	237	149
Deaths							78	69	89	110
Transferred to other areas or lost sight of							145	127	282	134
DEATHS :—										
Total No.							78	69	89	110
Rate per 1,000 population—Pulmonary							0·24	0·21	0·28	0·33
do. —All forms							0·25	0·22	0·28	0·35
Average Rate per 1,000 population for past 10 years—										
Pulmonary							0·43			
do. —All forms							0·47			
EXAMINATION OF CONTACTS :—										
No. of contacts examined clinically and radiologically							2,911	2,630	2,172	2,171
do. found to be tuberculous							5	16	30	35
Percentage do. do.							·17	·6	1·4	1·6
WORK OF THE TUBERCULOSIS HEALTH VISITORS:										
No. of visits paid to patients' homes							13,098	15,236	14,012	12,677

LOAN OF NURSING EQUIPMENT

'Small' Items

Article	From Home Nursing Service				From Chest Clinic			
	1953	1954	1955	1956	1953	1954	1955	1956
Air rings ..	421	484	516	378	33	43	25	27
Bed pans ..	567	682	812	866	18	20	15	13
Back rests ..	224	277	343	294	22	39	36	32
Barrier outfits ..	490	567	577	609	—	—	—	—
Cradles ..	50	72	83	62	1	1	1	—
Crutches ..	10	10	20	12	—	—	—	—
Draw sheets ..	186	213	123	178	—	—	—	—
Feeding cups ..	54	36	35	31	—	—	—	—
Incontinent gowns ..	40	49	27	21	—	—	—	—
Infectious outfits ..	35	45	45	28	—	—	—	—
Mackintosh sheets ..	517	705	860	765	13	29	18	24
Midwifery outfits ..	—	—	19	35	—	—	—	—
Sorbo cushions ..	73	117	159	193	3	1	4	5
Syringes 5cc. ..	490	475	506	583	—	—	—	—
Syringes 2cc. ..	35	43	21	15	—	—	—	—
Syringes others ..	—	—	—	7	—	—	—	—
Urinals ..	242	317	376	350	11	22	13	13
TOTALS ..	3,434	4,092	4,522	4,427	101	155	112	114

'Large' Items

Article	Issued from							
	Health Services Store				Chest Clinic			
	1953	1954	1955	1956	1953	1954	1955	1956
Air beds ..	8	3	2	—	1	—	—	1
Bed tables ..	6	3	3	1	5	10	2	5
Bedsteads ..	23	52	40	48	21	26	30	30
Commodes ..	38	85	75	101	1	2	—	2
Elbow crutches ..	—	—	1	1	—	—	—	—
Invalid chairs ..	84	104	108	99	10	6	8	2
Mattresses ..	35	63	48	58	25	35	40	37
Spinal carriages ..	7	—	2	2	—	—	—	—
Walking aid ..	—	—	1	—	—	—	—	—
Walking tripods ..	—	1	—	—	—	—	—	—
TOTALS ..	201	311	280	310	63	79	80	77

CONVALESCENCE

The total number of patients referred for convalescence was 177, a figure of the same order as last year ; each case was recommended by the family doctor.

Altogether 120 patients were sent away, a large proportion going to the Regional Hospital Board Homes at Skegness. Of those sent to Independent Homes, 2 paid the whole cost, while the Health Committee assisted financially with maintenance for 3 patients and for maintenance and fares for 34 patients.

In only one case was the whole cost paid by the Health Committee ; all the others made some contribution. Nine patients were given an extension for a longer period than the normal stay of two weeks.

Of the patients referred, 57 could not be sent away for various reasons such as deterioration in health or domestic difficulties. Some of them finally were accepted by various other agencies. Members of the British Red Cross Society and the Rotarians were helpful to several patients on cross country journeys.

The logical sequel to convalescence is the attempt to improve the conditions which had contributed to the breakdown in health. To ensure this, the social worker kept in touch with the patients after their return home, and assisted in solving certain problems by, for example, obtaining increased grants for patients who had been suffering from malnutrition and arranging for courses of rehabilitation.

Comparative figures of admissions arranged 1953-1956 :—

Name of Convalescent Home	1953	1954	1955	1956
Regional Hospital Board Homes				
<i>Sheffield Region :</i>				
Carey House, Skegness—Women	45	51	53	48
Seely House, Skegness—Men	25	14	17	24
Burley Auxiliary Hospital	—	4	—	—
Sheffield Works' Convalescent Association, Claremont House for Women—Matlock	—	—	6	7
Stubben Edge Hall for Men—Ashover	—	—	—	1
<i>Oxford Region :</i>				
Freeland House	—	1	—	—
<i>East Anglia Region :</i>				
Suffolk Convalescent Home, Felixstowe	2	2	—	—
<i>Leeds Region :</i>				
Ilkley Convalescent Hospital	—	—	1	—
<i>South East Metropolitan Region :</i>				
Thomas Lye Convalescent Home, Brighton	—	3	—	1
Birchington on Sea Diabetic Convalescent Home	—	1	—	—
<i>South West Metropolitan Region :</i>				
Walton-on-Thames	—	—	1	—
TOTAL	72	76	78	81
Independent Homes				
Hunstanton Convalescent Home	6	14	9	9
West Hill Convalescent Home, Southport	2	7	5	4
Sheffield Works' Convalescent Association, Claremont House for Women, Matlock	3	1	3	4
Stubben Edge Hall for Men, Ashover	3	4	1	1
Evelyn Devonshire Home, Buxton	—	2	4	—
George Woofinden Home, Mablethorpe	—	2	12	19
All Saints, Eastbourne	2	2	—	—
John Howard Convalescent Home, Brighton	—	2	—	1
St. Joseph's Convalescent Home, Bournemouth	—	2	—	—
Boarbank Hall, Grange-over-Sands	—	4	1	—
Charnwood Forest Children's Convalescent Home, Loughborough	—	1	1	—
Seabright Convalescent Home, St. Anne's	—	1	1	—
Thomas Banting Memorial Home, West Worthing	1	—	—	—
St. Michael's Convalescent Home, Clacton-on-Sea	—	—	1	—
Mental After-Care Association Home, Royal Oak House, Westgate-on-Sea	—	—	—	1
TOTAL	17	42	38	39

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

Type of Illness	Patients sent to Regional Hospital Board Homes				Patients sent to Independent Homes			
	1953	1954	1955	1956	1953	1954	1955	1956
Respiratory	16	16	23	17	8	9	4	6
Cardiovascular	13	6	8	13	2	6	7	11
Digestive	12	5	13	14	2	3	3	—
Nervous and cerebral ..	1	9	3	5	1	5	8	4
Urinary	1	1	3	1	1	1	2	1
Reproductive	5	1	5	3	—	2	—	—
Skin	—	4	3	4	—	1	2	—
Rheumatic	6	5	8	6	1	3	3	3
Injury	2	5	1	1	—	—	—	—
General debility	14	21	4	11	2	11	8	14
Endocrine — Thyroid ..	2	—	1	—	—	1	—	—
Diabetic	—	3	5	2	—	—	—	—
Others	—	—	1	4	—	—	1	—

HEALTH EDUCATION

A committee formed in 1954, and made up of medical, health visitor, public health inspector and administrative staff, continued to meet regularly ; consideration was given to maintenance of the window display and to the general planning of health education activities.

A full-time assistant was appointed, one of whose duties was to prepare projects for display in the Welfare Foods Distribution Centre window ; subsequently much of the material was adapted for use at welfare centres.

At all ante-natal clinics in welfare centres, group teaching continued in the form of ten-minute talks and discussions ; in addition, from October, a health visitor attended fortnightly to instruct at an ante-natal clinic held by a group of general practitioners at their surgery. At relaxation classes, midwives and health visitors shared the mothercraft teaching.

The programme of talks at infant and toddler sessions was extended. In September two additional mothers' clubs were established ; one at the Ernest Purser Welfare Centre and the other at Edwards Lane Welfare Centre. The latter, an evening club, was sponsored by the Nottingham Association of Women's Clubs, but the health visiting staff of the centre were also associated with the work. At Rosebery House Welfare Centre the mothers' club met regularly throughout the year, and the membership increased to 24 ; at Sneinton Welfare Centre the club did not meet after the summer break, but will be restarted when a group of sufficient size can be formed.

At the Firs Maternity Hospital health visitors continued to hold mothercraft classes at one ante-natal clinic and at the evening relaxation class ; since the latter was started four years ago, some 500 mothers, the majority being primagravida, have attended.

Talks on a variety of subjects were given to youth and adult organisations by medical officers, health visitors and public health inspectors.

The Summer School of the Central Council for Health Education held at Stoke Rochford, Lincolnshire, from 14th to 24th August, was attended by one health visitor.

Welfare Foods Distribution Centre. A monthly window display of topical health projects was maintained, and considerable interest was aroused amongst the general public who passed through Canning Circus daily.

Monthly Subjects

January	The Seven Rules of Health	July	Food Hygiene
February	Welfare Foods	August	Poisonous Berries
March	Smoke Abatement	September	Respiratory Infection
April	Vaccination against Smallpox	October	Home Safety
May	Dangers of the Dummy	November	Smoke Abatement
June	Anti-Litter	December	Health and Happiness at Christmas

IMMUNISATION AND VACCINATION

The most important event was the introduction of vaccination against poliomyelitis in the Spring. Only a small amount of vaccine was available but it was hoped that it was the first step in the eradication of a disturbing and serious illness.

COMBINED IMMUNISATION AGAINST DIPHTHERIA AND WHOOPING COUGH

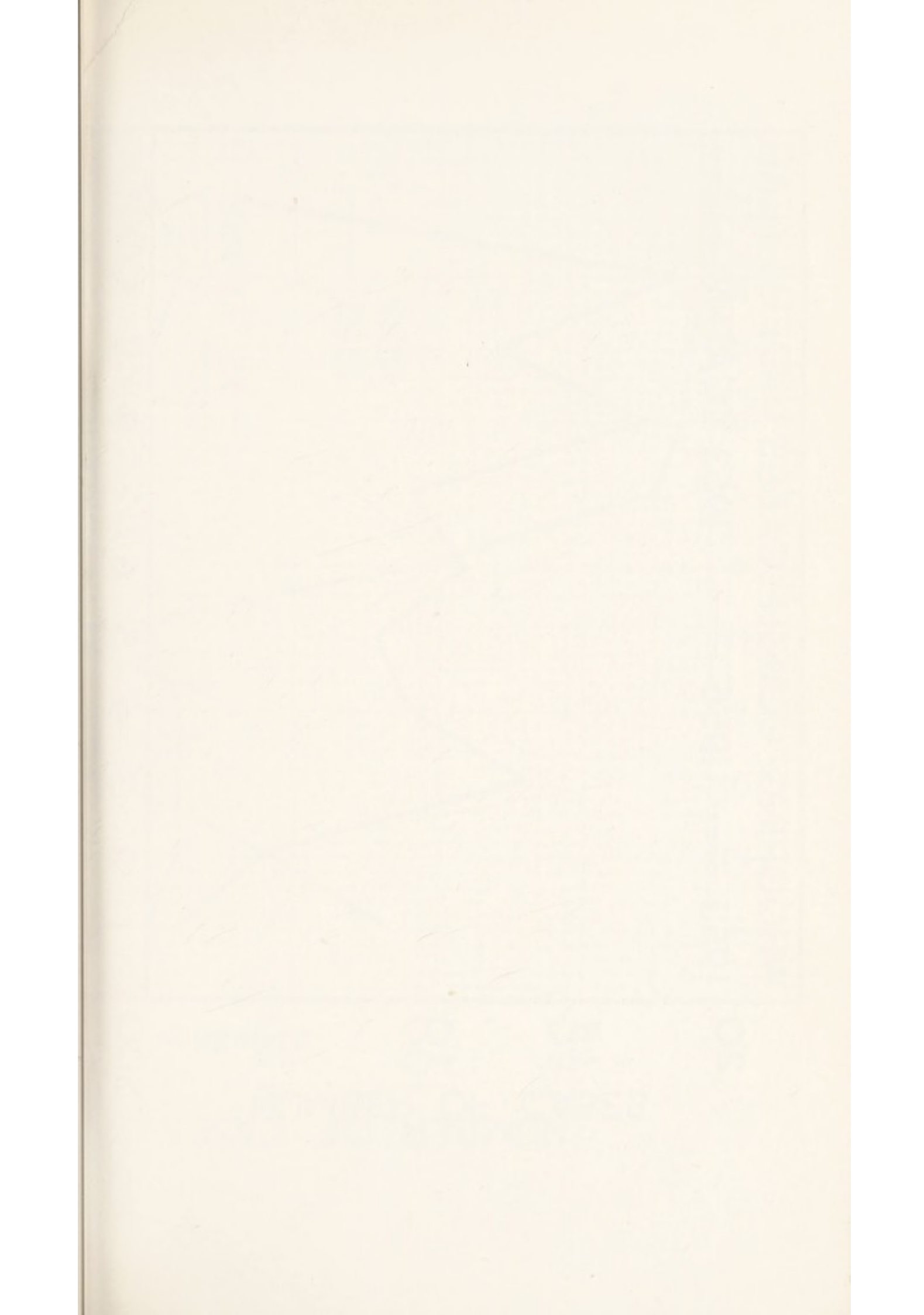
No change was made in the arrangements. Facilities were available at welfare centres and day nurseries and many immunisations were also carried out by family doctors. The course of three injections was advised to begin at four months of age.

Combined Immunisation	1955	1956
Carried out by General Practitioners ..	1,566	1,294
Under Health Department arrangements ..	2,018	1,769
TOTAL	3,584	3,063

Combined immunisation on a large scale was commenced just over two years ago. Some years must elapse before it can be fully assessed but it would appear to give some protection against whooping cough, particularly in babies under one year. This is shown in the following table which gives details of an analysis of 307 cases in children of two years of age and under.

		Notified cases	Fully Immunised	Severity of attack		
				Mild	Moderate	Severe
Under 1 year	..	82	1	—	—	1
1 year	.. ..	81	18	15	2	1
2 years	.. ..	144	28	14	8	6
TOTAL	..	307	47	29	10	8

The graphs which appear between these pages compare the incidence of the disease in 1953, before combined immunisation was started in Nottingham, and 1956 after two complete years had elapsed. The incidence in children over two years of age was similar in both cases, particularly at the age of five, but there was a fall in the number of three year olds in 1956 which may be associated with immunisation. In the children under one year the incidence up to three months was similar but in 1956 from seven months onwards—the age group in which immunisation may be assumed to be completed in about half the total number at risk—there was a reduction.



WHOOPING COUGH - CASES UNDER 1 YEAR

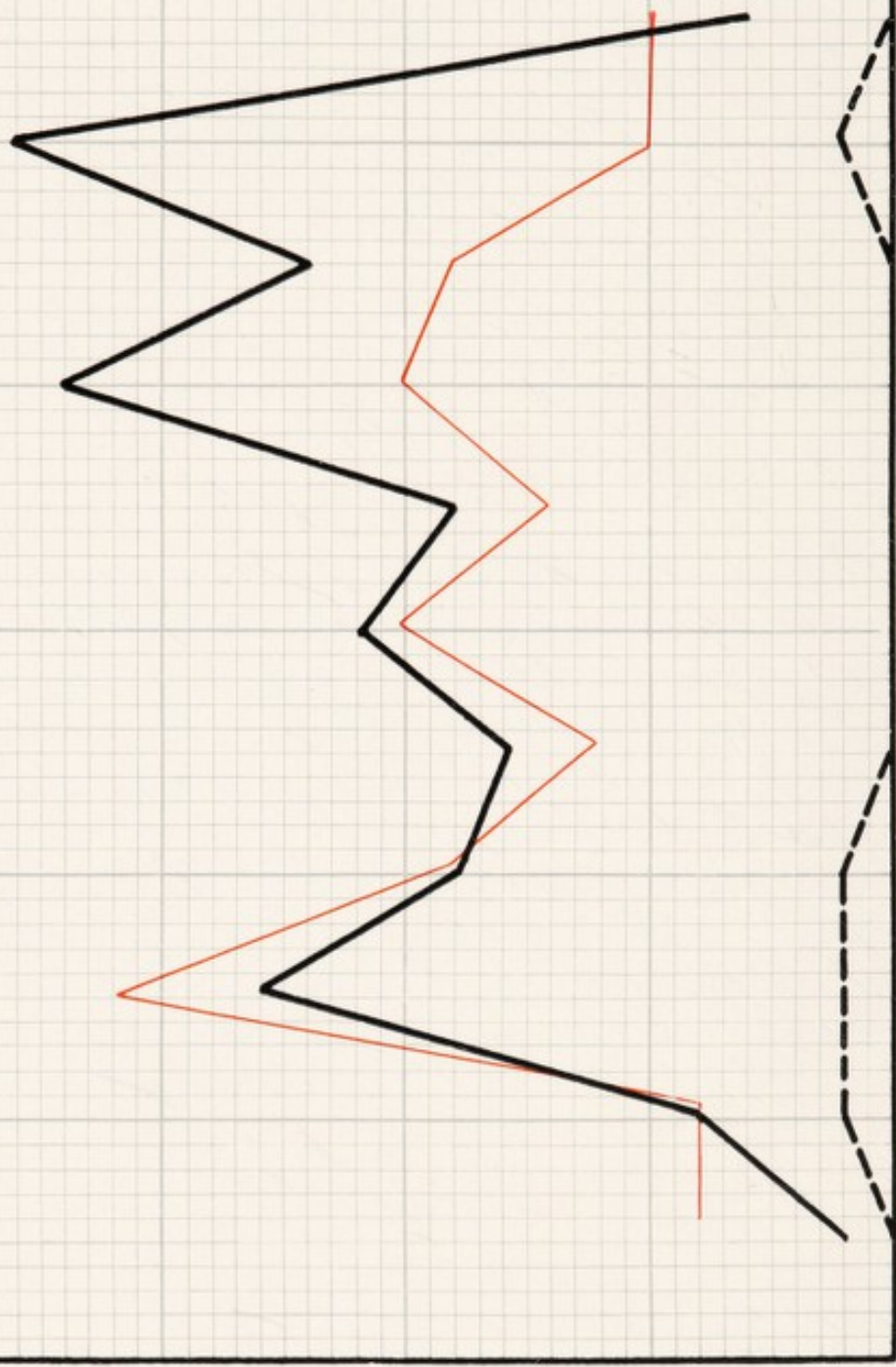
1953 — 1956 — 1953 DEATHS ----

NUMBER OF CASES

20
15
10
5
0

1 2 3 4 5 6 7 8 9 10 11

AGE IN MONTHS



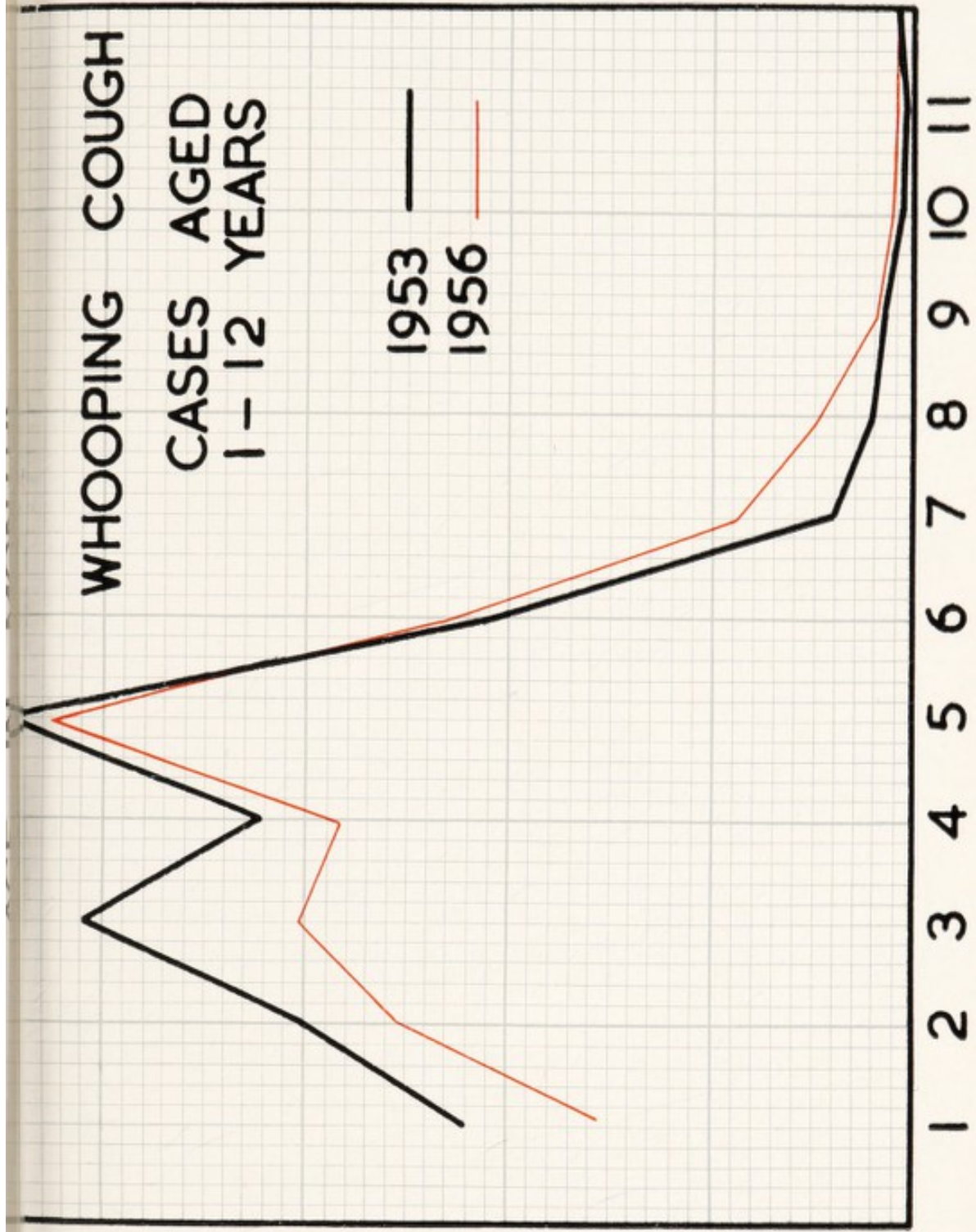
WHOOPING COUGH

CASES AGED
1-12 YEARS

1953
1956

NUMBER OF
CASES

AGE IN
YEARS





ANALYSIS OF IMMUNISATIONS

Numbers carried out

	Primary Immunisations				Re-inforcing Injections	
	Pre-school children	School children	Under Health Dept. arrangements	*By General Practitioners	Under Health Dept. arrangements	*By General Practitioners
1950 ..	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
55 ..	4,390	1,001	3,723	1,668	3,540	218
56 ..	3,125	787	2,586	1,326	2,628	159

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

Progressive totals of children fully immunised at 31st December

	0—5 years		5—15 years		0—15 years	
	No.	Percent.	No.	Percent.	No.	Percent.
1950 ..	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
55 ..	14,481	57	42,063	88	56,544	77
56 ..	14,133	57	42,980	88	57,113	78

Numbers and percentage of children immunised

	Estimated population	Children immunised	Percentage immunised
Age 0—1 year ..	4,790	2,514	52
„ 1—5 years ..	19,810	11,619	59
„ 5—15 years ..	48,600	42,980	88
Age 0—15 years ..	73,200	57,113	78

NUMBERS OF CHILDREN IMMUNISED ANNUALLY 1948 — 1956

AGE	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total No. of Children Immunised	Percentage of Child Population Immunised since 1942
Under 1 year	264	326	218	321	395	514	649	3,356	2,514	0 — 5 years 14,133	Estimated Population 0 — 5 years = 24,600 Percentage immunised = 57
1 Year +	3,759	3,043	2,809	2,900	2,715	2,548	2,321	688	388		
2 Years +	807	564	412	470	344	323	227	169	90		
3 Years +	180	261	184	113	128	126	78	101	74		
4 Years +	137	180	178	103	104	61	82	76	99		
5 Years +	346	321	305	279	283	224	285	330	318	5 — 15 years 42,980	Estimated Population 5 — 15 years = 48,600 Percentage immunised = 88
6 Years +	362	351	287	205	220	232	257	275	86		
7 Years +	182	155	112	68	79	99	128	161	47		
8 Years +	191	69	60	38	106	63	66	106	21		
9 Years +	151	60	13	22	131	71	30	31	17		
10 Years +	111	36	25	26	138	61	22	29	17		
11 Years +	69	31	18	15	103	61	16	31	54		
12 Years +	49	32	11	77	36	3	8	11	68		
13 Years +	73	16	5	59	40	1	6	7	57		
14 Years +	—	28	7	45	30	1	11	14	62		
15 Years +	—	—	6	26	28	—	3	6	—		
Total	6,681	5,473	4,650	4,767	4,892	4,388	4,189	5,391	3,912		

Vaccination against Smallpox. Vaccination sessions were held at 13 centres. 2,101 primary vaccinations were performed, 1,537 of these being infants under the age of one year—29·8% of the number of births in the same period. This percentage remains unsatisfactory, though there was an improvement.

Mothers are now able to have their infants vaccinated during routine visits to welfare centres. This added facility will help, but persuasion by medical officers and health visitors is necessary to increase further the number of children vaccinated.

ANALYSIS OF VACCINATIONS

	Numbers of Persons						
	Age at 31.12.56					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	1,537	377	63	124	2,101	805	1,296
Re- Vaccination	—	15	32	317	364	322	42

INFANT VACCINATION

	Primary Vaccinations under 1 year of age	Percentage of births during same period
1951	2,135	41·8
52	1,992	39·4
53	2,056	39·4
54	1,971	37·9
55	1,143	23·2
56	1,537	29·8

B. C. G. VACCINATION OF SCHOOL CHILDREN

The vaccination of 13 year old school children was carried out for the third year. There was no change in procedure.

The total acceptance rate was 70·5% compared with 74% in 1955 and 79% in 1954.

The percentage of positive reactors was 21 as in 1955, compared with 22% in 1954.

Post vaccination tests revealed that only 0·15% of those vaccinated failed to show tuberculin allergy eight weeks after vaccination. For this reason it was decided to discontinue the tests on a large scale, and to carry out check testing on 10% of those vaccinated.

Of 1,973 children re-tested after one year 98·3% were tuberculin positive, and of 452 at the end of two years 95·8% were positive. The negative reactors who were due to leave school were re-vaccinated.

All positive reactors to the preliminary test were sent to the Chest Radiography Centre, and as a result three children were referred to the Chest Clinic for further observation. One of these was admitted to a sanatorium as an active case of tuberculosis ; the school contacts were investigated, and are to be kept under observation for a period of 12 months.

The second child was admitted to a sanatorium for observation, and was discharged as fit to attend school two months later ; no evidence of active tuberculosis was found.

The third child was found to have inactive primary tuberculosis, and was placed under observation at the Chest Clinic whilst still attending school.

There was no evidence of tuberculosis amongst the contacts of the two cases of active tuberculosis found amongst this age group during 1955. One case was discharged from the sanatorium and resumed school, while the other was reported to be making satisfactory progress.

The single complication amongst the 2,502 children vaccinated was the occurrence of an accelerated reaction in one child. There was no contact with tuberculosis, and the chest x-ray revealed no evidence of a pulmonary infection.

So far as is known, no vaccinated person developed tuberculosis.

	1954	1955	1956
Schools visited	38	54	54
No. of 13 year olds	3,289	3,850	4,641
„ acceptances	2,599 (79%)	2,867 (74%)	3,271 (70·5%)
„ refusals	631	946	1,235
„ others	59	37	135
No. tested	2,516	2,769	3,261
negative reactors vaccinated ..	1,884	2,148	2,502
positive reactors	557 (22%)	589 (21%)	698 (21%)
Post vaccination tests :			
At eight weeks :			
No. tested	803	1,686	2,105
Positive reactions	721	1,610	1,994
Negative reactions	39	8	3 (0·15%)
At one year :			
No. tested	—	1,595	2,052
Positive reactions	—	1,376	1,940
Negative reactions	—	139	33
Absent from reading	—	80	79
No. revaccinated	—	30	10
At two years :			
No. tested	—	—	477
Positive reactions	—	—	433
Negative reactions	—	—	19
Absent from reading	—	—	25
No. revaccinated	—	—	12
Complications :			
Accelerated reaction	1	—	1

Poliomyelitis Vaccination. In January the Ministry of Health announced that a small quantity of vaccine, which was believed to confer a degree of protection against paralytic poliomyelitis would be made available in May and June for children born between 1947 and 1954. As the supply of vaccine was limited, the children to be vaccinated were chosen in accordance with a centrally made plan based on the month of birth.

All vaccines were subjected to stringent safety tests, and it was considered that all the precautions taken made the British vaccine safe.

Explanatory letters and consent forms were sent to the parents of 45,650 children, and acceptances were received on behalf of 17,359 (38%) of the total.

Vaccinations were carried out at the welfare centres and at schools throughout the City.

The following tables give a summary of the work done in May and June.

Total number of consent forms sent out ..	45,650	
" " " acceptances ..	17,359	(38.02%)
Number of children eligible in 4 selected months ..	3,459	
" " " given 1 injection only ..	695	(20.09%)
" " " " 2 injections ..	1,392	(40.25%)
" " " not vaccinated ..	1,372	(39.66%)

ANALYSIS OF VACCINATIONS

Months and Years of Birth	Eligible	Children given 1 injection only	Children given 2 injections	Children not vaccinated
March 1951—54 ..	521	97	331	93
August 1947—54 ..	1,402	384	100	918
October 1951—54 ..	340	106	—	234
November 1947—54 ..	1,196	108	961	127
TOTAL ..	3,459	695	1,392	1,372

**ANALYSIS OF ELIGIBLE CHILDREN WHO WERE NOT
VACCINATED DURING MAY AND JUNE**

Vaccine withdrawn	Consent withdrawn	Absentees			Total
		Parents wish to postpone	Illness	Other reasons	
994	68	23	94	193	1,372

Safety tests were not completed on later batches in time to enable the inoculation of all the eligible children to be completed by June 30th when vaccination was suspended.

A further supply of vaccine became available at the end of November enabling a second injection to be given to those who had not completed the course in June. Second injections were given to 580 children in December, making a total of 1,972 who had completed the course during the year. First injections were also given to 112 children.

It is planned, early in 1957, to vaccinate further children who were already registered.

The degree of protection conferred by the vaccine cannot be assessed at present as vaccination of relatively few children was possible. There was no case of poliomyelitis in a vaccinated child; there was one case amongst those registered but not vaccinated.

HOME NURSING SERVICE

The trend of increased work continued. Though there was a decrease in the numbers of new patients and patients nursed, the total of visits continued to rise, being 4·5% higher.

As in former years the greatest number of requests came from the family doctors.

The following summary is an index of the work.

	1952	1953	1954	1955	1956
Patients on register 1st January	927	1,116	1,226	1,345	1,492
New Patients	4,791	5,499	5,860	6,340	5,927
Total visited	5,718	6,615	7,086	7,685	7,419
Patients on register 31st December	1,116	1,226	1,345	1,492	1,568
Total nursing visits ..	202,993	200,242	217,033	229,882	240,133
„ supervisory visits ..	1,606	2,018	1,951	1,772	3,085
Case load — visits per month per nurse	352	303	329	314	317

During recent years hospitals have been increasingly unable to admit cases of long illness whose domiciliary care, therefore, became the responsibility of the family doctor and the home nurse. The main groups of those nursed were persons suffering from degenerative arterial disease and conditions of the digestive system. Numbers alone do not convey the proportionate amount of nursing care. Those in the digestive group included persons who had either a partial gastrectomy or a colostomy and who, discharged early from hospital, needed daily nursing care over a long period. They benefited, however by the teaching of the nurses, whose first responsibility when the patient returned home was the restoring of self reliance. This, together with the teaching, led in the long run to fewer visits being necessary.

A number of children suffering from aseptic meningitis were nursed at home. Intensive care was needed as soon as the doctor diagnosed the condition and entailed several visits during the first 48 hours, the number being gradually reduced as the acute stage passed.

Illnesses Classified					
	1952	1953	1954	1955	1956
Circulatory and Cardiac ..	643	747	952	1,087	1,181
Respiratory ..	1,095	1,402	1,474	1,687	1,384
Digestive ..	826	971	916	1,071	1,042
Urinary ..	170	196	186	178	198
Reproductive ..	202	203	267	276	285
Nervous and Cerebral ..	553	593	688	758	937
Carcinoma ..	337	375	465	417	397
Diabetic ..	197	255	258	243	278
Ulcer of Leg ..	153	155	158	166	138
Tuberculosis ..	576	554	493	371	326
Burns, Scalds, Injury, etc. ..	320	250	480	626	486
Due to senility ..	410	690	589	603	461
Infectious Fevers ..	26	41	15	34	14
Rheumatism, Arthritis ..	210	183	145	168	292
TOTALS ..	5,718	6,615	7,086	7,685	7,419

Age groups of Patients					
	1952	1953	1954	1955	1956
5 years and under ..	2.5%	2.75%	2.1%	2.2%	3.3%
6 — 16 years ..	3.1%	2.5%	2.2%	1.7%	2.9%
17 — 45 years ..	11.1%	13.25%	12.7%	11.9%	18.6%
46 — 60 years ..	20.0%	20.5%	21.4%	21.3%	24.2%
Over 60 years ..	63.3%	61.0%	61.6%	62.9%	51.0%

Annual Carry-over. This term indicates the number of patients who continued to need nursing at the turn of the year. While about 2% are short illnesses which begin during December

and finish by the middle of January, the rest are cases requiring prolonged nursing. The figures of the carry-over have shown a marked increase each year ; in 1950, before the Corporation took over the Service, there were 642 cases, while at the end of 1956 there were 1,568.

Injections. Visits to a total of 10,616 were made solely for the giving of injections.

Lifting. New methods to assist the muscular actions of the nurse in lifting were adopted. The aim was to accomplish more in less time without deterioration in standards, to prevent fatigue and to lessen the risk of accident to the nurse. These experiments were based on principles which had been taught by a demonstrator of the Central Council for Physical Recreation.

Children's Nursing Unit. It was not possible to inaugurate the unit but two State Registered Children's Nurses were appointed and are training for the Queen's Roll. The suitably qualified nurses are the first necessary step but the interest and co-operation of practitioners and paediatricians have yet to be sought.

Establishment. The full establishment was maintained throughout the first half of the year. It was not, therefore, possible to offer posts to applicants during the summer months to offset the resignations which occurred later on.

There was an increase in the number of visits requested after 6.30 p.m. ; an average of 16 per night. Again it was difficult to recruit a home nurse for this work—a part-time appointment was, however, made during December.

Transport and Telephones. The Douglas Vespa auto-cycles, the first of which were bought in 1952, showed signs of extensive wear. The cost of repairs became heavy and steps were taken to allow for replacements. It was felt more economical to exchange the old ones for new ones at regular intervals, say every three years. The riders of Vespas were provided during the year with crash helmets and white armlets, the latter being extended to cyclists.

The "Assisted Purchase" scheme was used by 9 nurses who acquired cars as an initial purchase and 4 nurses exchanged their cars under this scheme. The owner-driver cars totalled 31.

The number of telephone installations was increased by 9 to 46.

Housing. The furnished house at Kneeton Vale was closed and the furniture transferred to the Ernest Purser Welfare Centre to assist in the furnishing of two flats.

An unfurnished flat in Bulwell was given up, as it was no longer necessary for the Service in the district.

Houses	1 furnished	10 unfurnished
Flats	3 „	3 „

Training for the Queen's Roll. Two courses were held during the year and 18 students entered and passed the examination, 3 obtaining credits in the written paper and 1 in the practical examination. There were 10 students in the present training course which commenced in August.

Refresher Courses. One of the assistant superintendents attended a week's course at Roffey Park, Sussex. Two nurses went to St. John's College, York, and two to a Mental Health Course in Birmingham.

Visitors from Overseas. A Nigerian Health Visitor with Queen's training who visited Nottingham to study the Midwifery Service also spent some time with the Home Nursing Service.

The International Council of Nurses arranged for a Public Health nurse from Denmark to visit the Service as part of a course dealing with the co-operation of the domiciliary and hospital services ; she was interested in all she saw and impressed by the standards.

Visitor from the Queen's Institute of District Nursing. Miss J. Brudenell, the official visitor, made a biennial visit in June.

7

*Classified in other Column—Not to be included in Total

HOME HELP SERVICE

During the twelfth year of the Service a heavy demand experienced throughout the first six months led, despite strict limitation in every case, to a weekly wages figure in excess of the authorised expenditure. To counteract this a reduction of the amount of help was necessary ; in some instances to short periods which permitted the helpers to meet essential needs only.

The continuous provision of help for an increasing number of aged persons carried forward each year lessened the amount available for others. The one compensating factor was that a large proportion of those to whom help was, in fact, sent daily might otherwise have occupied hospital beds, as many without relatives or friends lived entirely alone.

A re-arrangement of the four geographical areas was carried out to equalise the case load. The Northern and Eastern districts as previously constituted, included old areas housing elderly people and in consequence the demand was disproportionately heavy.

The Eastern District office was transferred to the old welfare centre at 25, Wilford Road where the Southern District office was already accommodated.

Sickness among helpers was heavy and there were periods when as many as 60 women were absent in one week.

Demand. The number of applications again increased. There was little variation in the type of cases for which help was requested ; the major demand was again for the aged. Requests for help from general practitioners and hospital almoners accounted for approximately one third of the total. A summary showing the sources of applications is given.

Personal	852
General practitioners.. .. .	297
Almoners	299
Home Nursing Service	82
Clinics and midwives	178
Others	475
TOTAL	2,183

Tuberculosis. Help was given to all those cases carried over from 1955 and to approximately two-thirds of those who applied in 1956. In some cases where the patient was a mother who refused to enter hospital, the provision of help was the means of enabling her to undergo treatment at home.

There was still, unfortunately, difficulty in recruiting women for tuberculous households ; usually their rejection of the work was in deference to their husbands' wishes.

Night Help Service. The limited supply of helpers able to do this work was a serious drawback during the winter months and many requests during short illnesses could not be met. Altogether 12 cases were assisted.

Maternity Cases. Applications for help were not particularly heavy ; it was interesting to note that a large proportion paid full cost. A number of bookings was cancelled because of the assessed charge ; several applicants objected to payment for help when, as they stated, hospital accommodation was provided free.

Social Cases and Families with Problems. Bereaved or deserted parents formed the bulk of the social cases assisted. Full time daily help was needed in nearly every instance, as no relatives were able or willing to offer homes to the children even had the dispersal of the family been possible. Alternatively the inability to accommodate or pay a resident housekeeper was

a potent force. It is to be remembered that the providing of help even on a generous scale not only keeps the family together but is done at appreciably less cost than placing the children "under care".

Where help was supplied, an improvement particularly in the standard of cleanliness, care of the children and provision of cooked meals, was apparent within a short time. It was noticed that the children usually responded readily to the care and tactful guidance of the helper, a great advantage where parental discipline was lacking. The parents accepted her as a friend prepared to assist in the smoothing out of domestic problems. The greatest difficulty usually encountered was in persuading the husband to allow his wife an adequate housekeeping allowance.

Waiting List. It was possible to assist additional cases only by accepting the principle that a little help in each case was better than none. Thus one helper might assist in four or five homes during a day, an arrangement which could only be operated where a group of cases was close together. The number awaiting help varied between 150-200 during October to December even though more cases were being assisted.

Income. There was an increase on 1955 of approximately £2,000 in the amount recovered. The addition of 3d. per hour towards administration charges, which was applied to all full cost cases as from 1st April, accounted for £300 of this figure.

ANALYSIS OF ASSESSMENTS OF NEW CASES	1953	1954	1955	1956
	%	%	%	%
Cases paying full cost	22.0	24.25	25.4	25.3
" " part cost	18.5	15.5	14.3	14.8
" " nothing	59.5	60.25	60.3	59.9

THE YEAR'S WORK

Date	No. of helpers	Cases being assisted			Waiting list	Weekly wages bill
		General	Maternity	Night		
29. 3.56 ..	459	1,350	9	2	110	£ 1,651
28. 6.56 ..	453	1,344	8	3	66	1,684
27. 9.56 ..	460	1,397	8	3	99	1,667
13.12.56 ..	427	1,316	7	2	185	1,570

No. of Helpers at 31st December :

				1953	1954	1955	1956
Full-time	..	..	..	173	170	224	132
Part-time	..	..	..	135	284	226	295
Casual	..	..	..	158	30	10	15
TOTAL	466	484	460	442

Hours worked :

Weekly average	10,947	11,544	11,655	11,333
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Result of Applications :

Help supplied	1,107	1,296	1,309	1,385
Awaiting help	173	218	132	69
Advance maternity bookings	..	..	38	38	50	42
Not qualifying	..	..	174	151	137	25
Cancelled or arranged own help	..	..	337	393	438	662
TOTAL	..	..	1,829	2,096	2,066	2,183

Analysis of Cases Assisted and Payments made :

			Full cost	Part cost	Nil	Total
Old Age Pensioners :						
Chronic illness	..	..	195	192	1,600	1,987
Acute illness	..	..	27	18	118	163
Others :						
Chronic illness	..	..	38	29	95	162
Blind	..	..	1	5	33	39
Acute illness	..	..	115	27	83	225
Maternity	..	..	89	73	17	179
Tuberculosis	..	..	7	8	41	56
Social cases	..	..	1	1	12	14
Night cases	..	..	4	1	7	12
TOTAL	..	..	477	354	2,006	2,837*

*Includes 1,452 cases receiving help on 1st January, 1956.

MENTAL HEALTH SERVICE

MENTAL ILLNESS

Admissions to Hospital. This was the second full year during which all recourse to certification was avoided ; there were no admissions on Summary Reception Orders under Section 16 of the Lunacy Act nor were any of those admitted under Section 20 subsequently certified.

The number of cases reported for investigation again increased to 984, against 921 in 1955 and almost twice that in 1948. At the same time the percentage actually admitted to hospital fell from 75% to 57%. The trend for earlier reporting led to some cases being referred at a stage in the illness where the persons concerned had so little insight into their condition that voluntary treatment was actually refused. Such cases had regretfully to be left until the progress of the illness permitted compulsory action.

In other cases not admitted to hospital, particulars were received early enough for reference to and treatment by the psychiatric out-patient department. Family doctors referred to the Service in increasing numbers suitable persons for out-patient treatment. A mental welfare officer then visited during the waiting period for the appointment and in some cases secured earlier attention if symptoms rapidly developed.

Arrangements for the home visit by a psychiatrist and a mental welfare officer of all cases reported over the age of 65 years continued. The practice was so successful in ensuring an early decision as to the appropriate action that it was extended to certain cases under this age.

The services of two consultant psychiatrists from the mental hospital were made available to pay visits to cases where the mental welfare officer found difficulty in making a decision, and proved to be of great value in cases presenting puzzling features. This service was supplementary to the arrangement for visits by consultant psychiatrists at the direct request of general practitioners.

This was the first full year in which the effect could be seen of the policy by which parts of the Mapperley Hospital ceased to be designated as mental hospitals, enabling admission to and discharge from these wards to be without formality. Of the total number of persons 25% were admitted in this manner. The majority of these "non-status" cases dealt with through the Service were aged persons for admission to St. Francis Hospital (previously known as Lilac and Maple Wards). It was found that many aged people in a condition of mild confusion or depression attached undue significance to being invited to sign a voluntary form and the removal of this impediment facilitated the arrangements for the necessary care and treatment. It was noticed in some cases that if subsequent re-admission became necessary, it was approached quite happily.

Community Care. The after-care of persons discharged from the mental hospital was, by volume of work involved, the principal activity. The year opened with a case load of 837 persons. A policy was inaugurated to reduce the case load so that more intensive work might be done on fewer cases, and by April the number was reduced to 734. It was found impossible to hold the load at this figure and a gradual rise took place until at the end of the year there were 820 active cases.

Regular visits to persons recovering from depressive illness were an important part of the work, enabling the mental welfare officers to become aware of early signs of deterioration and to secure further treatment promptly. A tendency was noticed for such cases to be on the increase and was encouraged. Prompt action by the officers in drawing the attention of the psychiatrist to the early signs of change often enabled the patient to be dealt with satisfactorily as an out-patient ; an important consideration if a parent was concerned.

The other activities ranged over the whole field of social work. Problems of employment or re-employment occupied much time, as did efforts to solve difficult family situations. Relatives of chronic sufferers were assisted by visits from mental welfare officers, who often found themselves becoming general family counsellors, and whose support enabled some cases to continue in the community. Without this help they may have deteriorated into permanent hospital cases.

PERSONS IN NEED OF ADMISSION TO HOSPITAL

	Under 65 years		Over 65 years		Totals
	M.	F.	M.	F.	
Reported by :					
Police	48	44	9	11	112
General hospitals	70	56	14	17	157
Medical practitioners	82	106	70	128	386
Relatives	40	85	27	24	176
Others	28	59	27	39	153
TOTAL	268	350	147	219	984
Disposal :					
Admitted hospital :					
Under Sect. 16	—	—	1	—	1
do. Sect. 20	100	137	22	25	284
As a voluntary patient	45	55	9	27	136
Others	8	14	56	60	138
	153	206	88	112	559
For community care	1	7	14	36	58
Not accepted	114	137	45	71	367
TOTAL	268	350	147	219	984

MENTAL DEFICIENCY

Admission to institution of defectives urgently in need of this form of care continued to be a difficult problem. Prompt action was almost impossible and urgent cases had to wait for unduly long periods before vacancies could be found. However, toward the end of the year there was a slight easing in the position as the effect was felt of newly erected accommodation coming into use. During November, 5 cases were admitted to Aston Hall, the total of cases admitted to institutions during the whole year being 27. It is hoped that in the early months of 1957 further accommodation will become available which will enable the most desperate cases to be dealt with.

The continued shortage of accommodation meant that it was not always possible to deal with cases in strict rotation. Cases with considerable degrees of urgency for institutional care were kept under constant review, but quite often a case only recently ascertained suddenly acquired a tragic urgency, e.g. by the death or prolonged incapacity of the mother, necessitating disproportionate efforts to deal with it. This resulted in cases of longer standing being left at home, and a source of constant anxiety to their parents. The mental welfare officers were often met with complaint, on occasion with abuse, on visiting these homes, where they had difficulty in pacifying parents who considered themselves discriminated against.

To relieve tension caused by the continuous care of a grossly defective child or to relieve difficulty caused by the temporary incapacity of the mother of a family containing a defective child, arrangements continued to be made for short term care under the provisions of Circular 5/52. Some of these cases were admitted to Aston Hall but more went for a period of 3-4 weeks into St. Francis Hospital, where a cot and a bed on the female

side and a bed on the male side, were kept available for this purpose. Cases were usually admitted at quite short notice and a number of very difficult cases had repeated admissions thus easing the strain on the relatives to a considerable extent. The availability of this accommodation afforded the mental welfare officer a means of limited help in cases where they would otherwise have been powerless to take any effective action.

Supervision of Mental Defectives. Systematic home visiting of those under guardianship and supervision continued to be the central pillar of the community work. The number of visits paid was 3,235.

Endeavours to secure employment for the older defectives continued. Particular effort was directed to finding employment—often by direct approach to sympathetic employers—for those whose intellectual level rendered them almost unemployable. Males continued to be employed in a wide variety of unskilled labouring jobs, and simple repetitive work in factories and collieries. Females of quite low grade were successfully placed in domestic work, whilst others were found occupation in factories, laundries, and in the washing departments of bottling stores.

The mental welfare officers also acted as liaison officers between the home and the City Occupation Centre, keeping the parents in touch with the progress of trainees and enquiring as to the cause of absenteeism in necessary cases.

Good relations with the officers of the National Assistance Board continued and co-operation was fruitful.

CITY OCCUPATION CENTRE

Hours of opening from Monday to Friday during school terms were 10 a.m. to 3.30 p.m. Places for 150 were provided and this number was reached early in the year. New cases, however, continued to arise and owing to the special peculiarity of occupation centres having no "leaving age", few vacancies occurred. Gradually additional cases were admitted until by 31st December the number on the register had risen to 162 with a daily average attendance of 131. The increased numbers, among whom were many low grade defectives as well as those of all ages with behaviour problems, added to the difficulties of the staff, and an addition to the establishment of an assistant supervisor is being sought.

A gradual re-organisation of the activities of the Adult Male Department was brought about. The resignation of one of the male staff and the difficulty of replacement, led to the appointment of a woman assistant supervisor. This proved to be successful with a marked effect upon the general tone and morale of the defectives.

In this department are 52 of varying intellectual levels—some with additional physical handicaps—of an age range from 14 to 46 years. The trainees fall into two groups :—the middle aged defectives and all those with physical handicaps ; the younger and physically active trainees. Those in the first group by reason of their age or handicap were unable to take much part in the general physical training. Many reached the limit of training which their mental or physical state will permit, and spent most of their time in various workshop activities suited to their abilities. Some did joinery to a moderate standard, whilst some did little more than polish or sandpaper articles constructed by the others. Some were engaged in making

door mats, and one trainee showed considerable skill in brush making but was quite unwilling to learn any other work. Some of these older defectives were able to perform domestic tasks about the centre ; assisting the caretaker in floor and window cleaning, and in carrying coals.

The second group was divided into two classes, in which abilities were matched as equally as possible. Class A was in charge of the woman assistant during the morning in the workshop, whilst Class B, except in bad weather was gardening under the supervision of the male assistant. In the afternoons the classes were reversed. In this way each trainee came alternately under male and female supervision and spent a period in out-door work and another in learning light handicrafts. The groups united for physical training.

A considerable area of land is under cultivation, and although the nature of the soil was too poor yet for crops to be notable, the training which was extensively applied was of great value. It was hoped that in time some of the more able trainees would be found work on local market gardens. One useful side effect of this concentration on land work was that the defectives were sent home healthily tired and were more easily controlled by their parents. Considering that many of these youths had records of delinquency before being brought to the centre and more were potential delinquents, this was by no means unimportant.

Among the handicrafts also undertaken were simple weaving, stool seating and modelling in paper pulp and clay ; a beginning was made with simple earthenware pottery. The latter was air dried, but the foundations for a kiln were built and materials for

its erection brought to the site. When it is built and it is possible to fire the pottery encouraging results are anticipated. Some striking contemporary designs in raw clay were produced.

It was note-worthy that the inclusion of modelling both in paper pulp and clay in the curriculum had a marked effect on behaviour among the adolescent males, and consequently arrangements were made to ensure that all spent a period in these activities.

The Junior Department continued to have a large proportion of very low grade children, some of whom were only being contained in the centre as an essential relief to their parents until institutional accommodation could be found for them. Only very limited training could be attempted with them but great emphasis was placed on habit training and personal hygiene. The inculcation of a social sense was attempted largely through the medium of musical games and dancing and observed free play. With the children of better grade, an introduction to simple handwork and a wider range of physical activities were possible.

In the Intermediate Department, with both boys and girls, handwork was carried to a more advanced stage and the boys came under male supervision for physical training.

The adult females were able to do handwork of a medium degree of skill and received their physical exercise by country dancing and games instead of by formal drills.

The elementary domestic science class inaugurated last year was continued and its activities slightly extended. The girls and women were taught kitchen routine and simple cookery the general effect of which was to render the defectives more helpful in their homes.

Four to six adult women worked regularly in the kitchen with the cooks during the mornings and received pocket money for their services. During the afternoons they attended a recreational handwork class.

Open Days. About 130 parents and friends visited on the 18th and 20th September and were conducted in small groups through the centre by mental welfare officers.

Although individual parents were always welcomed, this was the first opportunity that parents had of seeing the centre under ordinary conditions. Previously Open Days were more formal with displays by the trainees, specially prepared and rehearsed for the occasion. Many parents made a particular point of saying that they had been more interested than formerly, and it would seem that they preferred to see their children taking part in orderly class activities.

Transport. Three double deck buses on hire from the City Transport Department conveyed the defectives daily between the centre and all parts of the City, except Clifton. In the Autumn a number of defectives from the latter was entered on the register and arrangements made for the extension of one route to Clifton in 1957, by which time it was anticipated that the numbers involved would justify the additional expense.

Medical Examinations. The Physician Superintendent of Aston Hall Mental Deficiency Hospital paid regular visits to examine new entrants and to re-examine some of those previously seen, and continued to take a great interest in the activities of the centre.

MENTAL DEFICIENCY ACTS, 1913—1938

NEW CASES REPORTED	M.	F.	Totals		
			1956	1955	1954
Subject to be dealt with—					
<i>Reported by Local Education Authority :</i>					
Sect. 57(3) Education Act, 1944 ..	18	14	32	25	20
" 57(5) " " " ..	8	12	20	21	18
<i>Reported by other sources</i> ..	7	9	16	11	7
Not at present subject to be dealt with—					
Cases for whom the Local Health Authority may subsequently become liable ..	5	12	17	19	19
	38	47	85	76	64
Disposal of Cases—					
Admitted to Institution (under Order) ..	3	5	8	1	3
Place of Safety ..	—	1	1	—	—
Placed under Statutory supervision	30	29	59	56	42
" " Voluntary supervision	5	12	17	19	19
	38	47	85	76	64
CASES ASCERTAINED PRIOR TO 1956 WHO BECAME THE SUBJECT OF AN ORDER DURING THE YEAR.					
Admitted to institution ..	10	5	15	17	11
Placed under guardianship ..	1	—	1	1	2
	49	52	101	94	77
CASES TRANSFERRED DURING THE YEAR.					
From guardianship to institution ..	3	1	4	1	1
TOTAL OF ASCERTAINED CASES.					
In institutions ..	215	245	460	453	450
Under guardianship ..	18	17	35	42	46
" Statutory supervision ..	324	240	564	517	512
" Voluntary supervision ..	163	126	289	321	283
In "Places of Safety" ..	2	3	5	4	4
	722	631	1,353	1,337	1,295

CITY OCCUPATION CENTRE
Analysis of defectives on the register on 31st December

Age Groups	Intelligence Quotients						Totals	Classification		
	Below 30	30 to 40	41 to 50	51 to 70	71 to 80	Not tested		Feeble- minded	Imbecile	Idiot
FEMALES :										
Under 7 years	1	—	1	1	—	—	3	—	3	—
7 to 11 "	5	3	5	1	—	1	15	—	14	1
12 to 15 "	2	3	6	4	—	—	15	4	8	3
16 to 20 "	1	4	5	1	—	—	11	4	7	—
21 to 39 "	2	4	4	1	—	1	12	4	8	—
40 years and over	—	1	2	—	—	—	3	2	1	—
	11	15	23	8	—	2	59	14	41	4
MALES :										
Under 7 years	—	2	2	—	—	1	5	1	4	—
7 to 11 "	10	9	3	3	—	1	26	1	20	5
12 to 15 "	6	7	6	6	1	1	27	5	17	5
16 to 20 "	2	12	4	6	—	—	24	6	16	2
21 to 39 "	5	3	5	3	1	1	18	7	11	—
40 years and over	—	2	1	—	—	—	3	1	2	—
	23	35	21	18	2	4	103	21	70	12

DEVELOPMENT OF THE CITY OCCUPATION CENTRE

An Occupation Centre has operated in the City of Nottingham continuously since the first small centre was opened in October 1923, by the Voluntary Association for Mental Welfare. The Mental Deficiency Department was in those days occupying an old Victorian terraced house at 41, Goldsmith Street, and a rear first floor room, which had originally been a bedroom, was made available to the Association for this experimental centre.

It was open four mornings weekly from 10 a.m. until noon, when some half a dozen male defectives of varying ages attended on two mornings, and a similar group of women on the others. The supervisor was the part-time social worker employed by the Association. Without previous experience she undertook this new venture in addition to her existing work of supervising mental defectives in their homes. She was provided with the room, a large table and some individual desks and chairs, and was given a £1 treasury note with which to buy all the necessary additional equipment !

The activities of the centre were necessarily extremely limited. No physical work of any sort could be attempted, both on account of limitations of space and the effect of the noise of stamping feet on others in the building.

The supervisor was Mrs. Gertrude E. Gamble, who subsequently qualified as a Sanitary Inspector and spent the last years of her working life in the employ of the Health Department as a Shop Acts Inspector. Although now into her 70's, she still retains vivid memories of these early days. She had to devise

her own teaching techniques and design much of her own apparatus ; knitting and simple embroidery for the girls and rug making for the boys were almost the only handicrafts that could be attempted.

This small unit proved the need for such a centre and when paying home visits the supervisor was inundated with requests from parents for their children to be allotted places. Before any expansion could be contemplated it was necessary to find larger premises at a rent which the Association could afford ; its only income consisted almost entirely of a grant made by the City Council.

Eventually an agreement was reached whereby the Association used the Toc H Clubroom on Carrington Street for the purpose of an Occupation Centre during the day time. This was a quite large airy room on the second floor and it was possible to increase the numbers on the register to around 30, and an assistant supervisor had to be found. This lady began as a voluntary worker but as it became increasingly necessary for her to be there the whole time the centre was open, she was offered a paid appointment. The supervisor received a salary of £50 a year for her combined work and the assistant supervisor received only £10 in her first year.

Activities in this centre were still very limited. Difficulties over toilet accommodation required that the sexes should still attend separately and although a little more physical activity could be indulged in than was the case at Goldsmith Street, this was very much curtailed because the room was situated immediately above a dental surgery, and dancing and drill was only possible at certain times by arrangement with the dental surgeon.

Teaching ideas, however, were beginning to develop ; a wider range of handicrafts was taught and a certain amount of social training undertaken.

The development of the centre was proceeding quite smoothly when an enforced move took place through Toc H finding what, for its purpose, were considered better clubrooms in premises at Bridlesmith Gate. The premises would have been better for the occupation centre, but the Buildings Inspector condemned their use for this purpose on account of fire risk.

The Association for Mental Welfare was then faced with either closing down the centre or providing premises for its own exclusive use but was unable to face the expense involved without further assistance from the Corporation. When application was made for an increase in the grant which it was receiving, the then Asylum Visiting and Mental Deficiency Committee decided to take over the occupation centre as a Local Authority project.

There were at that time many large empty houses in the City and a good deal of unoccupied warehouse space, and a number of visits was paid to such places and tentative plans made for adapting for the purpose. In the end, Colwick Street School—a very old building which was in fact one of Lord Shaftesbury's original Ragged schools—was rented from the Local Education Authority. It is believed that the Victoria Baths are partly built on what was once the rear playground of the school, which owing to slum clearance had become redundant.

The Colwick Street Occupation Centre opened in January 1933 and at the same time the offices of the Mental Deficiency Department which had been at 41 Goldsmith Street since 1914 were transferred to this same building. A considerable expansion in the work became possible. Seventy places were provided, with separate departments for older males and females, and a

small mixed class of younger children, with sessions lasting throughout the day, a mid-day meal being provided for the first time. This centre continued to operate until the outbreak of war in 1939, when in common with so many occupation centres, it was closed down.

Soon after the outbreak of war all the staff were absorbed into other work with the exception of one woman assistant supervisor. The Mental Deficiency Department was transferred to premises at 136, Mansfield Road, where the one remaining member of the occupation centre staff ran a small centre in a rear ground floor room. The development of the occupation centre had turned full circle to the conditions of 1923.

Immediately after the war efforts began to redevelop the centre. The tenancy of the premises at Colwick Street had been terminated when the centre closed and when enquiries were made with reference to a new tenancy it was found that the Education Committee had themselves found a new use for these premises. Machinery was being installed and the old school was entering on a new lease of life as a department of the Secondary Technical School for the textile trades.

Rosebery House, a large detached house in Southwark Street, Basford, was purchased and in February 1946 the occupation centre was re-established in these premises. The accommodation was assessed as being suitable for 48 defectives but the need was such that the number on the register eventually rose to 67, beyond which it was quite impossible to go unless further accommodation could be provided.

At that time it was felt that the needs of the city would be met by establishing two other centres similar to Rosebery House in other parts of the city. The Sneinton area was thought to be the right place for one, with the third to be in the west of the City

A site was reserved on the projected Bilborough Estate for a building to be erected when a licence could be obtained, and efforts were made to rent or buy existing premises in the Sneinton area. This proved impossible. No suitable building was on the market and although every Sunday School building in the district was inspected, only one was found that could have been made really suitable, and the Deacons of the Chapel refused to consider sub-letting their premises for the purpose.

A building licence could not be obtained to proceed with the Bilborough project and negotiations were entered into with regard to the Lenton Church School. Part of these premises were used by the School Meals Service and difficulties encountered in so adapting the premises that the normal children should be kept separate from the defectives attending the occupation centre were such that the scheme had to be abandoned.

In 1948 the City's Hospitals were handed over to the newly formed Regional Hospital Board. Among these was a smallpox hospital on Bestwood Road, Bulwell, which the Board did not require, and it was handed back. It was decided that the existing buildings could be adapted to make useful classrooms and if a kitchen, dining room and adequate toilet facilities could be added, this old hospital, standing in a large area of uncultivated ground, could be made into a very good centre. The Board of Control was persuaded of the City's need and permission was obtained to undertake the necessary adaptations and additional building. The City Occupation Centre opened in September 1953.

The geographical position, on the outskirts of the city and at some distance from regular public transport, necessitated the provision of private buses to convey the trainees to and from the centre. This has had definite benefits in further widening its scope. With all the previous centres, those incapable of travelling

alone by public service vehicles had to be brought in small groups by guides specially employed for the purpose. Epileptics had, therefore, to be debarred because of the danger of a fit en route, when concentration on a particular child might have meant danger for the others ; children with any marked degree of physical handicap had to be debarred for similar reasons. With a service of private buses collecting the trainees from points reasonably near their home, almost anyone felt to be able to benefit by attendance at the occupation centre, was admitted.

It is interesting to reflect upon the changes which have taken place in the concept of occupation centres since the pioneer effort of 1923. In the very early days centres were largely for adult feeble-minded and higher grade imbeciles ; children under the age of 12 were rarely admitted to an occupation centre, and lower grade imbeciles were regarded as quite beyond training of any sort. Throughout the life of the Colwick Street Occupation Centre the greater number attending were above school age and were of fairly high grade. With the widening of the labour market as the war effort developed, many of the old trainees of the occupation centre went into well paid industrial work in which some of them continue today. The class for children was very small, largely composed of those who were only just below the standard for the special schools, and containing none with acute behaviour problems ; only rarely was an occasionally incontinent child admitted.

Today children down to idiot level are successfully admitted to occupation centres and in only a few cases is it impossible for some degree of training to be accomplished. The City Occupation Centre now provides continuous care, training and occupation for defectives from quite tender years through adult years to middle age. The ages of those on the present registers range from 6 to 56 years.

Speculation as to the future of occupation centres is difficult. Although progress has been made there is still no standard by which they can be judged, nor is there as yet a defined field of work as, say, for the primary school for normal infants.

There has been a gradual shift of emphasis on the work and training. Originally provision was mainly for older, and medium to higher grade defectives; in the course of years much lower grade defectives have been dealt with and the juvenile end has been considerably developed. The higher grade defectives disappeared from the centres when in time of stress it was realised that they could be employed, after having been unable to obtain work during the days of depression, and having in fact been regarded as unemployable. It is probable that a tightening of the labour market will be felt immediately by the least skilled workers, and provision will again need to be made for these higher grade defectives, probably in the form of an industrial workshop within the boundaries of the occupation centre, where some industrial production might be carried on enabling wages to be paid to those attending.

It is estimated that there are 80 defectives, that is roughly half of those at present attending, who would require institutional care if a centre was not available ; of these, 30 have only been admitted until institutional accommodation is available for them, when they they will be transferred as opportunity occurs.

The future of occupation centres is, therefore, very much bound up with the extent to which provision for residential care is likely to be made by the Regional Hospital Board. There are defectives who present a serious problem at home which is solved by attendance at an occupation centre, and the parents are completely satisfied with this form of care. There are others

where the problem is only to some extent alleviated and permanent institutional care in these cases would be preferable. Finally there are some defectives whose need for permanent care is desperately urgent, whose attendance at the centre retards the progress of others, but who are necessarily dealt with there temporarily as the only possible way of giving some relief to hard pressed parents. It seems that this latter group may be catered for by institutional care within the foreseeable future, although their claims to accommodation will necessarily have to take second place to the pressing claims of those who cannot even be admitted to the centre.

The question of which defectives the community should be expected to carry and those which must necessarily be admitted to institutions has never been settled. There has never been a period when institutional accommodation has been sufficient to permit the admission of all in whose cases this form of care was thought to be desirable. The question cannot be settled until residential accommodation has reached this point. It may be that eventually there will arise a considerable degree of co-operation between occupation centre and institution with regard to borderline cases. It seems that it may be found that certain cases will best be dealt with by a period of training in institutions, afterwards being returned to their families, continuing their training in the occupation centre.

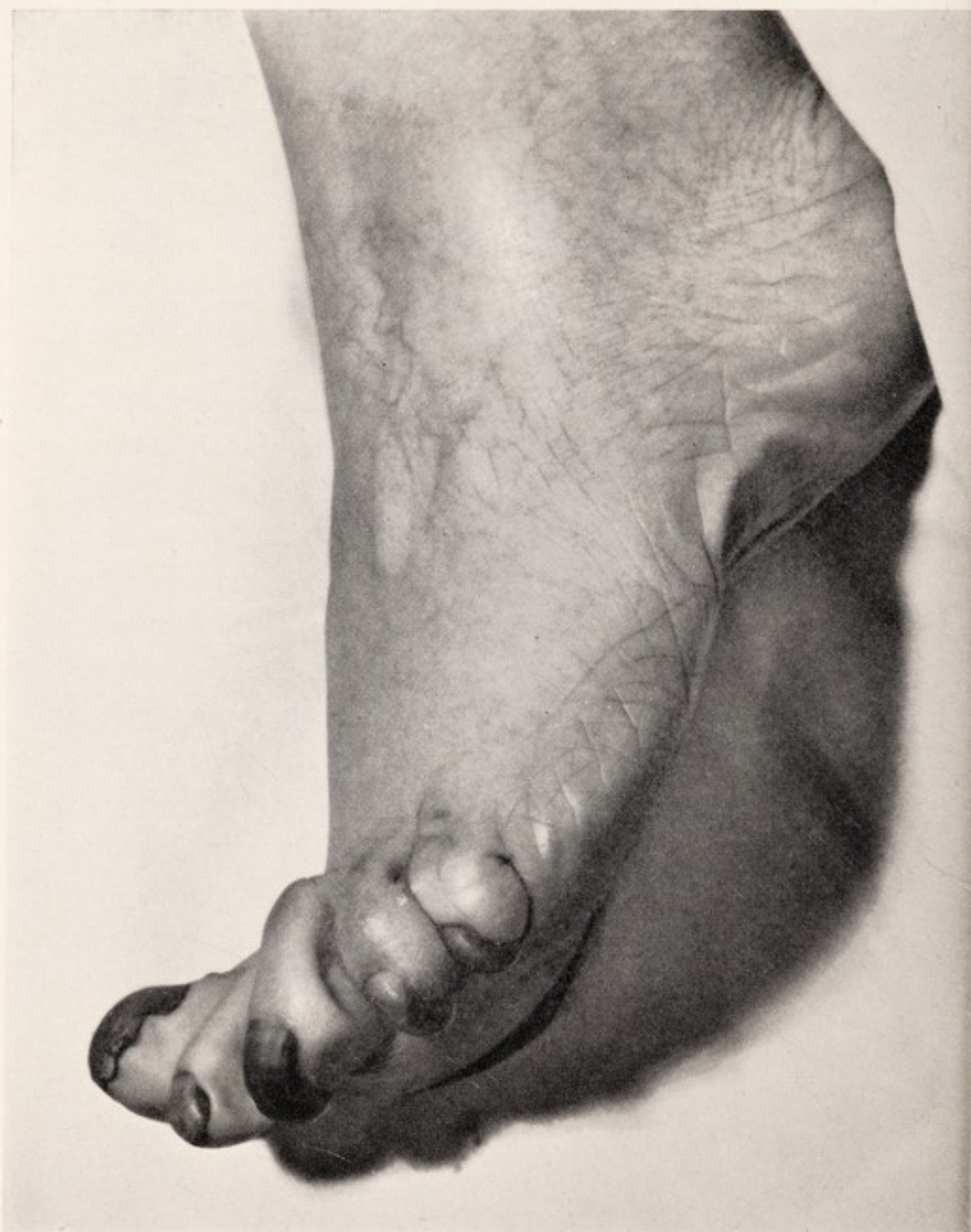
It is almost impossible to forecast the City's future requirement for occupation centre provision. The situation will need to be kept under constant review, and necessary variations made according to circumstances. The City Occupation Centre although originally equipped for 150 places has 162 names on the register and this could be extended to 180, without serious overcrowding. The number of places in an occupation centre

can be regarded as more elastic than in an ordinary school, because the average attendance is lower. With the present 162 names on the register the highest figure of attendance on any one day is about 140.

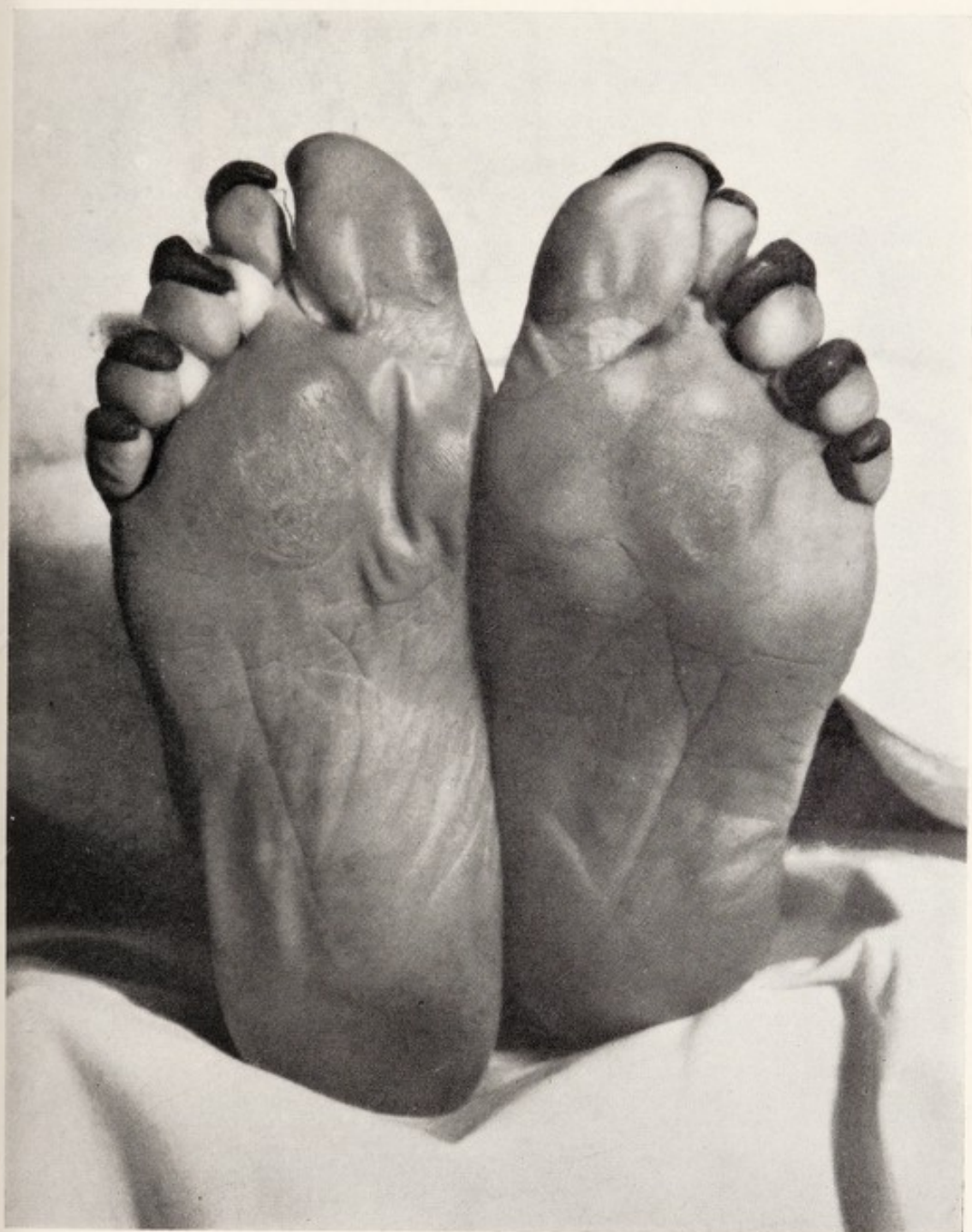
Some increase in staff would be necessary to cope with the increased numbers, but no structural changes would be called for. Workshops and classrooms are adequate to absorb the slightly increased numbers.

With the possibility of certain of the present cases being admitted to institutions in the not too distant future, together with the possibility of providing a limited number of new places in the existing centre, it can be said, apart from increase in the staff establishment, the City Occupation Centre is adequate for the next three years. With so many imponderables involved it would not be safe to estimate further. The falling out of work of any considerable number of high grade defectives would affect the situation. It must always be borne in mind too that any change in policy on the part of the Education Authorities as to the standards of children retained in the special schools, could affect the centre by reducing or increasing the number of ineducable children referred to the Local Health Authority, according to the direction of change.





Many are able to walk



but chiropody is only available to a very limited extent



CITY AMBULANCE SERVICE

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

Introduction. This is the ninth annual report of the Nottingham City Ambulance Service to be presented since the inception of the Service on 5th July 1948. The first report covered the period from that date until the 31st December 1948, and subsequent annual reports have each covered a calendar year from the 1st January. This report covers another year of increased mileage and of patients carried.

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

Mr. R. G. Yates, who had been the Deputy Ambulance Officer for the past three and a half years, resigned on 10th November, and has taken up the post of Chief Ambulance Officer at Kingston-upon-Hull. He was succeeded by Mr. C. G. Dewen, who was previously the Staff Officer in the Nottingham Civil Defence Corps. That position is at present vacant.

Employees. There are six male leading drivers, fifty-one male driver-attendants, one male attendant, and twelve female driver-attendants, making a total of 70 employees. That total is seven more than last year's total.

The following table shows the availability of employees during a normal working day.

Period of Day	Mid-night till 7.20 a.m.	7.20 a.m. till 8.30 a.m.	8.30 a.m. till 9.00 a.m.	9.00 a.m. till 10.00 a.m.	10.00 a.m. till 2.00 p.m.	2.00 p.m. till 4.00 p.m.	4.00 p.m. till 4.30 p.m.	4.30 p.m. till 5.00 p.m.	5.00 p.m. till 6.00 p.m.	6.00 p.m. till 10.00 p.m.	10.00 p.m. till Mid-night
No. of employees on duty	8	12	27	35	38	36	38	24	15	12	8

New Ambulance Stations. Tenders for the Beechdale Ambulance Station have been received and submitted to the Ministry of Health, but commencement of building has been delayed by the Government's restrictions on capital expenditure.

Tenders for the Wilford Ambulance Station will shortly be invited.

Ambulance Fleet. At the 31st December 1956, the ages of the ambulances and of the 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
Ambs.	3	3	1	—	—	5	2	3	1	1	2
S.C.	—	2	2	—	1	—	1	1	—	—	1

Ambs. = Number of ambulances in each group.

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

During the year five new ambulances and two new convertibles were ordered. By 31st December 1956, three ambulances had been delivered and the delivery of the other four vehicles was promised for early January 1957.

One of the two new convertibles will replace a 1938 sitting-case car and the other convertible will be an addition to the fleet.

When all the new vehicles have been delivered, and excluding the replaced vehicles, the fleet will consist of 20 ambulances, three sitting-case cars, and six convertibles, a total of 29 vehicles.

Twelve of the ambulances are equipped with Novox resuscitation apparatus and additional sets are available for other vehicles as required.

Garage Accommodation. The vehicles are accommodated as follows :—

Garages	By Day	By Night
<i>For Ambulances.</i>		
Heathfield Hospital	2	2
Sherwood Hospital	4	4
Guildhall	4	3
Parliament Street Depot of the City		
Transport Department	11	11
Fire Station, Shakespeare Street ..	—	1
<i>For Sitting-Case Vehicles.</i>		
Sherwood Hospital	—	—
Guildhall	2	—
Parliament Street Depot of the City		
Transport Department	6	6
Fire Station, Shakespeare Street ..	—	2
TOTAL, ALL VEHICLES ..	29	29

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 a few by the British Red Cross Society.

A course of post-entry training, as suggested by the Ministry of Health, is undertaken by employees from time to time. Lectures are given by the officers of the Service.

Co-operation with Police and Fire Service. The Ambulance Service has harmonious relationships with the City Police and the City Fire Brigade : all three services work very well together.

Civil Defence. Because the number of volunteers has increased, it was found necessary to increase the number of sessions each week from three to four. The volunteers attend from September until June each year and undertake training in first aid, map reading, loading and unloading ambulances, collection of casualties, rescue from crashed aircraft, and all subjects relevant to ambulance work. Most volunteers attend once weekly on the day of their choice but some attend more than once.

The driving instruction given to the volunteers increased during the year, when instruction was given to the Rescue and Headquarters Sections in addition to the Ambulance Section. Ten of the City Ambulance Service personnel acted as part-time driving instructors for the driving school and there were usually about fifteen volunteers under instruction at any one time. The petrol restrictions later made it necessary to suspend all driving instruction.

The Civil Defence Ambulance Section now has six ambulances and a Casualty Collecting Party van ; the latter was purchased during the year. These vehicles are used for driving instruction and sectional training.

For teaching the Headquarters and Rescue Section Volunteers to drive, the Civil Defence equipment van and the rescue vehicles are used.

During the year 21 pupils have passed the Ministry of Transport driving test; of these, 17 were members of the Ambulance Section, 2 were members of the Rescue Section, and 2 of the

Headquarters Section. Instruction to the volunteers of the Rescue Section and of the Headquarters Section did not commence until April 1956.

The driving school is supervised by the full-time officers of the City Ambulance Service.

Emergency Calls. There has been only one major accident this year.

On Saturday 31st March 1956, a call was received at 1.3 p.m., stating that a van had mounted the pavement and crashed into a shop on Radford Road.

Three ambulances and the Deputy Ambulance Officer responded immediately. The first ambulance was on the scene at 1.7 p.m., the second at 1.8 p.m., and the third at 1.10 p.m. all three attending from Parliament Street Depot.

There was a total of eight casualties, including one fatality. All casualties were in hospital by 1.30 p.m.

Emergency calls for the year have totalled 4,672, compared with 4,935 during 1955. The highest number of emergency calls on any one day was 30, on 6th October, compared with 34 calls on the 18th August 1955.

Conveyance of Analgesia Apparatus. The conveyance of the analgesia apparatus continues to be undertaken by the service.

During the year, 1,993 journeys have been made, covering a distance of 6,688 miles, compared with 2,092 journeys and 7,069 miles in 1955.

These calls are additional to the normal service commitments and require immediate response.

Mileage, Patients, and Out-Patients. The highest number of patients carried on any one day during the year was 425, on 5th September, compared with 429 on 10th November 1955, the record day. The record day's mileage of 1,865 on the 4th October 1955, was not exceeded. The highest day's mileage during 1956 was 1,658 miles on 12th July.

During 1956 a total of 95,551 patients was conveyed over a distance of 397,636 miles, as tabulated in Appendix B : the increase in the number of patients over 1955 was 2,146.

Sub-Control. The sub-control at the General Hospital Out-patients' Department, instituted last year, has been such an outstanding success that it is now regarded as a permanent part of the organization of the Service : the sub-control is manned by one of the Control Room Officers who has at his disposal five sitting-case vehicles. His main task is to deal with the transport of patients attending the General Hospital out-patients' clinics and to return them to their homes after treatment.

Petrol Restrictions. As a result of petrol restrictions, special scrutiny is given to the requests for long-distance journeys by road. Unless railway travel would be detrimental to the health of a patient, long-distance journeys have always been made by railway, but even closer scrutiny is now applied to such requests. The attention of each hospital secretary has been drawn to the petrol restrictions and requests have been made that the use of ambulance transport should be restricted to patients who imperatively need road transport.

Visit of H.R.H. Princess Margaret to Clifton, 9th June, 1956. In conjunction with the police, special arrangements were made to deal with the crowds along the royal visitor's route. Four ambulances were stationed at strategic points in Clifton, but fortunately were not required.

Long-Distance Journeys. British Railways continue to give considerable help in the conveyance of patients over long distances. The following journeys have been undertaken by rail during 1956.

Thirteen journeys to Sheffield.

Eleven journeys to Skegness.

Nine journeys to London.

Five journeys to Liverpool.

Three journeys each to Birmingham, Derby, Droitwich (Worcestershire), Grimsby, Ilkley (Yorkshire), Newcastle-on-Tyne, Whitchurch (Shropshire).

Two journeys each to Ashover (Derbyshire), Bournemouth, Edgware (Middlesex), Enfield (Middlesex), Leicester, Southampton, Sutton (Surrey), Worthing (Sussex).

One journey each to Aberford (Yorkshire), Basingstoke (Hampshire), Bexhill-on-Sea (Sussex), Brighton, Boston, Broadstairs (Kent), Bromsgrove (Worcestershire), Chatham, Doncaster, Darlington, Eastbourne, Glasgow, Handcross (Sussex), Harefield (Middlesex), Heysham Docks, Louth, Leeds, Luton, Mablethorpe, Matlock, Papworth (Cambridgeshire), Pontefract (Yorkshire), Shrewsbury, Southsea, Stratford-on-Avon, Swansea, Torquay, Uppingham (Rutland), Wakefield (Yorkshire), Walsall, Weymouth, Wombwell (Yorkshire), Woodhall Spa, Yately (Hampshire).

A total of 109 patients was conveyed by rail, an increase of 55, compared with 1955.

Road Journeys

Fifty-nine journeys to Sheffield.

Twenty-two journeys to Skegness.

Eighteen journeys to Leeds.

Five journeys to Buxton.

Three journeys to London.

Two journeys each to Alderley Edge (Cheshire), Blackpool, Ilkley (Yorkshire), Mablethorpe.

One journey each to Ashbourne, Belmont (Surrey), Birmingham, Bridlington, Cannock (Staffordshire), Cleethorpes, Dudley, East Grinstead, Gorleston (Norfolk), Grimsby, Hull, Lincoln, Liverpool, Manchester, Market Deeping, Matlock, Oxford, Royston (Hertfordshire), Rugby, Scarborough, Scunthorpe, Shiplake-on-Thames, St. Neots, Wakefield, Yoxford (Suffolk).

A decrease of one compared with the 1955 total of 141 long-distance road journeys.

Progress. During the last twelve months the number of calls on the Ambulance Service has again increased. The Service has managed to cope with the further increased work, but resources have, at times, been severely strained : the figures in appendix D tell their own story.

It is with great pleasure that I express thanks to the staff and employees for their loyal co-operation and assistance during the 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 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 1956, the Ambulance Service consisted of the following :—

Salaried staff in the grading scheme	..	11
Leading Drivers	.. .. .	6
Male driver-attendants	.. .. .	51
Male attendant	.. .. .	1
Female driver-attendants	.. .. .	12
		<hr/> 70
Total personnel	.. .. .	<hr/>81

Permanent Fleet :

Ambulances	..	..	..	..	21
Sitting-case cars	..	..	..	..	4
Convertibles	..	..	..	..	4
					<hr/>
					29
					<hr/>
Ambulance stations	..	..	..	..	4

APPENDIX A.

RECHARGEABLE MILEAGE 1956

CLASSIFIED UNDER MONTHS.

			<i>Sitting-case vehicles</i>	<i>Ambulances.</i>
January	..	..	889	1,488
February	..	..	804	1,085
March	..	..	664	1,169
April	..	..	435	1,217
May	..	..	685	1,531
June	..	..	847	1,476
July	..	..	1,129	1,299
August	..	..	646	1,526
September	..	..	524	1,284
October	..	..	780	1,539
November	..	..	269	637
December	..	..	303	641
			<hr/>	<hr/>
			7,975	14,892
			<hr/>	<hr/>

CLASSIFIED UNDER AMBULANCE AUTHORITIES :

		<i>S.C. Vehicles</i>	<i>Ambulances.</i>	<i>Patients</i>
Nottinghamshire County .. ..	..	1,741	3,831	958
Derbyshire County .. ..	..	4,306	8,648	980
Derby County Borough .. ..	..	140	119	11
Leicestershire County Council ..	..	151	193	10
Kesteven (Lincolnshire) .. ..	..	515	1,364	55
Lindsey (Lincolnshire) .. ..	..	455	162	22
Cornwall County Council .. ..	..	—	14	1
Manchester County Borough .. ..	..	28	20	2
Blackpool County Borough .. ..	..	135	—	1
Lancashire County Council .. ..	..	—	20	1
West Riding of Yorkshire .. ..	..	—	8	1
Birkenhead County Borough .. ..	..	47	—	1
Leicester County Borough .. ..	..	163	14	5
Middlesex County Council .. ..	..	17	—	1
Southend-on-Sea County Borough ..	..	—	18	1
Oxford County Council .. ..	..	—	12	1
Leeds County Borough .. ..	..	111	—	1
Lincoln County Borough .. ..	..	17	71	2
Staffordshire County Council .. ..	..	70	67	2
London County Council .. ..	..	—	126	6
Buckinghamshire County Council ..	..	—	10	1
Newcastle-upon-Tyne County Borough		—	14	1
West Sussex County Council .. ..	..	—	46	2
Birmingham County Borough .. ..	..	5	—	1
Essex County Council .. ..	..	—	24	1
Reading County Borough .. ..	..	24	—	1
Halifax County Borough .. ..	..	—	4	1
Devon County Council .. ..	..	—	6	1
East Riding of Yorkshire .. ..	..	—	19	2
Stoke-on-Trent County Borough ..	..	11	—	1
Surrey County Council .. ..	..	—	10	1
Hastings County Borough .. ..	..	—	13	1
Berkshire County Council .. ..	..	39	—	1
Wiltshire County Council .. ..	..	—	59	2
		<u>7,975</u>	<u>14,892</u>	<u>2,079</u>

APPENDIX B.

1956	Road Accidents		Other Accidents		Sudden Illness		Maternity		Admission		Discharge		Out-patients		Inter-hospital		Unclassified		Mental		Infectious		Analgesia		Service	Total	
	P	M	P	M	P	M	P	M	P	M	P	M	O.P.	M	P	M	P	M	P	M	J.	M	O.P. & P.	M			
Jan.	61	228	171	778	120	548	154	1,058	667	4,554	524	3,700	4,938	16,361	1,036	2,700	35	358	53	632	501	2,155	187	655	745	8,260	34,472
Feb.	39	136	206	890	136	519	166	1,239	623	4,054	532	3,743	5,314	16,889	958	3,746	40	365	37	399	393	1,834	167	582	655	8,444	35,051
March	68	277	165	761	146	634	156	1,242	539	3,610	560	3,565	5,139	16,500	948	2,971	40	570	34	430	389	1,785	196	640	790	8,184	33,775
April	65	240	168	782	132	653	134	997	488	2,941	447	3,060	4,554	14,895	988	2,789	29	797	19	230	564	1,907	159	551	763	7,588	30,605
May	97	442	183	980	136	592	164	1,232	510	3,222	515	3,253	4,846	16,184	1,106	3,474	29	950	23	345	436	1,980	174	557	720	8,045	33,931
June	85	382	198	940	103	422	121	864	499	3,246	477	3,087	4,508	14,670	1,043	3,682	40	689	23	241	430	1,455	169	513	638	7,527	30,829
July	80	334	185	907	123	539	137	1,141	502	3,115	495	3,412	4,721	15,456	1,141	3,673	51	1,133	38	644	538	2,155	210	712	689	8,011	33,910
Aug.	82	366	210	1,067	119	532	135	1,028	543	3,578	428	3,297	4,799	16,488	1,075	4,023	64	792	24	242	441	1,858	155	524	758	7,920	34,553
Sept.	67	349	195	1,001	108	467	160	1,120	508	3,360	525	3,023	4,511	15,323	1,149	2,854	48	578	28	431	449	1,967	181	555	725	7,748	31,753
Oct.	85	304	182	894	135	518	148	1,060	529	3,472	470	2,830	5,426	18,709	985	4,444	68	482	32	375	430	1,824	169	646	703	8,490	36,261
Nov.	89	406	215	981	129	561	153	1,114	521	3,219	469	2,443	5,349	17,626	880	2,830	61	1,056	33	372	446	2,036	128	440	693	8,345	33,777
Dec.	47	220	208	1,023	134	539	147	1,065	552	3,471	429	2,469	4,285	14,189	698	2,104	39	407	32	388	418	1,693	98	313	838	6,989	28,719
TOTAL	865	3,684	2,286	11,004	1,521	6,524	1,775	13,160	6,481	41,842	5,871	37,882	58,390	193,290	12,007	39,290	544	8,177	376	4,729	5,435	22,649	1,993	6,688	8,717	95,551	397,636

J. = Journeys.

M. = Miles.

O.P. = Out-Patients.

P. = Patients.

APPENDIX C.

PATIENTS AND MILES BY EACH TYPE OF VEHICLE

Month	Ambulances		Sitting-Case Cars		Convertibles		Total	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
1956								
Jan. . .	5,988	23,809	1,261	7,235	1,011	3,428	8,260	34,472
Feb. . .	5,933	24,022	1,261	6,954	1,250	4,075	8,444	35,051
Mar. . .	5,652	23,020	1,196	6,149	1,336	4,606	8,184	33,775
Apr. . .	5,286	20,646	1,117	6,140	1,185	3,819	7,588	30,605
May . .	5,650	23,455	1,138	6,430	1,257	4,046	8,045	33,931
June . .	5,011	19,994	1,382	6,925	1,134	3,910	7,527	30,829
July . .	5,537	21,943	1,247	8,017	1,227	3,950	8,011	33,910
Aug. . .	5,533	23,514	1,310	7,325	1,077	3,714	7,920	34,553
Sept. . .	5,289	21,037	1,195	6,221	1,264	4,495	7,748	31,753
Oct. . .	5,645	23,729	1,454	7,555	1,391	4,977	8,490	36,261
Nov. . .	5,613	22,473	1,390	6,855	1,342	4,449	8,345	33,777
Dec. . .	4,856	19,952	1,150	5,498	983	3,269	6,989	28,719
	65,993	267,594	15,101	81,304	14,457	48,738	95,551	397,636

Ambulances . .	..	..	65,993	267,594
Sitting-case cars	..	..	15,101	81,304
Convertibles	..	..	14,457	48,738
Totals . .	..	..	95,551	397,636

The total of 397,636 miles includes 6,688 analgesia miles : for details please see appendices B and D.

EMERGENCY PATIENTS

Emergency Patients conveyed during 1956

January . .	..	352
February . .	..	381
March . .	..	379
April . .	..	365
May . .	..	416
June . .	..	386
July . .	..	388
August . .	..	411
September . .	..	370
October . .	..	402
November . .	..	433
December . .	..	389
		4,672

APPENDIX D.
FINANCIAL SUMMARY AND STATISTICAL RECORD FROM 1948 to 1956

Year ended on 31st December	1	2	3	4	5	6	7	8	9	10	11
	Total miles	Analgesia miles	Patient and Service miles	Total Patients and Out-Patients	Average miles per patient	Patients Carried per thousand miles run	Working Expenses per Vehicle Mile for year ended on preceding 31st March	Record Day's Mileage	Maximum No. of Patients on any one day	Highest No. of Emergency Calls on any one day	Total Expenditure for year ended on preceding 31st March
1948 .. (6 months)	147,317	—	147,317	23,301	6.32	158.17	d. —	—	—	—	£ —
1949	301,426	—	301,426	54,297	5.55	180.13	22.66	1,498	246	27	28,154 (9 months)
1950	321,673	—	321,673	62,858	5.12	195.41	27.92	1,445	287	25	37,440
1951	343,150	—	343,150	68,896	4.98	200.78	27.80	1,544	296	34	39,513
1952	328,078	—	328,078	71,737	4.57	218.66	30.16	1,395	325	35	49,788
1953	309,115	—	309,115	75,104	4.12	242.96	31.40	1,445	324	29	46,785
1954	345,912	675	345,237	87,355	3.95	253.03	34.06	1,663	350	29	49,664
1955	389,311	7,069	382,242	93,405	4.09	244.36	34.17	1,865	429	34	58,578
1956	397,636	6,688	390,948	95,551	4.16	240.30	33.45	1,658	425	30	60,947

APPENDIX E.

REVENUE ACCOUNT FOR THE YEAR ENDED 31st MARCH
1956

INCOME	Amount £	d. per mile
Amount recharged to other authorities ..	2,924	1·751
Conveyance of analgesia equipment ..	459	·275
Contributions towards use of wireless station	36	·022
Sale of cars and ambulances	450	·269
Government grant	28,315	16·957
	<hr/> 32,184	<hr/> 19·274
EXPENDITURE		
Maintenance and cleaning of vehicles ..	5,290	3·168
Wages of drivers and attendants ..	29,271	17·530
Salaries of Ambulance Officer and staff ..	5,575	3·339
National Insurance contributions ..	1,062	·636
Superannuation contributions	1,069	·640
Uniforms	411	·246
Licences and Insurances of vehicles ..	314	·188
Petrol and oil	6,749	4·042
Ambulance services hired	219	·131
First aid equipment and supplies ..	377	·226
Maintenance and repair of buildings ..	209	·125
Heating, lighting and cleaning of buildings	638	·382
Furniture and equipment of ambulance stations	111	·066
Nottingham City Transport administrative charges	1,353	·810
Rents, rates and insurance	737	·441
Printing, stationery, advertising and postages	388	·232
Office expenses	58	·035
Telephones	345	·207
Maintenance and operation of wireless equipment	546	·327
Contribution towards central administrative expenses	1,190	·713
Miscellaneous	162	·097
	<hr/> 56,074	<hr/> 33·581
Installation of wireless equipment ..	173	
Contribution towards Capital expenditure	2,620	
Loan charges	1,937	
Ambulance station at Beechdale ..	143	
	<hr/> £60,947	

PART III.

ENVIRONMENTAL SERVICES

Clean Air Act 1956

Factories Acts 1937 and 1948

Food and Drugs Acts 1938-1955

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

SUMMARY OF NOTIFICATIONS

	1956					1955	1954
	Numbers each Quarter				Total	Totals	
	1st	2nd	3rd	4th			
Measles ..	49	59	35	22	165	6,935	666
Whooping cough ..	205	312	355	152	1,024	566	1,042
Scarlet fever ..	62	25	34	120	241	147	450
Pneumonia ..	71	32	17	24	144	184	144
Dysentery ..	750	212	67	193	1,222	110	396
Puerperal pyrexia	8	3	4	5	20	28	91
Erysipelas ..	6	7	3	9	25	21	24
Ophthalmia neonatorum	1	—	—	2	3	24	8
Poliomyelitis : paralytic ..	1	2	2	8	13	26	10
non-paralytic	—	1	—	—	1	6	—
Encephalitis : infective ..	—	—	—	—	—	1	1
post infectious	—	—	—	—	—	4	8
Food poisoning	3	15	2	2	22	56	59
Cerebro-spinal fever ..	2	1	1	4	8	11	9
Paratyphoid fever	—	—	1	—	1	5	—

Measles. Only 165 cases occurred compared with 6,935 in 1955. 22 cases were admitted to hospital, and there was 1 death—a child aged 2 years who had acute broncho-pneumonia three weeks prior to contracting measles.

Whooping Cough. There was an increase in the number of cases notified, 1,024 cases compared with 566 in 1955; hospital admissions numbered 28 ; there were no deaths.

		1951	1952	1953	1954	1955	1956
Notifications	..	1,345	1,240	1,042	1,104	566	1,024
Deaths	..	7	3	3	0	2	0

Immunisation has been practised here for over two years, and the subject is dealt with in the Immunisation and Vaccination section of the report.

Scarlet Fever. The disease presented in a relatively mild form. There were 241 cases, of which 30 were admitted to hospital ; no deaths occurred.

Acute Anterior Poliomyelitis and Polio-Encephalitis. A total of 14 cases of poliomyelitis was confirmed, including 13 with paralysis, but none was notified as polio-encephalitis. Of this total, 5 cases of paralytic poliomyelitis occurred in November, being different from the usual peak, which in previous years was in August and September. There was no history of recent inoculation in any of the cases and no case of poliomyelitis in a vaccinated child ; a two year old boy was registered but not eligible for vaccination. No deaths occurred.

Laboratory confirmation of the diagnosis of poliomyelitis became available at the Public Health Laboratory in the City and faecal specimens were examined in all home contacts.

The following tables show the incidence of poliomyelitis and deaths during the past five years.

	Paralytic	Non-Paralytic	Total	Deaths
1952 ..	11	1	12	1
53 ..	20	9	29	2
54 ..	10	—	10	—
55 ..	26	6	32	1
56 ..	13	1	14	—

ANALYSIS BY AGES

Age Group	1952		1953		1954		1955		1956	
	Male	Fe-male	Male	Fe-male	Male	Fe-male	Male	Fe-male	Male	Fe-male
0 — 5..	1	2	8	6	1	3	1	4	3	2
5 — 10..	2	—	4	—	3	2	7	1	3	4
10 — 15..	—	—	—	1	—	—	6	—	—	—
15 — 25..	1	3	3	3	—	—	5	2	1	1
25+ ..	2	1	1	3	1	—	4	2	—	—

SEASONAL INCIDENCE

	Winter	Spring	Summer	Autumn
1952 ..	1	1	2	8
53 ..	2	3	12	12
54 ..	2	2	5	1
55 ..	1	3	16	12
56 ..	—	4	2	8

Aseptic Meningitis. Between the beginning of June and December, 155 cases of an acute infectious pyrexial illness with meningitis were admitted to the Heathfield Hospital from the City. During the same period cases were also admitted from county areas, particularly those adjacent to the City. In addition there were many more of a much milder form which did not require hospital care and frequently no medical aid was sought. Extensive investigations of hospital patients revealed no causal organism but a characteristic clinical and pathological picture emerged. At first the diagnosis was complicated by the presence of a considerable outbreak of rubella and also by the possibility of the occurrence of poliomyelitis with both of which there were features in common.

In a typical case the clinical course began with the sudden onset of severe headache, vomiting and pyrexia. There was often a maculo-papular rash on the upper part of the body and enlargement of the lymph glands suggestive of rubella. In the absence of the rash and glands mild or non-paralytic poliomyelitis was often suspected. Signs of meningeal involvement could be elicited soon after the onset. The symptoms continued with varying intensity for a few days after which recovery was uninterrupted and completed in 2-3 weeks. No sequelae were recorded. In the case of one woman who was in her 32nd week of pregnancy when taken ill, recovery was rather slower but she was delivered of a normal child at term.

Pathological investigations included the examination of the cerebrospinal fluids, blood counts, Paul-Bunnell tests, complement fixation tests for known viral pathogens and tissue culture for polio-virus. The cerebrospinal fluid was turbid containing up to 2,000 cells which were mainly lymphocytes but in some cases there were up to 50% of polymorphs. Sugars and chlorides were normal and cultures sterile. All other tests gave negative results but material is still being studied.

Of the patients admitted to hospital the highest incidence was in the age group 5-9 years but the range was from 6 months to 48 years. Two analyses of these cases are given.

MONTH OF ONSET

	June	July	August	Sept.	Oct.	Nov.	Dec.	
M. . .	5	23	27	19	17	3	3	
F. . .	3	14	10	16	12	1	2	
TOTAL	8	37	37	35	29	4	5	155

SEX AND AGE DISTRIBUTION

	Years							Total
	0-1	1-4	5-9	10-14	15-19	20-24	25+	
M. . .	4	19	29	16	12	3	14	97
F. . .	5	10	14	10	8	4	7	58
TOTAL	9	29	43	26	20	7	21	155

From the study of the contacts of hospital patients it soon became clear that very many milder cases were occurring. In order to determine the prevalence and infectivity two main investigations were carried out. Firstly many of the homes of patients were visited by a medical officer to obtain a detailed history of the case and contacts. Secondly, a survey of a small housing estate in which several groups of cases had occurred was made by the health visitors. A small number of cases was admitted to the Children's Hospital and some information regarding the spread was obtained. All known cases were visited

by the district public health inspector who asked for faecal specimens from the contacts. A letter was sent to family doctors asking them to report cases although this was not a notifiable disease.

Visits to the homes of patients revealed that the infectivity of the disease was high where contact was close. In one family 5 of 7 children were admitted to hospital and next door 3 out of 8 were admitted and 2 more nursed at home. In a lodging house occupied by four families 1 child went to hospital and the 4 mothers and the 4 other children were ill at home. In two families the father and 1 child were admitted together. The younger school children were most frequently affected and mothers more often than fathers.

The housing estate surveyed consisted of a compact group of houses on the edge of the City bounded by two railways and a main road. The inhabitants fell into two groups—old people who had been rehoused and younger families the children of which all attended the same school. The cases occurred in groups in which some relationship could have occurred. Visits to 417 houses were made by health visitors to ascertain the amount of minor illness which might be relevant and a second visit was made four weeks later when the new cases had ceased to occur. From the information obtained it was found that the majority of cases were children under 10 years of age, that contact at school was probably a factor and that the incubation period was within 14 days.

In the Children's Hospital one isolated case was admitted early in July. At the end of the month three more admissions were followed by three cases in children who were already in the ward and three in the nursing staff.

Cases which remained at home were relatively mild and of short duration and could not be fully investigated but the large numbers indicated that the disease occurred throughout the City. It was known that many children experienced a brief attack of headache and vomiting lasting up to three days and for whom no medical attention was sought.

Pathological investigations were carried out by Dr. E. R. Mitchell of the Public Health Laboratory Service and material was sent to the Virus Reference Laboratory at Colindale for further study. Details will be published later.

Dysentery. The number of cases notified was 1,222 compared with 110 last year. In addition 778 positive excretors were found on examination of contacts.

CLASSIFICATION IN AGE GROUPS

	M.	F.	Total
Under 5 years ..	203	166	369
5 — 9 years ..	268	226	494
10 — 14 years ..	44	40	84
15 years and over ..	106	169	275

It is clear that although the disease was mild in the majority of cases a problem was presented in the prevalence of faecal spread. The highest incidence was in the younger school children and a survey of five schools was carried out to determine the prevalence. Faecal specimens were requested from all children and staff and subsequently the families of all positive excretors. In almost every instance more positives were found. Exclusion from school was then required until three negative specimens had been obtained. Adult food-handlers and others caring for children were also excluded.

These measures may have limited the spread but were unsatisfactory in that many children were absent from school for prolonged periods. Visits to homes by public health inspectors were necessary and a disproportionate amount of their time was spent on this work. At the initial surveys 1,474 specimens were examined, and 178 were found to be positive. It was felt that treatment of the children at school with stricter supervision of their personal hygiene might possibly be a more practical measure for the future.

E. Coli Gastro-Enteritis. There were 55 admissions to hospital, but specific strains of E. Coli were isolated from only 5 cases as follows :—

E. Coli	055	2 cases
„ „	0128	1 case
„ „	026	1 „
„ „	0119	1 „

There were 4 deaths—children aged 6 years, 9 months, 5 months, and 2 months respectively.

Food Poisoning (Salmonella). Notifications totalled 21 and of these 16 were individual cases, while there were two cases in each of three households. Admission to hospital was necessary in two cases.

The organisms responsible were :—

Salmonella typhimurium	..	15 cases
„ enteritidis	..	2 „
„ Newport	..	2 „
„ Thompson	..	1 case
„ Stanley	..	1 „
„ Bredeney	..	1 „
Total	..	22

Where possible, samples of suspicious foodstuffs were examined, but in no case was the origin of the infection traced.

Paratyphoid B. In July, a boy aged three, was diagnosed as having paratyphoid B. and the organism isolated was *Salmonella typhi* B. type 1 var. 5. Bacteriological examination of family contacts showed that they were not infected.

Anthrax. There was one case—a male hide sorter who developed a pustule on his left forearm which quickly improved under chemotherapy. The diagnosis was confirmed bacteriologically.

Venereal Disease. A report from the Special Treatment Centre shows that there were amongst City residents 21 male and 34 female new cases of syphilis and 168 male and 37 female cases of gonorrhoea. There were 465 attendances by female patients and 10 by boys, as compared with 521 and 13 in 1955.

Of the expectant mothers attending, 27 did so for syphilis, 4 for gonorrhoea and 23 for non-venereal conditions, as against 32, 3 and 33 the previous year.

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 30 occasions. Certificates were issued in respect of dysentery on 16 occasions, scarlet fever on 1, and aseptic meningitis on 13.

FOOD SUPERVISION AND INSPECTION

FOOD HYGIENE

The coming into force of the Food and Drugs Act 1955 on 1st January brought into operation the long awaited Food Hygiene Regulations 1955.

These, designed to prevent the contamination of food during its preparation, storage, sale and delivery, have a much wider application than the previous legislation and are more definite in their requirements. For example, hand washing facilities must now be separate from appliances used for the washing of food or equipment. So far as possible with the staff of Public Health Inspectors available, food premises were surveyed with a view to securing compliance with the Regulations.

All food traders allocated stalls or space at the annual Goose Fair were informed in writing of their responsibilities in protecting food from contamination. Observations showed a distinct improvement on previous fairs.

It is regrettable that complaints of foreign matter in foodstuffs were received in 16 cases. It is probable that other instances were not brought to the notice of the Department, and consequently the extent of food being rendered unsatisfactory by the presence of extraneous matter cannot definitely be stated. In many cases investigated there was risk of serious injury to those consuming the affected foodstuffs.

The complaints referred to the presence of nails and metals in bread, pastry and mincemeat, grubs and cigarette-end in chocolate, rope and oil in bread and a cigarette carton in a tin of spinach.

Legal proceedings were pending as follows :—

(a)	Offences against the Food Hygiene Regulations 1955 ..	2
(b)	“ “ “ Food and Drugs Act, 1955 in respect of foreign matter in food	3

In the course of 3,808 visits to various food premises it was necessary to draw attention to 379 defects and contraventions of the Regulations. Requirements, including those outstanding from 1955, were met in 235 cases.

Food Premises Supervised	1954	1955	1956
Grocers and provision dealers including off-licence premises	1,222	1,231	1,244
Butchers and meat products manufacturers	448	448	449
Hotels, public houses and clubs	416	429	437
Sweet shops	369	385	399
Fruit and vegetable dealers	350	361	379
Factory canteens, etc.	245	199	224
Restaurants, snack bars, etc.	234	204	243
Bread, pastry, and confectionery dealers including bakehouses	180	163	176
Fried fish and chip shops	165	161	134
Wet fish, poultry, game, etc., dealers	86	75	62
Wholesale food dealers	57	51	44
School kitchens	50	52	53
Ice-cream manufacturers	33	19	18
Mobile food shops	9	11	32
Foodstalls in markets :			
Wholesale	40	40	41
Retail	98	94	85
Miscellaneous	74	55	80
Dairies	8	7	5

Premises registered under Sect. 16, Food and Drugs Act, 1955	
Premises used for the sale of ice-cream	977
“ “ “ “ manufacture of ice-cream	18
“ “ “ “ preparation or manufacture of sausages, or potted, pressed, pickled, or preserved food	329
TOTAL	1,324

The number of inspections made of the above registered premises was 2,606.

FOOD SAMPLING

A consignment of Australian frozen liquid whole egg contained in 2,000 tins each weighing 28 lbs. was sent direct from Liverpool Docks to a cold store in the City. A total of 100 samples, representing 5% of the consignment was taken and sent to the Public Health Laboratory for bacteriological examination ; each sample was satisfactorily reported upon.

Samples were taken as follows :—

Formal samples	..	693	Analysed by Public Analyst.
Informal „	..	350	do.
Informal milk samples	..	494	Tested by inspector.
		<hr/> 1,537 <hr/>	

The following were found not genuine :—

<i>Formal</i>	<i>Action Taken</i>
Concentrated Solution of Acetic Acid— incorrectly labelled.	Chief Public Health Inspector communicated with manufacturers. New labels produced.
Potted Meat—contained extraneous dry starchy matter.	Manufacturers advised by inspector. Product now described as 'paste'.
Butta—Kreemy Cheese—fat and moisture contents did not justify use of a description suggesting this was cream cheese.	Correspondence with manufacturer and change of description arranged.
Farmhouse Butter—contained 0·70% excess water.	Letter from Chief Public Health Inspector to administrative authority in area of manufacture and warning to manufacturer.
“Rhum Beans”—low alcohol content.	Makers agreed to alter description.
“Cream Buns”—filled with imitation cream.	Seller discontinued business. No action.
Pork sausage—contained 9·1% less meat than claimed in advertising matter.	Printer's error claimed. Warning letter from Town Clerk to manufacturer.

Butter Sponge—contained virtually no butter.

Marzipan—contained only 10% ground almonds.

Warning letter from Town Clerk to manufacturers.

Produced in Scotland—details referred to Ministry of Agriculture, Fisheries and Food.

Informal

Pork sausage—deficient in meat content based on previous standard.

Potted Meat—contained extraneous dry starchy matter.

Butta-Kreemy Cheese
Kreemy Cheese { Fat and moisture contents did not justify descriptions suggesting cream cheese.

5 Cream Cheeses—Milk Fat content considered to be too low to justify this description.

Horseradish Sauce — Labelling unsatisfactory. No declaration of contents.

Peaches in 45% sugar syrup — Label appeared ambiguous as to syrup strength.

"Rhum Beans"—Non-alcoholic chocolate confection which should be described as "imitation liquer chocolates".

Pork sausage—deficient in meat content based on previous standard.

Plain Flour—Unfit for human consumption—contained mouse excrement.

Sweets—from automatic machine—contaminated with mineral oil, rust and dirt.

"Fresh Cream"—proved to be imitation cream.

Yellow Yam (canned)—contained excess tin.

Action Taken

No action.

Followed by formal sample.

do. do.

Adjustments discussed with manufacturers and investigation to continue.

Letter from Chief Public Health Inspector to manufacturer.

No further sample available.

Followed by formal sample.

No action.

Warning letter from Town Clerk to sellers.

Proprietor of machine agreed to adopt hygienic method of re-filling.

Followed by formal sample of similar preparation in "Cream Buns".

Referred by Chief Public Health Inspector to importers.

Sampling of MILK and ICE CREAM—see pages 134 and 136.

Sampling of "OTHER FOODS"—see page 141.

Disposal of Condemned Food. All meat and offals found on inspection to be unfit were removed from the slaughterhouses, by approved firms, for manufacture into animal feeding stuffs and fertilisers. Other foodstuffs were disposed of by the Corporation's Cleansing Department in controlled refuse tips.

For details of unsound food surrendered, see page 140.

THE MEAT SUPPLY

The City abattoir and two privately owned slaughterhouses were in use at the commencement of the year. However, a resolution of the Health Committee to close the privately owned premises at Church Street, Basford, was confirmed by the Minister of Agriculture, Fisheries and Food, and this slaughterhouse was closed on the 16th April.

An efficient meat inspection service was maintained despite a depleted staff and all carcasses were inspected. Two cases of anthrax were discovered at the City abattoir during the year and appropriate action taken in conjunction with the Ministry of Agriculture, Fisheries and Food and the Police.

Animals waiting slaughter at the abattoir were inspected as far as practicable and any showing abnormal conditions were dealt with without delay.

In the case of doubt confirmatory opinions on specimens were obtained from the Public Health Laboratory or from the Veterinary Inspectors of the Ministry of Agriculture, Fisheries and Food, Animal Health Division.

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses	Total
Number killed ..	17,378*	5,456	5,947	71,847	77,152	—	177,780
Number inspected ..	17,378	5,456	5,947	71,847	77,152	—	177,780
All Diseases except tuberculosis and cysticerci :							
Whole carcasses condemned ..	9	16	17	63	75	—	180
Carcasses part (or organ) condemned	2,735	1,283	16	591	1,609	—	6,234
Percentage affected ..	15·8	23·8	·55	·91	2·1	—	—
Tuberculosis only :							
Whole carcasses condemned ..	45	86	1	—	48	—	180
Carcasses part (or organ) condemned	1,277	1,200	2	—	3,376	—	5,855
Percentage affected	7·6	23·5	·05	—	4·4	—	—
Cysticercosis :							
Carcasses part (or organ) condemned	240	65	—	—	—	—	305
Carcasses submitted to treatment by refrigeration ..	41	12	—	—	—	—	53
Generalised and totally condemned	1	—	—	—	—	—	1

* Bulls 280 : bullocks 11,350 : heifers : 5,748.

The Handling and Transport of Meat. The provisions of the Meat Regulations 1924 relating to the handling and transport of meat were repealed by the Food Hygiene Regulations 1955 which contain improved measures for securing the hygienic

transport of meat. All the vehicles used for meat transport from the City Abattoir were regularly inspected; those used by wholesalers were generally satisfactory but individual butchers collecting their own meat in private cars were warned of the danger of contamination.

THE MILK SUPPLY

REGISTRATIONS

The conditions under which milk was produced, stored, treated and distributed were regularly examined to ensure that the statutory requirements applicable to the trade were observed.

REGISTRATIONS AT 31st DECEMBER	1956	1955
Processing establishments	4	4
Distributors operating from wholesale dairies ..	10	14
" " " dairies outside the		
the City	11	11
" —shopkeepers	599	631

LICENSING

MILK (SPECIAL DESIGNATIONS) (RAW MILK) REGULATIONS, 1949

MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949

LICENCES GRANTED	1956	1955
Dealers' licences to pasteurise milk	4	4
" " " sterilise milk	4	4
" " " sell tuber. tested milk ..	57	74
" " " " pasteurised milk ..	418	404
" " " " sterilized milk ..	685	706
Supplementary licences to sell tuber. tested		
milk	10	10
" " " " pasteurised milk ..	11	11
" " " " sterilised milk ..	10	10

SAMPLING

BACTERIOLOGICAL EXAMINATION

Examination for Tubercle Bacilli. Of 100 samples, including 9 of designated milks, 99 showed negative results to biological tests.

A positive result in 1 case was followed by action under the Tuberculosis Order, 1938 : the percentage of such results is given :

1956	..	..	..	..	1.00	per cent.
55	..	..	..	..	5.10	.. ..
54	..	..	..	..	5.77	.. ..
53	..	..	..	..	5.64	.. ..
52	..	..	..	..	4.71	.. ..
51	..	..	..	..	9.18	.. ..
50	..	..	..	..	5.40	.. ..

Tuberculin Tested Milk—Raw. Of 128 samples procured all but 6 complied with the prescribed standards.

Pasteurised Milk—including tuberculin tested milk (pasteurised). Samples of pasteurised milk sold under licence numbering 688 were subjected to the half-hour Methylene Blue Test ; 685 were satisfactory.

To test the efficiency of pasteurisation, these samples were also subjected to the Phosphatase Test and 687 were proved to have been satisfactorily treated.

Sterilised Milk—including tuberculin tested sterilised milk. A total of 247 samples processed under licence was obtained for examination ; all satisfied the appropriate test.

CHEMICAL EXAMINATION

Samples analysed by the Public Analyst

	No. of samples	Average per cent of fat	Average per cent of solids not fat
January	58	3.606	8.713
February	77	3.740	8.571
March	38	3.347	8.543
April	76	3.596	8.687
May	66	3.538	8.720
June	64	3.420	8.670
July	51	3.584	8.715
August	58	3.540	8.614
September	59	3.674	8.660
October	51	3.780	8.775
November	47	3.971	8.903
December	20	3.920	8.842
AVERAGES	55.4	3.643	8.701

The standard for milk is 'Fat' 3.0% and 'Solids-not-Fat' 8.50%.

Of the 494 informal samples subjected to the Gerber test by the inspector, 81 or 16.3% were of an unsatisfactory quality.

ACTION TAKEN ON UNSATISFACTORY MILK SAMPLES

Samples taken formally and found not genuine	Action taken
23 milks from 12 producers—deficient in milk-fat content.	Letters from Chief Public Health Inspector to producers and Milk Production Officer.
32 milks from 17 producers—deficient in milk solids other than fat.	„ „ „ „
47 milks from 16 producers—deficient in milk-fat and/or milk solids other than fat.	„ „ „ „
1 hot milk drink containing added water 13% and deficient in milk-fat 18%.	Warning letter from Town Clerk to cafe proprietor.

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, 1955.

2,340 inspections were made.

Registrations in force at the end of the year :—

MANUFACTURERS.

" Hot Mix " method	..	7	
" Cold Mix " method	..	11	
		—	18

VENDORS AND DEALERS.

" Pre-packed " ices	..	738	
" Loose " ices	..	239	
		—	977
New registrations	..	36	
Transfers of registrations	..	36	

Sampling. A total of 37 samples of ice cream was taken for analysis; all conformed to the standard required by the Food Standard (Ice Cream) Order 1953.

Six samples of iced lollies were taken for analysis ; all were satisfactory. In one case, however, the manufacturers were advised regarding the labelling of their commodity.

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	4 or more	208
2	2½ — 4	22
3	½ — 2	6
4	0 — ½	—

In addition 76 miscellaneous samples were taken for bacteriological examination and included 50 iced lollies, 25 samples of water taken from a lollie defrosting tank and 1 sample of lollie sticks.

FERTILISERS AND FEEDING STUFFS ACT, 1926

Samples Taken	Satisfactory	Unsatisfactory	Total
FERTILISERS :			
Superphosphate	1	—	1
Blood and Bone Fertiliser	1	—	1
National Growmore Fertiliser	1	—	1
Pure Dried Blood	—	1	1
Soluble Blood Manure	—	1	1
Steamed Bones	—	1	1
Meat and Bone Fertiliser	—	1	1
Sulphate of Potash	1	—	1
Sulphate of Ammonia (neutral)	1	—	1
Hydrated Lime	1	—	1
John Innes Base	1	—	1
Basic Slag	—	1	1
FEEDING STUFFS :			
Layers' Mash	2	1	3
Laying Meal	3	—	3
Fattening Meal	1	—	1
Balancer Meal	1	—	1
Pig Food No. 1 (Sow and weaners)	1	—	1
Pig Food No. 2 (Fattening)	1	—	1
TOTALS	16	6	22

Action taken on unsatisfactory samples was as follows :—

Pure Dried Blood	..	Letter from Chief Public Health Inspector to sellers re error in labelling.
Soluble Blood Manure	..	Warning letter from Town Clerk to sellers.
Steamed Bones	.. ..	" " " " "
Meat and Bone Fertiliser	..	Letter from Chief Public Health Inspector to Manufacturer.
Basic Slag	.. ..	Warning letter from Town Clerk to seller.
Layers' Mash	.. ..	Letter from Chief Public Health Inspector to Manufacturers.

SHELL FISH

Shell fish from various sources were received into the Sneinton Wholesale Fish Market. The total weight found to be unfit for human consumption was 9 tons 7 cwt.

Sixteen samples of mussels were taken, all of which were found to be satisfactory. Details are given :—

Origin of Layings	No. of Samples	
	1955	1956
Boston, Lincolnshire	3	7
Brancaster, Norfolk	—	1
Denmark	—	3
Ireland	2	3
Port Madoc, N. Wales	7	2
North Shields	1	—

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—all approved. . . . .	..	24
Transfer of licences . . . . .	..	Nil
Registrations not renewed owing to discontinuance of sales of Part II Poisons . . . . .	..	15

DETAILS OF UNSOUND FOOD SURRENDERED

Food other than meat	In Stones		
	1954	1955	1956
Bacon	174	168	127
Butter	12½	1½	1
Canned goods	8,122½	4,488¾	3,614½
Cakes and pastry	43	24	4¾
Cheese	43½	598½	81
Chocolate and sweets	10	5½	2½
Coffee	3½	1½	—
Conserves	173	1½	6¾
Cooked meat	82½	—	—
Dried fruit	37	25½	29
Dried milk	8½	41	49
Eggs—dried	63	38¾	—
Eggs—liquid	322½	—	2
Eggs—shell	3	11¾	—
Fish	807	871	906
Fruit	144½	144½	78
Flour	35½	7¾	1½
Margarine	—	18	¾
Miscellaneous	459½	26½	32
Poultry	68½	29½	81½
Rabbits	193	27½	4½
Sausage	81½	59	47½
Shell fish	409	1,068½	1,498¾
Sugar	24	1½	3
Synthetic cream	3¼	59	—
Vegetables	1,352½	563¾	380½
TOTAL	12,677½	8,282	6,951½

Meat	Home killed	Imported
	in stones	
Beef	14,101	42½
Mutton and Lamb	321½	10½
Pork	4,282	—
Veal	66½	—
Offals	16,077½	10½
TOTAL	34,849	63½
GRAND TOTAL SURRENDERED: 34,912½ stones = approx. 218½ tons.		

DETAILS OF SAMPLING OF "OTHER FOODS"

Item	Genuine			Unsatisfactory			Totals		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Milk, raw	400	—	400	115	—	115	515	—	515
Milk, processed	150	9	159	1	—	1	151	9	160
Milk, canned	—	10	10	—	—	—	—	10	10
Butter, cream, cheese and other dairy products	—	19	19	2	8	10	2	27	29
Ice Cream and frozen lollies	1	39	40	—	3	3	1	42	43
Open meat products	—	28	28	2	3	5	2	31	33
Canned or preserved meats and meat products	—	9	9	—	—	—	—	9	9
Canned or prepacked fish and fish products	—	13	13	—	—	—	—	13	13
Soups	—	4	4	—	—	—	—	4	4
Oils and fats	12	6	18	—	—	—	12	6	18
Fresh fruits and vegetables	—	3	3	—	—	—	—	3	3
Canned or preserved fruits and vegetables	—	29	29	—	2	2	—	31	31
Sweets, sugar confectionery etc.	1	19	20	2	3	5	3	22	25
Jams, conserves, fruit curds, jellies, etc.	—	16	16	—	—	—	—	16	16
Bread, biscuits, etc.	—	2	2	—	—	—	—	2	2
Baking powder and raising preparations	—	3	3	—	—	—	—	3	3
Flours	—	17	17	—	1	1	—	18	18
Cake, pudding and other flour mixtures	—	9	9	2	1	3	2	10	12
Canned or pre-packed puddings	—	2	2	—	—	—	—	2	2
Cereals	—	6	6	—	—	—	—	6	6
Food flavouring and colouring	—	6	6	—	—	—	—	6	6
Food drinks and non-alcoholic beverages	—	34	34	—	—	—	—	34	34
Spices, sauces and condiments	—	26	26	1	1	2	1	27	28
Wines, spirits and other alcoholic beverages	4	2	6	—	—	—	4	2	6
Drugs, internal and external use	—	12	12	—	—	—	—	12	12
Miscellaneous	—	5	5	—	—	—	—	5	5
TOTALS	568	328	896	125	22	147	693	350	1043

HOUSING

Further progress was made in connection with the Corporation's five-year programme for dealing with the City's unfit houses. Confirmation of the Compulsory Purchase Orders made in respect of twenty-seven areas in Denman Street and St. Peter's Street was received from the Minister of Housing and Local Government.

In May a Public Inquiry was held into a Compulsory Purchase Order in respect of twenty-six clearance areas and a Clearance Order in respect of three areas in the Sneinton district involving a total of three hundred and ninety unfit houses, and these Orders were confirmed by the Minister in September.

Work continued on the inspection of approximately six hundred and fifty houses in the Hyson Green, Willoughby Street and Carrington districts preparatory to their inclusion in Clearance Areas.

A table giving details relating to the demolition, closing and repair of houses under the Housing and Public Health Acts appears on pages 143 and 144.

Certificates of Disrepair					
Applications for certificates	..	..	..	..	26
„ withdrawn	..	..	..	..	1
„ granted	..	..	..	..	23
„ refused	..	..	..	..	2
Certificates revoked	..	..	..	..	25
Application for the revocation of certificate refused					1

WOMEN HOUSING OFFICERS

The staff of four women housing officers made 14,205 visits to houses on Corporation Housing Estates and reported 3,477 defects to the Estates Department.





'..... many old people have no interest in their surroundings'
many old people have no interest in their surroundings



'Some seek solace



THE YEAR'S WORK

Inspection of Dwelling-houses

	1954	1955	1956
Dwelling-houses inspected for housing defects under the Public Health or Housing Acts ..	10,559	9,508	9,040
Inspections made for the purpose	19,935	17,608	18,161
Dwelling-houses — included under sub-head above—which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1938	784	1,214	1,025
Inspections made for the purpose	3,684	5,411	6,166
Dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	5	428	28
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	4,697	4,501

Informal Action

Defective dwelling-houses rendered fit in consequence of informal notices by the Local Authority or their officers	4,976	4,279	3,540
--	-------	-------	--------------

Action under Statutory Powers**1. Proceedings under Sect. 9, 10 and 16 of the Housing Act, 1936.**

Dwelling-houses in respect of which notices were served requiring repairs ..	779	1,200	997
Dwelling-houses in which defects were remedied after service of formal notices:—			
1. By owners	589	898	839
2. By Local Authority in default of owners	190	208	201

2. Proceedings under the Public Health Acts.

Dwelling-houses in respect of which notices were served requiring defects to be remedied	1,199	899	568
Dwelling-houses in which defects were remedied after service of formal notices :—			
1. By owners	962	838	494
2. By Local Authority in default of owners	113	143	113

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

Dwelling-houses in respect of which demolition orders were made	3	9	2
Dwelling-houses demolished in pursuance of demolition orders	17	17	18

4. Proceedings under Sect. 12 of the Housing Act, 1936 and Sect. 10 of the Local Government (Miscellaneous Provisions) Act, 1953.

Closing Orders made	4	5	3
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SANITARY SERVICES

In August the Sanitary Inspectors (Change of Designation) Act 1956 came into force and required that henceforth Sanitary Inspectors should be designated Public Health Inspectors. The shortage of qualified inspectors which has been developing since 1952 became worse. This at a time when new legislation was increasing the responsibilities of inspectors made it impossible to carry out many routine duties.

Complaints continued to be received of nuisance arising from the occupation of land in various parts of the City by caravan dwellers and in twelve instances successful prosecutions were taken against the occupiers. A suitable site where caravans could be parked for short periods under satisfactory conditions would enable better control to be exercised.

The Clean Air Act 1956 received Royal Assent in July and on the 31st December the provisions relating to the following subjects were brought into effect by order of the Minister of Housing and Local Government :—

1. Declaration of smoke control areas.
2. Prior approval of new furnaces.
3. Height of new industrial chimneys.
4. Prevention of the emission of fumes and smoke from colliery spoil-banks.
5. Byelaws with respect to the installation in new buildings of smokeless heating and cooking equipment.

Other provisions of the Act will come into operation on appointed days yet to be fixed. The powers now available will enable the Health Committee in due course to proceed with the creation of a smoke-free area in the City centre.

WATER

Close co-operation continued between the Water and Health Departments to safeguard the purity of the water supply, which was satisfactory.

SWIMMING BATHS

There were ten swimming baths in the City, five of which remained open during the winter ; all were owned by the Corporation. During the year thirty-five samples of water were taken, one of which was found to be under-chlorinated. Three samples of water taken from the paddling pool at Bulwell Lido were satisfactory.

ATMOSPHERIC POLLUTION

The standard of smoke emission 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.

Monthly average emission of dense smoke per chimney in minutes					
	1952	1953	1954	1955	1956
January ..	1.65	1.63	1.64	1.82	1.04
February ..	1.46	1.75	1.24	1.14	1.18
March ..	1.42	1.82	0.90	0.74	—*
April ..	1.68	1.07	1.25	1.23	0.97
May ..	1.16	1.10	0.93	1.63	0.91
June ..	1.36	1.82	0.84	1.02	0.95
July ..	0.84	0.94	1.05	1.05	0.96
August ..	0.92	0.56	1.09	1.06	0.72
September ..	0.94	0.89	0.91	0.86	1.25
October ..	1.35	1.13	1.23	0.85	0.79
November ..	1.53	1.15	0.92	1.49	0.70
December ..	1.17	1.18	1.23	0.87	0.84

* No observations taken.

Observations and notices	1952	1953	1954	1955	1956
Half-hourly observations of chimneys	1,329	1,103	1,238	1,188	1,062
Total No. of minutes dense smoke emitted	1,691	1,382	1,347.5	1,337	995
Average No. of minutes of dense smoke per chimney ..	1.3	1.3	1.1	1.15	0.94
Intimation notices served ..	69	49	40	46	29
Advisory visits including verbal cautions	409	417	470	442	378
Statutory notices served ..	17	10	8	7	3
Complaints investigated ..	128	156	168	186	137
Cases where work was executed for smoke and/or grit nuisance abatement	36	33	37	41	34

Nature and cost of work carried out by owners

	1952	1953	1954	1955	1956
Chimney stacks erected or extended	9	7	13	7	8
Chimney stacks dismantled ..	2	5	6	1	2
Boilers converted from hand to mechanical stoking ..	20	4	5	8	16
Mechanical stokers overhauled or renewed	18	5	9	4	7
New boilers installed ..	9	5	11	8	10
Grit arresting apparatus installed	—	2	3	2	—
Grit arresting apparatus repaired	—	12	2	—	—
Steam cranes replaced by diesel	—	—	2	—	—
Steam locomotives replaced by diesel	—	—	2	—	—
Conversion from coal to oil fuel or gas	—	—	3	—	10
Filters and scrubbers for nylon plant	—	—	1	—	—
Miscellaneous	—	—	5	20	9
Estimated cost to the owners ..	£74,710	£38,050	£68,640	£42,035	£54,130

Measurement. Seven stations, each equipped for the measurement of deposited solids from the atmosphere and of the sulphur content of the air, have been established. Details of these, together with a review of results for the past 5 years are given on page 149.

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 ..	205·09	25·46 : Feb.	17·09	5·12 : Jan.
Basford ..	249·28	34·68 : Dec.	20·77	2·92 : Jan.
Bulwell ..	190·34	19·67 : Feb.	15·86	2·38 : Jan.
Clifton † ..	105·50	15·05 : Feb.	9·59	2·19 : Feb.
Meadows ..	191·84	22·36 : Jan.	15·99	6·01 : Feb.
Mapperley ..	123·73	16·47 : Mar.	10·31	3·04 : Jan.
Wollaton ..	83·73	12·73 : Jan.	6·98	1·41 : Feb.
Av. for City ..	164·22	—	13·79	—

* For full details see pages 159 and 160.

† Only 11 months results available.

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".

Approval of Furnace Installations. 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, so 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 two installations were approved by the Health Committee after appropriate amendments had been made.

All plans and specifications submitted under Building Byelaws to the City Engineer's Department were perused and advice given on proposed fuel burning installations where necessary.

REVIEW OF RESULTS OF MEASURING STATIONS IN THE CITY

Measurements of pollution commenced in five stations in the City in July, 1951. Additional stations were established in August, 1951, and in February, 1953, bringing the total to seven.

Siting. The location and description of the measuring stations are given :—

District	Type of Area
Basford	Industrial and residential
Bulwell	" " "
City Centre	Shopping and commercial
Clifton	Residential smokeless
Mapperley	Mainly residential
Meadows	Industrial and residential
Wollaton	Mainly residential

Solid Deposits

Measurement of deposited matter with deposit gauges annual deposits in tons per square mile							
YEAR	Basford	Bulwell	City Centre	Clifton	Mapperley	Meadows	Wollaton
1952 ..	294·50	275·55	264·64	—	156·51	285·03	136·73*
53 ..	278·74	235·52	244·97	251·38*	123·27†	238·87	123·91
54 ..	276·90	228·72	232·10	269·67	130·64*	236·35	101·37
55 ..	223·73*	193·17	208·57	114·37*	114·65*	213·64	93·63
56 ..	249·28	190·34	205·09	105·50*	123·73	191·84	83·73

* 11 months results.

† 10 " "

The high figures for Clifton to the end of 1954 do not give a true indication of the position, as much extraneous matter was admitted to the gauge from building operations and other sources.

The stations are listed below in order of the amount of pollution with maximum and minimum figures recorded during the five year period ; it will be seen that the heaviest deposits occurred at Basford and the lightest at Wollaton.

	Maximum	Minimum
Basford	294.50	223.73*
Meadows	285.03	191.84
Bulwell	275.55	205.09
Clifton	269.67	190.34
City Centre	264.64	105.50*
Mapperley	156.51	123.73
Wollaton	136.73*	83.73

* 11 months results.

The 27th Report of the Department of Scientific and Industrial Research covering the ten year period ended on 31st March, 1954, showed that the average annual deposits at six stations that gave the **highest** readings in the country was 835 tons per square mile, while the figure for six stations showing the **smallest** deposits was 72 tons per square mile. The average for the country as a whole was 218 tons per square mile.

The average annual deposits for Nottingham, which show an appreciable decrease over the five years, were :—

1952	235.49
53	213.80
54	210.82
55	165.96
56	164.22

Sulphur Dioxide

Measurement of sulphur dioxide with lead peroxide instruments average readings expressed as milligrammes of SO ₃ per day per 100 sq. cm. of lead peroxide							
YEAR	Basford	Bulwell	City Centre	Clifton	Mapperley	Meadows	Wollaton
1952 ..	1.16	0.84	1.85	—	0.90	1.99	0.52
53 ..	1.39	1.08	2.52	0.86	1.15	2.54	0.51
54 ..	1.49	1.11	2.48	1.06	1.30	2.77	0.52
55 ..	1.39	1.21	2.49	1.13	1.31	2.84	0.64
56 ..	1.81	1.36	3.12	1.12	1.54	3.63	0.73

The stations in order of the amount of sulphur pollution with maximum and minimum figures recorded during the five year period are shown below ; it will be seen that the heaviest pollution by sulphur was in the Meadows district, and the lightest, as with solid deposits, at Wollaton.

		Maximum	Minimum
Meadows	.. ..	3·63	1·99
City Centre	.. ..	3·12	1·85
Basford	.. ..	1·81	1·16
Mapperley	.. ..	1·54	·90
Bulwell	.. ..	1·36	·84
Clifton	.. ..	1·13	·86
Wollaton	.. ..	·73	·51

Conclusions. The object of the investigation was to obtain information on the nature and extent of pollution. The instruments used were of standard types devised by the Department of Scientific and Industrial Research.

After five years recording, it can be stated that the position regarding Nottingham was as follows :—

1. The deposits from the atmosphere were reduced progressively each year.
2. The amount of sulphur dioxide in the atmosphere increased.
3. The smoke abatement activities of the Department had some success in improving efficiency in the use of fuel.

FACTORIES ACTS, 1937 AND 1948

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	239	109	4
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities	2,007	517	21
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises) ..	—	12	—
TOTAL	2,246	638	25

Details of Defects.

Nature	Found by public health inspectors	Referred by H.M. Inspectors	Remedied*
Want of cleanliness	3	—	1
Overcrowding	—	—	—
Unreasonable temperature	1	—	—
Inadequate ventilation	4	—	4
Ineffective drainage of floors	—	—	—
Sanitary conveniences :			
(a) Insufficient	1	—	—
(b) Unsuitable or defective	22	24	47
(c) Not separate for sexes	1	—	4
Other offences against the Act (not including offences relating to outwork) ..	12	—	9
TOTAL	44	24	65

* Includes defects found but not remedied in 1955.

Outwork.

Outworkers employed in the City totalled 2,227 and 1,783 visits were made to their premises which in all cases were found to be wholesome.

Nature of Work	No. of Outworkers		
	1954	1955	1956
Lace, lace curtains and nets	1,211	1,055	986
Wearing apparel : Making etc., cleansing and washing ..	960	960	996
Nets, other than wire nets	89	141	115
Carding, etc., of buttons, hooks and eyes, pins and hair pins	39	36	35
Household linen	38	29	77
Brass and brass articles	17	8	12
Weaving of textile fabrics	3	3	1
Paper bags	—	3	5
TOTAL	2,357	2,235	2,227

SHOPS ACT, 1950

Statutory closing hours of shops were generally complied with though some shopkeepers were warned regarding hours of closing and Sunday trading.

The organisers of the Midlands Radio Exhibition and the Nottingham Ideal Home Exhibition were again granted an extension of the hours of closing for retail trade or business which was subsidiary or ancillary only to the main purpose of the Exhibitions.

PUBLIC HEALTH ACT, 1936

Workplaces. Action was required in 10 cases of unsatisfactory sanitary accommodation for employees.

Common Lodging Houses. Two establishments in the City were satisfactorily conducted.

Canal Boats. The canals and other navigable waters within the City were visited on six occasions and eight boats were inspected; the inspector was allowed free access to the cabins.

No case of infectious disease was reported nor was it necessary to detain any boat.

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

KNACKERY

The work at the one knackers' yard in the City was supervised and found to be satisfactory.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

The Chief Public Health Inspector and four other inspectors are authorised officers for the purposes of this Act.

Licences and registrations in force :—

Upholstery premises registered	37
Licences to store rag flock	4

A total of 68 informal samples of various materials was taken and 2 were found to be unsatisfactory :—

	Action Taken
Sample No. 88—Washed Flock—excess of 1·6% of soluble impurities and an excess of 2·5% of oil and soap.	Stock disposed of. Formal sample could not be procured.
Sample No. 90—New Woollen Mixed Flock contained an excess of 24 parts per 100,000 of chlorine and contained only 22% animal fibre as against the standard of 60%.	Designation of material the subject of correspondence with manufacturers.

MEASURES AGAINST RODENT AND INSECT PESTS

Although no serious infestations of rats or mice were discovered, more rat infestations of a minor character were treated than in previous years. The number of complaints received was the lowest since 1951. Many potentially serious nuisances from rats were prevented by surveying blocks of premises and dealing with small colonies.

The number of dwellings infested with fleas showed a marked reduction but cases of nuisance from ants in domestic kitchens, larders, etc., were more numerous. Infestations by bugs and cockroaches showed little change over previous years.

Ants and cockroaches continued to be the main cause of nuisance in hotel kitchens, food shops, etc., but regular systematic treatments kept them under control and complete eradication was achieved in many cases.

Rodent and Insect Control				1955	1956
Properties surveyed	..	..	..	4,925	5,682
Infestations dealt with :					
rats	..	..	..	1,478	1,817
mice	..	..	..	622	678
insects	..	..	..	643	608
Total visits	..	..	..	14,972	14,839

HEATING APPLIANCES (FIREGUARDS) ACT, 1952

In 21 visits paid to premises during the year all appliances inspected were found to comply with the Regulations.

THE YEAR'S WORK

NOTICES

INFORMAL	1954	1955	1956
TOTAL NUMBER COMPLIED WITH	10,782	9,765	9,218

Details of Nuisances Found	Nuisances, etc., remedied		
	1954	1955	1956
Houses —filthy	31	31	28
„ —verminous	1	1	2
Drains —clearance of	129	293	197
„ —repair of	324	277	252
Panterpits—abolition of	3	4	2
Additional water-closets—provision of	—	14	3
Water-closets—clearance of	58	32	20
„ „ —repair of	2,009	2,167	2,100
Closets—cleansing of	13	8	2
Courts, yards and passages—paving of	13	34	7
„ „ „ —cleansing of	7	8	12
„ „ „ —repair of	242	308	269
Nuisance from pigs	3	1	1
„ „ fowls	4	2	3
„ „ other animals	7	3	4
„ „ accumulations of refuse	29	38	38
Dustbins—provision of	2,243	1,708	2,116
Miscellaneous nuisances	365	121	84
Tents, vans and sheds	5	32	73
Houses-let-in-lodgings	23	3	2
Factories with mechanical power	212	42	30
„ without mechanical power	5	2	—
Workplaces	24	3	—
TOTAL	5,750	5,132	5,245

Defects in Houses	Defects remedied		
	1954	1955	1956
Roofs	1,890	2,318	1,910
Walls	1,579	1,873	1,325
Floors and ceilings	1,096	1,201	931
Windows	1,760	1,701	1,474
Fireplaces	784	614	512
Coppers	63	41	24
Sinks provided	55	70	34
„ —repair of	212	235	182
Defective water pipes and fittings	196	122	227
„ rainwater conductors	1,291	1,260	965
Others	900	1,386	1,032
TOTAL	9,826	10,821	8,616
Number of defective houses dealt with	5,969	4,697	4,580

STATUTORY

Notices under Public Health Act, 1936

			Complied With	Complied With	Complied With
			1954	1955	1956
Sect. 39	Drainage	.. ..	381	423	301
„ 44	Inadequate closet accommodation		11	3	7
„ 45	Closets	.. ..	72	54	33
„ 56	Paving of courts, yards and passages, dwelling-houses	.. ..	125	126	111
„ 75	Dustbins	.. ..	668	499	593
„ 83	Dirty houses	.. ..	4	1	—
„ 92	Houses	.. ..	569	432	195
„ „	Others	.. ..	2	—	—
„ 287	Notice of entry	.. ..	8	6	7

Notices under Nottingham Corporation Act, 1923

Sect. 73	Repair of water-closets	..	331	458	410
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Notices under Nottingham Corporation Act, 1952

Cleansing and repair of drains, water-closets and soil pipes	96	116	87
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Notices under Housing Act, 1936

Sect. 9	822	1,106	1,040
TOTAL	3,089	3,224	2,784

Consequent upon the failure of owners to comply with statutory notices, the Corporation ordered work on private contractors and recovered expenses incurred in 582 cases as follows :—

ACT	1954	1955	1956
	£ s. d.	£ s. d.	£ s. d.
Nottingham Corporation Act, 1923, Sect. 73 ..	173 1 1	284 15 6	178 4 8
" " " 1952, Sect. 72 ..	11 11 5	78 19 6	66 1 3
Housing Act, 1936, Sects. 9 and 10 ..	2,267 9 0	2,748 14 4	3,184 3 7
Public Health Act, 1936, Sect. 39 ..	504 16 9	390 3 10	270 17 9
" " " " " 44 ..	- - -	155 12 9	- - -
" " " " " 45 ..	144 5 1	95 10 2	69 18 4
" " " " " 56 ..	265 0 4	333 4 8	357 3 5
	3,366 3 8	4,087 0 9	4,126 9 0

The cost of new dustbins supplied by the Corporation where owners or occupiers had not complied with notices served and where steps were taken to recover this amount was £447. 13s. 8d.

NUMBER OF INSPECTIONS

	1954	1955	1956
First visits	18,695	16,931	17,267
Re-visits	26,955	24,736	20,847
TOTAL	45,650	41,667	38,114

MEASUREMENT OF ATMOSPHERIC POLLUTION

DEPOSIT GAUGES

Deposited solid matter in tons per square mile per month.

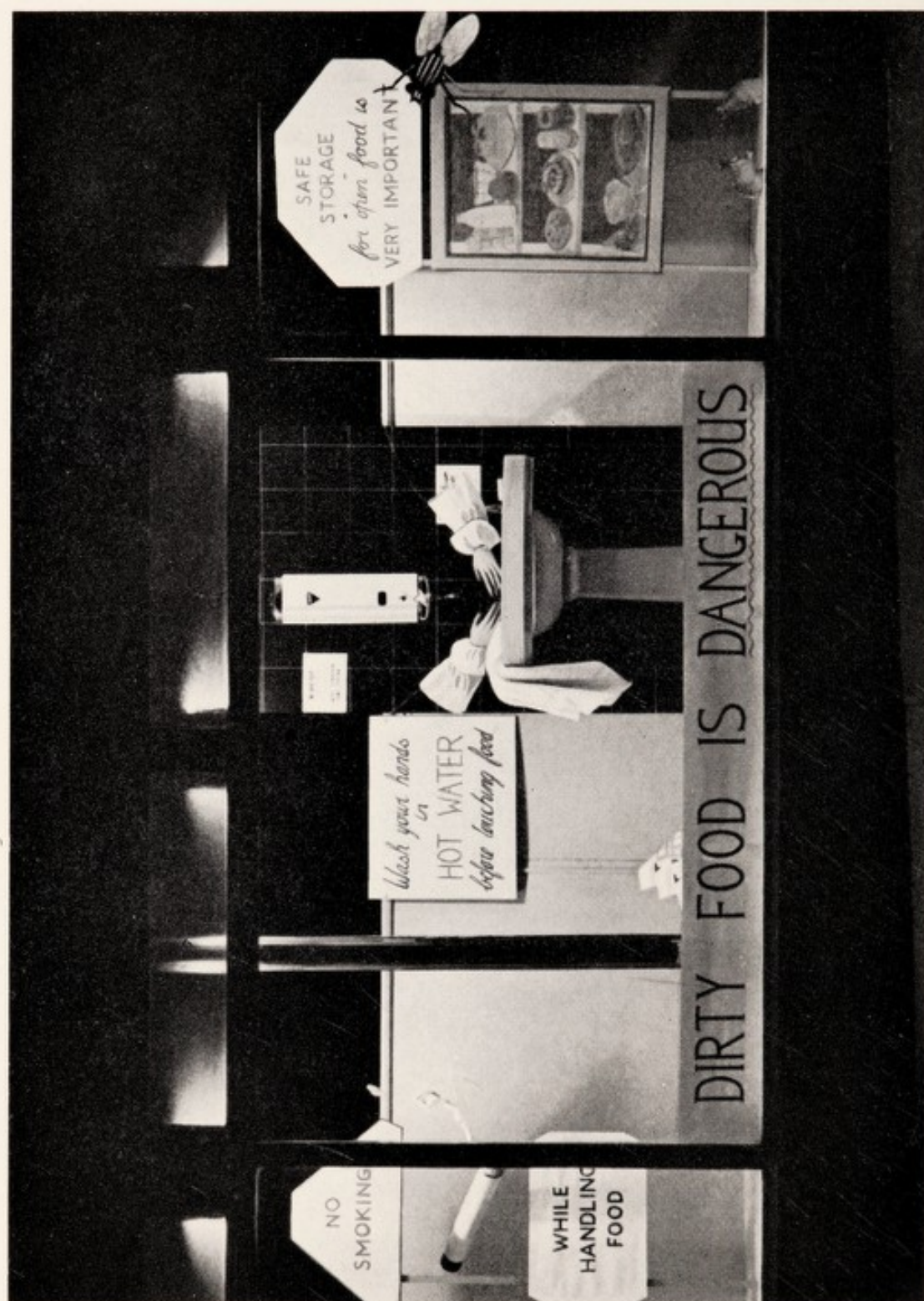
	City Centre			Basford			Bulwell			Meadows			Mapperley			Wollaton			Clifton		
	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total
January ..	10.01	7.15	17.16	13.37	7.90	21.27	9.15	5.57	14.72	13.02	9.34	22.36	5.47	5.60	11.07	7.50	5.23	12.73	4.36	4.12	8.48
February	9.09	16.37	25.46	17.27	14.08	31.35	10.71	8.96	19.67	7.30	4.67	11.97	5.60	4.67	10.27	6.37	3.08	9.45	10.89	4.16	15.05
March ..	13.20	6.23	19.43	18.44	5.37	23.81	10.31	4.87	15.18	10.74	5.14	15.88	12.74	3.73	16.47	4.04	2.47	6.51	5.50	2.79	8.29
April ..	11.10	7.15	18.25	19.51	7.01	26.52	13.12	4.64	17.76	12.24	5.33	17.57	6.61	3.73	10.34	3.83	3.37	7.20	7.77	3.54	11.31
May ..	8.85	4.15	13.00	9.34	3.73	13.07	9.09	2.78	11.87	8.41	3.22	11.63	5.75	2.40	8.15	3.12	1.64	4.76	6.93	2.79	9.72
June ..	9.88	8.30	18.18	14.55	6.09	20.64	11.61	4.87	16.48	11.30	9.34	20.64	7.37	4.43	11.80	3.78	3.73	7.51	7.16	4.39	11.55
July ..	9.19	5.96	15.15	10.53	6.77	17.30	11.20	6.96	18.16	8.40	6.27	14.67	6.53	5.80	12.33	3.80	4.20	8.00	7.26	6.08	13.34
August ..	9.19	5.04	14.23	9.07	5.93	15.00	8.78	4.18	12.96	8.27	6.00	14.27	5.00	3.17	8.17	2.00	1.50	3.50	3.92	3.17	7.09
September	10.74	4.84	15.58	11.57	6.30	17.87	10.60	5.88	16.48	9.57	5.83	15.40	8.37	3.27	11.64	4.20	3.06	7.26	No results available		
October	10.70	5.10	15.80	11.83	4.17	16.00	12.26	4.87	17.13	10.64	4.90	15.54	6.64	2.57	9.21	4.20	2.13	6.33	3.38	2.60	5.98
November	8.17	4.93	13.10	7.10	4.67	11.77	10.08	4.64	14.72	7.94	4.73	12.67	2.87	2.41	5.28	2.80	1.93	4.73	4.66	3.07	7.73
December	12.28	7.47	19.75	26.24	8.44	34.68	8.18	7.03	15.21	13.17	6.07	19.24	5.27	3.73	9.00	3.70	2.05	5.75	3.65	3.31	6.96
TOTAL ..	122.40	82.69	205.09	168.82	80.46	249.28	125.09	65.25	190.34	121.00	70.84	191.84	78.22	45.51	123.73	49.34	34.39	83.73	65.48	40.02	105.50

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 ..	5.12	2.92	2.38	5.70	3.04	1.20	1.83
February ..	4.71	2.74	2.14	6.01	2.93	1.41	2.19
March ..	3.01	1.73	1.46	3.56	1.35	0.81	1.01
April ..	2.59	1.55	1.16	3.33	1.09	0.77	1.17
May ..	2.35	1.44	1.02	2.99	1.19	0.64	1.04
June ..	1.93	1.11	0.90	2.45	0.85	0.36	0.73
July ..	1.40	0.70	0.50	2.05	0.51	0.32	0.46
August ..	1.78	1.02	0.69	2.40	0.61	0.33	0.51
September ..	1.90	1.21	1.17	2.10	0.84	0.48	0.67
October ..	3.35	2.45	1.23	3.71	1.63	0.66	0.97
November ..	4.74	2.42	1.67	4.91	2.07	0.91	1.54
December ..	4.54	2.40	1.98	4.40	2.42	0.89	1.26







NOVEMBER DISPLAY



PART IV.

MISCELLANEOUS

ADMINISTRATION

EPILEPSY AND CEREBRAL PALSY

ESTABLISHMENTS FOR MASSAGE OR SPECIAL
TREATMENT

INCIDENCE OF BLINDNESS

NATIONAL ASSISTANCE ACTS 1948
and 1951 — RECORD OF CASES

NOTTINGHAM CREMATORIUM

NURSES ACT 1943 — NURSING AGENCIES

NURSING HOMES

PUBLIC MORTUARY

ULTRA VIOLET RAY CLINIC

ADMINISTRATION

Staff. The staffing position was always difficult by virtue of the large turnover. There were 11 resignations and 14 appointments. Additional clerks were approved, one each for Health Education, the Home Help Service, and at the end of the year for the poliomyelitis vaccination scheme.

Training. Encouragement was again offered to members of the clerical staff to qualify themselves for promotion by post entry training. One senior clerk obtained the Diploma in Municipal Administration and another passed the Clerical Examination of the Local Government Examinations Board.

At the end of the year there were 7 officers undertaking courses of study, 3 for the Intermediate examination of the Diploma in Municipal Administration and 4 for the Clerical examination.

Office Accommodation. The main administrative centre was still sited in rented premises, the lease of which was extended for a further 7 years. The offices first occupied in 1934 were too small and accommodated only a small proportion of the staff, with the result that, over the years, additional premises were obtained, the Health Services now being administered from no less than five different addresses.

The urgency of the need for a comprehensive Headquarters for the Health Services has been increasing for some years and preliminary plans were completed, which were under discussion at the end of the year.

Finance. It was estimated that the gross cost of the Health Services in the City for the current financial year would be £562,050. Despite the fact that the estimates were prepared at a time of strict financial economy, this showed an increase of approximately 10% on the previous year.

Virtually the whole of this increase was beyond the control of the Local Health Authority, the main factors being salary awards and increments, and increased costs of fuel and telephones. The cost of provisions remained almost static, though increases in prices of foodstuffs during the year will require larger sums of money during the next financial year.

It was interesting to note that of the total budget, salaries and wages, including superannuation and insurance, accounted for more than 70%.

Poliomyelitis Vaccination. The inauguration of this scheme provided an interesting administrative exercise.

Ministry of Health Circular 2/56 of the 19th January contained the first notification of the scheme and called for details of acceptances to be sent to the Medical Research Council by the 14th April, with vaccinations to take place in May and June. The scheme was conditioned by its voluntary nature—all parents had to express their willingness in writing to have their children vaccinated.

The first requirement, therefore, was for the scheme to be explained to parents, and then for their consent to be obtained. Three alternative methods by which this could be done were considered :—

- (1) An advertisement in the local press containing the explanatory matter and a form of consent which could be completed, cut out, and sent to the Local Health Authority by the parents ;
- (2) An explanatory letter to be handed to parents by schoolchildren and sent by post to parents of children under school age, with a " tear off " form of consent to be returned either to the Health Department, Welfare Centres, or to the School, any postage being paid by the parent ; or
- (3) A method similar to (2) above, but with the form of consent being printed on a " reply paid " postcard.

It was felt that the first would leave too much to chance. Many parents would not read the 'Notices' portion of the newspapers, or, if they did, would not trouble to cut out, fill in, and post the form of consent.

A decision was made to adopt the second means, as it was hoped that the tendency to avoid payment of postage would be obviated by providing for the return of envelopes to Schools and Welfare Centres as well as to the Health Department. In the event, the figures showed that the third alternative would have obtained a greater number of consents. Information subsequently available certainly appeared to prove that the first alternative was the least successful.

Over 45,000 letters and consent forms were despatched by the first week in March, 25,800 being issued through the Schools and taken home by children, and 19,850 being sent by post to parents of pre-school children. The closing date for the receipt of consent forms was 26th March.

Consent forms returned totalled 17,359, of which 13,400 related to school children and 3,959 to pre-school children. The acceptance rates, were, therefore, 51·93% and 19·94% respectively—an overall rate of 38·02%. It was reasonable to assume that had the forms of consent been printed on a "reply paid" postcard, the acceptance rate for pre-school children might have been nearly that for school children.

The whole programme, from the receipt of Circular 2/56 to the submission of the appropriate returns of those vaccinated to the Medical Research Council, occupied less than six months. All the work was done by existing staff through much willing overtime—though assistance had to be sought from a commercial firm in the addressing of some envelopes—and great credit was due to them.

EPILEPSY AND CEREBRAL PALSY

The number of persons known to be suffering from epilepsy and cerebral palsy is given below ; more cases of both diseases are being brought to notice.

Although an individual may be known to more than one service of the Local Authority, he is shown in the table as being known to the one mainly responsible for his welfare.

	Local Education Authority	Mental Health Services	Welfare Services	Others	Total
Cerebral Palsy . .	34	53	56	41	184
Epilepsy . .	81	86	45	17	229
Cerebral Palsy and Epilepsy	1	13	—	—	14

Schemes prepared by the Welfare Services Committee under Section 29 of the National Assistance Act, 1948, are gradually being developed for persons who are deaf or dumb and for handicapped persons (other than the blind or partially sighted and the deaf or dumb); the numbers on the register are increasing.

ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

NOTTINGHAM CORPORATION ACT, 1952

There were 9 applications for renewals, and 1 for a new licence; conditions were satisfactory in all cases.

Certificates of exemption were received in respect of 8 registered members of the Chartered Society of Physiotherapists or the Faculty of Physiotherapy.

INCIDENCE OF BLINDNESS

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

The number on the Blind Persons Register at the end of the year was 665, an increase of 14 on the previous year.

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 ..	21	7	—	32
(b) Treatment (medical, surgical or optical)	11	9	—	16
(2) Cases at (1) (b) above which on follow up action have received treatment ..	3	9	—	10
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	1	—	2
(b) Treatment (medical, surgical or optical)	3	1	—	6
(2) Cases which received follow up treatment ..	1	—	—	2

B. Ophthalmia Neonatorum

No cases of impairment of sight were notified.

NATIONAL ASSISTANCE ACTS, 1948 — 1951

Only three persons were referred for consideration of compulsory removal; in no case was it necessary to take statutory action.

Result of Visit	1954	1955	1956
Statutory action	—	—	—
Voluntarily removed to hospital or Part III accommodation . .	4	7	2
Voluntarily removed for cleansing . .	3	—	—
Removed under Sect. 20, Lunacy Act, 1890	1	—	—
Under observation at home . .	2	1	—
No action required	2	1	—
Died	1	—	1

NOTTINGHAM CREMATORIOUS

Until the spring, cremations from the Derby area took place in Nottingham. On 23rd April, the Derby Crematorium was opened, but in spite of this, there were only 134 cremations less than last year.

The numbers for the past 9 years are given.

Year	ALL CREMATIONS		CREMATIONS OF CITY RESIDENTS		
	No.	Increase over previous year	No.	Increase over previous year	Percentage of total deaths
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%
1955 ..	3,940	10%	1,432	9%	40.9%
1956 ..	3,806	— 3.4%	1,528	7%	45.9%

Cremation and Residence

PLACE OF RESIDENCE	NO. OF CREMATIONS		
	1954	1955	1956
City	1,311	1,432	1,528
County excluding West Bridgford	949	1,169	1,279
West Bridgford	150	169	186
Other areas	1,168	1,170	813
TOTAL	3,578	3,940	3,806

NURSING AGENCIES

Two agencies, first licensed in 1945, had their licences renewed, the staff, premises and records being found satisfactory. In December they had on their registers 24 State Registered Nurses, 9 State Certified Midwives, and 7 State Enrolled Assistant Nurses.

An agency, licensed in 1954, transferred to Leicester in October.

NURSING HOMES

Nursing homes registered under the Public Health Act, 1936, numbered 8 ; accommodation provided was 24 maternity beds in four nursing homes, and 48 beds for other cases in six homes, two of the latter also admitting maternity cases.

They were inspected regularly by a medical officer, and in the case of maternity homes, also by the non-medical supervisor of midwives.

PUBLIC MORTUARY

The number of bodies taken to the Leenside Mortuary rose sharply to 637 of which 617 were subject to the jurisdiction of the City Coroner ; 452 post-mortem examinations were carried out.

The mortuary was staffed by two full-time trained attendants, who also assisted the pathologists at post-mortem examinations.

ULTRA VIOLET RAY CLINIC

SUMMARY OF THE WORK

Analysis of cases :				1954	1955	1956
Cases from previous year	..	..	..	200	201	237
New cases	..	..	..	551	432	380
Total cases treated				751	633	617
City patients				719	604	600
County patients				32	29	17
				751	633	617
Adult patients male				218	190	175
" " female				315	300	312
Patients 5-15 years				90	80	93
" 0- 5 years				128	63	37
				751	633	617
Cases discharged or ceased to attend				550	396	336
" carried forward				201	237	281
				751	633	617
No. of treatments :						
total given				14,699	13,238	11,313
average per patient				19.6	20.9	18.3

PART V.

HEALTH COMMITTEE

” ” STAFF

” ” REPORTS TO THE CITY
COUNCIL

SICKNESS RETURNS—MINISTRY OF NATIONAL INSURANCE

FINANCIAL SUMMARY

HEALTH COMMITTEE

1956

LORD MAYOR :

COUNCILLOR WILLIAM JOHN COX, J.P.

CHAIRMAN :

ALDERMAN ERNEST PURSER

VICE-CHAIRMAN :

ALDERMAN MISS GLEN BOTT, J.P., M.B., B.S., F.R.C.O.G.

ALDERMAN R. ARBON

ALDERMAN W. CRANE, C.B.E., M.A., J.P.

ALDERMAN H. O. EMMONY, J.P.	28.8.1956.
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COUNCILLOR H. J. H. BRYAN

COUNCILLOR M. W. CORDER

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

COUNCILLOR J. E. DEXTER

COUNCILLOR R. H. ELLIS

COUNCILLOR MRS. G. M. F. HORNE

COUNCILLOR L. MITSON

COUNCILLOR W. H. MURDOCK

COUNCILLOR A. W. NORWEBB, J.P.

COUNCILLOR MRS. K. A. RITCHIE

COUNCILLOR MRS. M. E. WOOD

COUNCILLOR F. W. WOOTTON

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 Officers—

LESLIE G. HOUSDEN, O.B.E., M.D., L.R.C.P., M.R.C.S. From 30.4.56.
W. MARY MARKHAM, M.R.C.S., L.R.C.P., D.C.H.

Medical Officers—

FRED A. 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., D.P.H.

City Analyst—

W. W. TAYLOR, B.Sc., F.R.I.C. †

John Ryle Health Centre—

Secretary—Miss J. E. SMITH.

Midwifery Service—

Supervisor—Miss E. E. JONES, S.R.N., S.C.M., H.V., Q.N. To 5.2.56.
Miss E. S. CREER, S.R.N., S.C.M. From 1.7.56.
Assistant Supervisor—Miss G. J. BOOKER, S.R.N., S.C.M., H.V.
District Midwives—34 Full-time.
4 Part-time.

Health Visiting Service—

Superintendent—Miss M. W. BEATTY, S.R.N., S.C.M.
Deputy Superintendent—Miss M. MACFIE, S.R.N., S.C.M.
Health Visitor Tutor—Miss D. T. HOGG, S.R.N., S.C.M.
Senior Health Visitor—(Tuberculosis) .. 1
Welfare Centre Superintendents— .. 8
Health Visitors—General .. 22
Tuberculosis .. 6
Students .. 4

† 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
BELL'S 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> —Mrs. Y. CHAPMAN, C.N.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> —Miss E. I. WALKER, R.S.C.N. <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 Home—The Hollies—*Matron*—Mrs. M. SHAW, S.C.M.*Deputy Matron*—Miss L. PLUMB, S.R.N., S.C.M.**Octagon Club—Nuffield House—***Supervisor*—Mrs. I. M. BEDFORD.*Occupational Assistants*—2**Tuberculosis—**

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

Social Workers—

Miss G. HATTON.

Miss M. BOTTOMS.

Miss S. WEST.

To 31.10.56.

Home Nursing Service—*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 Superintendents—

MISS B. BREWER, S.R.N., S.C.M., H.V., Q.N.

MRS. B. E. DAVIS, S.R.N., Q.N.

Home Nurses— 50 — Full-time.

3 — Part-time.

10 — Students.

Home Help Service—*Organiser*—MRS. L. E. GRAY.*Deputy Organiser*—MISS M. J. MELLOR.*District Organisers*—

MISS S. M. BOSWELL, B.Sc.

MRS. E. M. CRICH.

MRS. E. L. MUSSON.

MRS. K. A. STEVENSON.

Case Workers — 8.*Home Helpers* —Full-time —132

—Part-time —295.

—Casual — 15.

Mental Health Service—

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.

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

Consultant Psychiatrist, Mapperley Hospital.

CLEMENT ROSE, M.D., M.R.C.S., L.R.C.P., 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*—4. **Duly Authorised Officers*—6.*City Occupation Centre Organiser*—D. H. CATER.*City Occupation Centre Staff*—11.

* In conjunction with the Sheffield Regional Hospital Board.

Administrative and Clerical—

Administrative Officer—C. V. TUBB, D.P.A.
 „ *Asst.* —F. F. PELLATT, D.P.A., Cert. R.S.H.
Chief Clerk—J. C. SLIGHT.
Senior Clerks—12.
Clerks, General Divisions, all sections—Full-time 43.
 —Part-time 17.

Public Health Inspection Service—

Chief Public Health Inspector—A. WADE, M.B.E., F.R.S.H.
Deputy Chief Public Health Inspector—R. YOUNG, M.R.S.H.
Senior Inspector of Meat and other Foods—F. RICHARDSON, Cert.R.S.H.
 To 31.1.56.
Senior Housing Inspector—J. D. McDONALD, M.R.S.H.
Public Health Inspectors, all branches—22.
 „ „ „ *Trainees* —3.
Smoke Inspector—1.
Women Housing Officers—4.

Ambulance Service—

General Manager—B. ENGLAND, M.I.Mech.E., M.Inst.T.
Ambulance Officer—A. K. HICKS.
Deputy „ „ —R. G. YATES. To 10.11.56.
 „ „ „ —C. G. DEWEN. From 12.11.56.

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. To 31. 8.56.
Senior Nurse/Attendant—MRS. A. GOFF, S.R.N. From 12.11.56.
Nurse/Attendants — 1 Full-time.
 1 Part-time.

Other Staff—

<i>Caretakers</i>	..	..	..	4	
<i>Cleaners</i>	..	..	..	16	Full-time
				16	Part „
<i>Cook/Housekeepers</i>	..	..	..	4	
<i>Cooks</i>	..	..	..	11	
<i>Drivers</i>	..	..	..	4	
<i>Laundry Hands</i>	..	..	..	2	Full-time
				2	Part „
<i>Maintenance Assistant</i>	..	..	..	1	
<i>Mortuary Attendants</i>	..	..	..	2	
<i>Nursing Aid</i>	..	..	..	1	Part-time
<i>Rodent Operators</i>	..	..	..	7	
<i>Seamstress</i>	..	..	..	1	Part-time
<i>Storemen</i>	..	..	..	2	

† Part-time.

REPORTS

OF THE

HEALTH COMMITTEE

TO THE

CITY COUNCIL

**AS TO THE APPROPRIATION OF THE FORMER MOTHER
AND BABY HOME AT No. 1 QUEEN'S DRIVE.**

THE HEALTH COMMITTEE

Beg to report

That owing to the reduced demand for accommodation in Mother and Baby Homes in the City, the accommodation at the Mother and Baby Home in Mapperley Road, which was opened in March, 1954, is now sufficient for all needs that can be foreseen and it has been possible to close the less modern Home at No. 1 Queen's Drive, Nottingham.

This Home is now surplus to your Committee's requirements and will, therefore, be transferred to the Estates Committee for management. Having regard to the possibility of future development in this part of the City, the Estates Committee propose that the property should be retained in Corporation ownership and that, as a temporary measure, it should be used to house a large family at present occupying a requisitioned house.

In order that the Estates Committee may deal with the property as occasion requires, your Committee recommend the Council, subject to the consent of the Minister of Housing and Local Government, to appropriate the property for the purposes of Section 13 of the Nottingham Corporation Act, 1923, to be held for the benefit, improvement or development of the City, and to authorise the Town Clerk to take such steps as may be necessary in connection with this appropriation.

Dated this 20th day of December, 1955.

ERNEST PURSER,
CHAIRMAN.

This report was submitted to the City Council at their meeting on the 6th February, 1956, and was adopted.

WITH REGARD TO AN AMENDMENT OF THE PROPOSALS
UNDER SECTION 26 OF THE NATIONAL HEALTH SERVICE
ACT, 1946, RELATING TO POLIOMYELITIS VACCINATION.

THE HEALTH COMMITTEE

Beg to report

That a vaccine which is believed to confer a degree of protection against paralytic poliomyelitis will shortly be made available in limited quantities by the Ministry of Health.

It is suggested by the Minister of Health that at the present stage vaccination should be made available on a voluntary basis to children born between 1947 and 1954. Vaccination cannot be carried out in summer when the disease is most prevalent and the amount of vaccine that will be available in the next few months will be sufficient for only a small proportion of the children of these ages. It is proposed therefore to invite the parents or guardians of all eligible children to express their willingness in writing to have their children vaccinated against poliomyelitis. No child will, in any circumstances, be vaccinated against poliomyelitis unless the written consent of his parent or guardian has been obtained.

When the total number of acceptances is known, vaccination will be offered to children born in certain months specified by the Minister of Health. This will ensure an even spread of vaccination among the eligible age groups.

Your Committee agree with this suggestion which would entail an amendment of the City Council's proposals made under Section 26 of the National Health Service Act, 1946. They are of opinion that this amendment should be in terms which relate generally to vaccination and immunisation of all kinds so that advantage may be taken of likely developments in the future without further amendment of the Proposals.

They accordingly recommend that the following paragraph be added to the Proposals made under Section 26 of the National Health Service Act, 1946, and that the Town Clerk be instructed to submit this addition to the Proposals to the Minister of Health for approval.

After the added paragraph at the end of Section 'D' on page 11 add the following paragraph :—

"The Council proposes also to make arrangements for offering to persons in its area or to any groups of such persons vaccination or immunisation against any other disease in respect of which authority is sought from or given by the Minister of Health. The Medical Officer of Health will be responsible for keeping records directed towards assessing the value of any such form of vaccination or immunisation".

Dated this 14th day of February, 1956.

ERNEST PURSER,
CHAIRMAN.

This report was submitted to the City Council at their meeting on the 9th April, 1956, and was adopted.

**AS TO THE PROPOSED CLOSING OF THE ULTRA VIOLET
RAY CLINIC, MANSFIELD ROAD.**

THE HEALTH COMMITTEE

Beg to report

That on the 9th June, 1952, the Council considered a report submitted by your Committee recommending the closing of this Clinic, but a motion to approve the report and to accept your Committee's recommendations was not carried.

On the 7th March, 1955, the Council again considered the future of the clinic and passed the following Resolution :—

“ That this Council being of the opinion that in the light of present medical knowledge as expressed in a recent Report of the Medical Research Council the expenditure of Corporation funds on the Ultra Violet Ray Clinic is no longer justified, accordingly orders that an approach be made to the Sheffield Regional Hospital Board indicating the Council's desire that the Council's Ultra Violet Ray Clinic and the treatment given therein should become the responsibility of the Board ”.

Following this decision of the Council an approach was made to the Sheffield Regional Hospital Board with a view to the taking over of this clinic by the Board. The Board replied that any patients requiring ultra violet light treatment should be referred to one of the hospitals and that no useful purpose would be served by discussing the transfer of the clinic with the Corporation, who if they did not regard it as one of their proper functions would no doubt discontinue its present use.

Your Committee were anxious to ensure that in the event of the clinic being closed patients who attended at the hospitals for ultra violet ray treatment would be able to receive it without a long wait on the hospital premises on each occasion. In reply to further enquiries the Board stated that it was not possible to give an assurance that treatment would be available without any

waiting at all but gave no estimate of the time a patient might be required to wait. In these circumstances your Committee decided to take no further action for the time being and reported accordingly in their Summary of Decisions which was received by the Council at the Meeting on 3rd October, 1955.

The following table gives details of the cost of the clinic and particulars of its work during the past three years :—

		<i>Cost.</i>	<i>Total Cases.</i>	<i>New Cases.</i>	<i>Treatments given.</i>
1953	.. ..	£2,082	657	362	12,759
1954	.. ..	£2,324	751	551	14,699
1955	.. ..	£2,106	633	433	13,238
1956	.. ..	£2,228	(estimated)		

The Corporation receive fees in respect of patients referred to the clinic from outside the City and in the last three years these have been £78, £90 and £76. The Corporation also receive Exchequer Grant equal to one half of the net expenditure.

The primary function of the clinic is to provide remedial treatment for persons suffering from conditions thought to be benefited by exposure to ultra violet light. Medical research has, however, shown that these conditions are far fewer than was originally supposed and has largely discounted the theory that ultra violet light has a general tonic effect on the human body. At one time too the clinic provided a small though valuable service in the prevention of rickets, but owing to improved nutrition and the availability of vitamins, rickets is now virtually non-existent in the City.

The clinic is accordingly now functioning as a curative rather than as a preventive agency and as such is not properly within the scope of the functions of the City Council acting as a Local Health Authority. Indeed, in this respect the clinic is merely duplicating a service which is already provided by the Regional Hospital Board.

Your Committee have again considered the question of this clinic and are still of opinion that it is not providing a service which is a proper function of this authority and that it should be closed.

Your Committee are anxious to ensure that on the closing of the clinic persons in the City who require ultra violet light treatment will continue to receive it promptly and without a long wait whenever they attend for treatment. Your Committee do not feel that the replies given on this point by the Sheffield Regional Hospital Board are entirely satisfactory, but they are of opinion that the possibility that the Hospital Authorities may not be efficient in providing a service which they are required to provide is no ground for the continued duplication of that service by the City Council. If complaints are in fact received about the inadequacies of the ultra violet light or any other form of treatment provided at the Hospitals, your Committee will take them up with the proper authorities.

The closing of this clinic will require an amendment to the formal Proposals of the Council made on 1st December, 1947, under Section 28 of the National Health Service Act, 1946. Your Committee accordingly recommend that the proposals contained in the Schedule hereto be submitted to the Minister of Health for his approval and that the Town Clerk be instructed to take all necessary steps in connection with the matter.

Dated this 13th day of March, 1956.

ERNEST PURSER,

CHAIRMAN.

THE SCHEDULE.

CITY OF NOTTINGHAM.

NATIONAL HEALTH SERVICE ACT, 1946, SECTION 28.
PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

In the Proposals made by the City Council on 1st December, 1947, and approved by the Minister on 27th April, 1948, provision was made for the continuance by the Corporation of the Ultra Violet Ray Clinic so long as it did not become superseded by measures initiated by the Regional Hospital Board.

The hospital authorities having indicated that they are in a position to provide ray therapy in Nottingham for all patients needing treatment who are now attending the Corporation's Ultra Violet Ray Clinic, the City Council as local health authority now propose to close the Ultra Violet Ray Clinic as from the date when this Proposal is approved by the Minister or as soon as may be thereafter.

This report was submitted to the City Council at their meeting on the 9th April, 1956, and was referred back for further consideration of the Committee.

**AS TO THE PURCHASE OF NEW VEHICLES FOR THE
AMBULANCE SERVICE.**

THE HEALTH COMMITTEE

Beg to report

That they consider the condition of certain vehicles used by the Ambulance Service, namely one sitting-case car and three large ambulances, is now below that required of such vehicles and that it would be uneconomic to retain them and undertake the necessary major overhauls. Your Committee propose that the sitting-case car should be replaced by a convertible vehicle capable of carrying 12 sitting-case patients or one stretcher-case and six sitting-case patients and the three large ambulances by three small dual-purpose ambulances each capable of carrying two stretcher-cases or one stretcher-case and six sitting-case patients or 12 sitting-case patients.

Your Committee also consider that it is necessary to purchase one additional convertible vehicle and one additional small dual-purpose ambulance because of the increase in the number of patients carried and the miles travelled.

Your Committee are of opinion that considerable economy will be effected if all these vehicles are provided by the adaptation of Commer "Forward Control" 25 cwt. vans and in these circumstances your Committee have accepted the quotation of R. Cripps & Co. Ltd., for the supply of six Commer "Forward Control" 25 cwt. vans at a price of £695 each, plus delivery charges amounting to £5. 12s. 6d. per vehicle ; also plus the sum of £95 per vehicle for supplying and fixing heavy duty electrical equipment.

Your Committee have also accepted the following tenders, being the lowest submitted in each case :—

- (a) for the carrying out of alterations to the bodies of two of these vehicles by Kennings Ltd., to enable them to be used as convertibles at a cost of £482. 10s. 0d. each vehicle ;
- (b) for the carrying out of alterations to the bodies of four of these vehicles by Appleyard of Leeds Ltd., to enable them to be used as dual-purpose ambulances at a cost of £485 each vehicle.

The prices quoted are subject to the usual rise and fall clause and to a fleet owners' discount of 10% in respect of the " Forward Control " vans. Purchase tax is payable on each of these vans but is recoverable when the vehicle is used for ambulance purposes ; purchase tax therefore has not been included in the prices quoted above.

Your Committee recommend that the purchase of these vehicles be approved at the prices quoted, subject to the rise and fall clause, that the cost be borne by way of loan, and that the Town Clerk be instructed to make application to the Minister of Health for sanction to borrow the sum of £7,262, being the total cost of the purchase and adaptation of these vehicles.

Dated this 10th day of April, 1956.

ERNEST PURSER,

CHAIRMAN.

This report was submitted to the City Council at their meeting on the 11th June, 1956, and was adopted.

AS TO A MODIFICATION OF THE PROPOSALS UNDER SECTION 22 OF THE NATIONAL HEALTH SERVICE ACT, 1946, SO AS TO PROVIDE FOR THE TESTING FOR DEAFNESS OF ALL CHILDREN UNDER FIVE YEARS OF AGE AND THEIR SUBSEQUENT CARE WHERE DEAFNESS IS DIAGNOSED.

THE HEALTH COMMITTEE

Beg to report

That they have considered the desirability of making arrangements for the testing for deafness of all children under the age of five years and for their subsequent care where deafness is diagnosed.

Children suspected of deafness will be referred to a special clinic under the guidance of a medical officer and staffed by specially selected health visitors who have received training in the procedures and techniques necessary for testing the children and giving specialist guidance to parents. Until such a clinic is established in Nottingham your Committee propose that arrangements be made with a neighbouring local health authority whereby children suspected of deafness, after initial examination can be referred to that authority's special clinic. After such a clinic has been set up in Nottingham arrangements might be made to receive cases from other local authorities.

The initial testing of the children will normally be carried out at Welfare Centres but those children who do not attend the Centres will be screened at home. The co-operation of the family doctor will be obtained at all times and he will be kept informed as to the result of the tests. The aim is to test all children before reaching the age of two years and this will involve testing approximately 5,000 children each year.

The Council's existing Proposals under Section 22 of the National Health Service Act, 1946, do not contemplate joint arrangements with other local health authorities but your Committee have carefully considered this matter and they recommend that the following paragraphs be added to the Proposals made under this Section and that the Town Clerk be instructed to submit this modification of the Proposals to the Minister of Health for approval :—

After the fourth paragraph under Part III on page 7, add the following :—

“ DIAGNOSIS OF DEAFNESS IN CHILDREN AND THEIR SUBSEQUENT CARE.

It is proposed to undertake the early ascertainment of deafness in young children and until such time as a specialised clinic be set up, joint arrangements would be made with other local health authorities whereby children suspected of deafness, after initial screening, could be referred for advice and training as necessary to the authority's clinic for young deaf children.

After the establishment of a clinic in Nottingham, arrangements might be made to receive cases from other local authorities ”.

Dated this 31st day of July, 1956.

ERNEST PURSER,

CHAIRMAN.

This report was submitted to the City Council at their meeting on the 1st October, 1956, and was adopted.

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	
	1956	1955	1956	1955	1956	1955	1956	1955	1956	1955
JANUARY ..	1,942	1,914	25	36	—	2	10	16	46	44
FEBRUARY ..	1,991	1,567	17	26	2	2	25	12	96	38
MARCH ..	1,426	1,563	28	26	3	5	9	9	41	50
APRIL ..	1,064	1,090	11	19	—	1	13	5	26	21
MAY ..	1,005	927	4	4	—	1	5	3	27	22
JUNE ..	962	946	12	7	—	—	2	2	20	19
JULY ..	909	759	1	5	—	—	1	2	22	14
AUGUST ..	749	830	3	9	—	1	2	2	17	15
SEPTEMBER ..	1,101	996	8	1	—	1	6	2	22	17
OCTOBER ..	1,282	1,271	2	9	—	—	6	9	33	29
NOVEMBER ..	1,273	1,379	5	15	—	—	4	13	31	32
DECEMBER ..	1,052	1,205	14	14	—	2	7	16	56	29

* The two areas are not identical.

COST OF HEALTH SERVICES

SERVICE	Actual Cost—Year ended 31st March, 1956						Estimated Cost— Year ending 31st March, 1957		
	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)	4,714	4,384	—	330	.03	.25	2,893	.17	2.23
Sanitary Inspection and Other Services	41,658	7,135	1,171	33,352	3.30	2 1.66	38,993	2.25	2 5.99
Health Centres	2,280	537	869	874	.09	.67	903	.05	.69
Maternal and Child Health ..	90,134	13,708	38,038	38,388	3.80	2 5.53	44,241	2.56	2 10.03
Midwifery	44,701	2,139	21,193	21,369	2.12	1 4.44	23,435	1.35	1 6.03
Health Visiting	28,181	625	13,512	14,044	1.39	10.80	16,370	.95	1 0.59
Home Nursing	52,072	1,976	24,993	25,103	2.49	1 7.31	29,105	1.68	1 10.39
Vaccination and Immunisation ..	6,435	—	3,212	3,223	.32	2.48	3,858	.22	2.97
Ambulance Service	60,947	3,869	28,315	28,763	2.85	1 10.13	33,120	1.92	2 1.48
Prevention of Illness, Care and After-Care	24,765	5,151	9,729	9,885	.98	7.60	11,671	.68	8.98
Mental Health	26,238	856	12,605	12,777	1.26	9.83	13,830	.80	10.64
Home Help	106,444	6,817	49,693	49,934	4.95	3 2.41	55,096	3.19	3 6.38
Other Expenses	2,094	1,428	265	401	.04	.31	481	.03	.37
TOTAL	490,663	48,625	203,595	238,443	1 11.62	15 3.42	273,996	1 3.85	17 6.77

INDEX

	PAGE
Administration	162
Advisory Clinic, Older People	49
Aged, Care of the	47
Agencies for Nurses	169
Ambulance Service	103, 185
Analgesia	25, 107
Ante-natal Relaxation Classes	26
Anterior Poliomyelitis	119
Anthrax	126
Aseptic Meningitis	121
Atmospheric Pollution	146
—Measurement of :	148
—Deposit Gauges	159
—Lead Peroxide Apparatus	160
Attendances—Day Nurseries	43, 45
—Welfare Centres and Clinics	37, 41
B.C.G. Vaccination	54, 68
Birth Control	40
Births—Illegitimate	10, 18
—Legitimate	10
—Live and Still	10, 18, 23
—Premature	21
—Provisional rates	10, 12, 18
Blindness, Incidence of	166
Blood Examination	26
Canal Boats	154
Care of the Aged	47
Central Midwives Board—Requirements of	29
Centres and Clinics—Attendances	37, 41
Cerebral Palsy	165
Chiropody	49
Civil Defence—Ambulance Service	106
Clinics — Attendances	37, 41
— Consultant	26, 39
Closing Hours of Shops	153
Common Lodging Houses	153
Condemned Food—Disposal	131
Confinements in City	28
Consultant Clinics	26, 39
Convalescence	58
Courses—Post Graduate : Midwives	27
Cost of Health Services	162, 190
Cremation	168

HEALTH REPORT 1956

	PAGE
Day Nurseries—Attendances	43, 45
—Charges	44
—Infectious Diseases	42
—Places	42
—Priorities for Admission	42
—Sickness	42
—Training	44
Deafness in Pre-school Children	38, 187
Deaths —Infants—Ages and Causes	11
—Rates	10, 12, 19
Dental Care —Expectant Mothers	37
—Pre-school Children	37
Deposit Gauges—Atmospheric Pollution	159
Diphtheria Immunisation	63
Disrepair, Certificates of	142
District Training—Midwives	27
Domiciliary Midwifery Service	24
Dysentery	124
Emergency Calls—Ambulance Service	107
Emergency Service, Maternity	25
Epilepsy and Cerebral Palsy	165
Establishments for Massage and Special Treatment	165
Ernest Purser Welfare Centre—Opening of	35
Factories Acts, 1937 and 1948	151
—Details of Defects	152
—Inspections for Purposes of Provisions as to Health	152
—Outwork	152
Fertilisers and Feeding Stuffs Act, 1926—Samples Taken	137
Financial Summary—Cost of Health Services	190
Food—Hygiene	127
—Poisoning (Salmonella)	125
—Sampling	129
Foodstuffs Surrendered	140
Furnace Installations, Approval of	148
Gas and Air Analgesia	25, 107
Gastro Enteritis	125
Geriatric Patients, Occupation Centre for	50
Health Centres	16
„ Committee	172
„ „ Reports to Council	178-189
„ „ Staff	173-176
„ Education	61
„ Services—Cost	162, 190

Index

	PAGE
Health Visitors	33, 48
—Care of the Aged	48
—Liaison with General Practitioners	34
— " " Hospitals	34
—Staff	33
—Training Course	34
Heating Appliances (Fireguards) Act, 1952	155
Home Help Service	79
—Demand	79
—Income	81
—Maternity Cases	80
—Night Help Service	80
—Problem Families and Social Cases	80
—Tuberculosis	80
—Year's Work	82
—Waiting List	81
Home Nursing Service	72
—Annual Carry-over	73
—Children's Nursing Unit	74
—Clinical Survey	72
—Establishment	74
—Housing	75
—Injections	74
—Lifting of Heavy Patients	74
—Record of Patients Nursed	77
—Refresher Courses	75
—Training	75
—Transport and Telephones	75
—Types of Cases	73
—Visitors	76
Home Visits	33
Hospital Confinements—Social Reasons	25
—Admissions—From City Midwives	25, 31
Houses Let-in-Lodgings	153
Housing	142
—Action under Statutory Powers	143
—Certificates of Disrepair	142
—Informal Action	143
—Inspection of Dwelling Houses	143
—The Year's Work	143
Housing Officers	142
Ice Cream	136
—Grading	136
—Registrations	136
—Sampling	136
Illegitimate Children, Care of	46
Immunisation —Diphtheria	65
— " and Whooping Cough Combined	63
—Analysis	65, 66

HEALTH REPORT 1956

	PAGE
Incidence of Blindness	166
Infant Mortality	10, 12, 19
Infant Vaccination—Smallpox	67
Infectious and Infective Diseases	118
—Contacts or Carriers of	126
—Notification Summary	118
Insect Pests	155
Inspection and Supervision of Food Premises	128
 John Ryle Health Centre	 16
Journeys—Ambulance Service	109
 Knackery	 154
 Lambourne Drive—Proposed Health Centre	 17
Leukaemia in Childhood—Environmental Survey	39
Loan of Nursing Equipment	57
 Marriages	 10
Massage and Special Treatment, Establishments for	165
Mass Radiography—Expectant Mothers	25
Maternal and Child Health	18
" " " " Centres	35
" Mortality	10, 12, 31
Maternity Emergency Service	25
" Medical Service	24
Measles	118
Measurement of Atmospheric Pollution	148
Meat Supply	131
—Inspection	132
—Transport and Handling	132
—Weight surrendered	140
Medical Aid Calls—Maternity Services	24, 30
Meningitis, Aseptic	121
Mental Deficiency	86
—Defectives—Ascertainment of	92
—Disposal of	92
—Medical Examinations	91
—Occupation Centre	88, 93, 94
" " Open Days	91
" " Development	94
—Supervision	87
—Transport	91
Mental Illness—Admissions to Hospital	83, 85
—Community care	84
Midwifery Service	24, 28
—District Training, Pupil Midwives	27
—Post Graduate Courses	27

	PAGE
Milk Supply	133
—Bacteriological Examination	134
—Chemical Examination	135
—Licensing	133
—Registrations	133
—Sampling	134
—Unsatisfactory samples	135
Mortality —Infant	10, 11, 12, 19
—Maternal	10, 12, 31
—Neo-natal	20, 22
—Peri-natal	20
—Premature Infants	21
—Provisional rate	10
Mortuary	169
Mother and Baby Homes	46, 178
National Assistance Acts, 1948-51	167
Neo-natal Mortality	20, 22
Night Help Service	80
Notices —Informal	156
—Statutory	157
Notifications —Births	10, 18
—Infectious Diseases	118
Nuffield House—Occupation Centre	50
Nuisances—Details of	156
Nursery Training Centre	44
Nursing Agencies	169
Nursing Equipment—Loan of	57
Nursing Homes	169
Obstetric Flying Squad	25
Occupation Centre for Geriatric Patients	50
“ “ “ Mental Defectives	88, 93, 94
Octagon Club	50
Office Accommodation	162
Older People's Advisory Clinic	49
Ophthalmia Neonatorum	32, 166
Outworkers	152
Paratyphoid B.	126
Pasteurised milk	134
Peri-natal Mortality	20
Pharmacy and Poisons Act, 1933	139
Plant for Steam Raising, Approval of	148
Polioencephalitis	119
Poliomyelitis —Vaccination	70, 163, 179
—Acute Anterior	119
Population of City	10, 12
Post Graduate Courses—Midwives	27

HEALTH REPORT 1956

	PAGE
Premature Babies	21, 26
—Deaths of	21
—Home Care of	26
Prevention of Break-up of Families	52
Prevention of Illness, Care and After-Care	47
Problem Families	52, 80
Public Health Act, 1936—Workplaces	153
—Common Lodging Houses	153
—Canal Boats	154
Puerperal Pyrexia	32
Pupil Midwives—Training of	27
Purser, Alderman Ernest	36
Rag Flock and Other Filling Materials Act, 1951	154
Refresher Courses—Midwives	27
Rehousing of Tuberculous Cases	54
Relaxation Classes	26
Rodent and Insect Pests	155
Sampling —Fertilisers and Feeding Stuffs	137
—Food	129
—Ice Cream	136
—Milk	134
—“ Other Foods ”	141
—Shellfish	138
Sanitary Services	145
—The Year's Work	156-158
Scarlet Fever	119
Shell Fish	138
Shops Act, 1950	153
Sickness Returns—Ministry of National Insurance	189
Smallpox—Vaccination	67
Smoke Emission	146
Staff—Health Committee	173-176
Statistics —Ambulance Service	111-116
—Area	10
—Atmospheric Pollution	159, 160
—Births	10
—Convalescence	59, 60
—Day Nurseries	43, 45
—Deaths	10
—Financial Summary	190
—General	10
—Home Help Service	82
—Home Nursing Service	73, 77
—Immunisation and Vaccination	65, 67
—Infant Mortality	10, 11, 12, 19
—Infectious and Infective Diseases	118
—Loan of Nursing Equipment	57

Index

Statistics —continued	PAGE
—Maternal Mortality	10, 12, 31
—Mental Health	92, 93
—Midwifery Service	28, 31
—Neo-natal Deaths	22
—Population	10
—Sanitary Services	156
—Sickness Returns	189
—Stillbirths	23
—Tuberculosis	56
—Vital	10
—Welfare Centres	41
—Whooping Cough	119
Statutory Notices	157
Sterilised Milk	134
Stillbirths	10, 18, 23
Supervisors of Midwives, Work of	29
Swimming Bath Water	146
Transport —Health Visitors	40
„ —Mental Defectives	91
Tuberculin Tested Milk	134
Tuberculosis	54
—B.C.G. Vaccination	54, 68
—Summary of Cases assisted	55
—Register	56
—Rehousing	54
—Work of the Care Committee	54
— „ „ „ Chest Clinic	54
Ultra-Violet Ray Clinic	170, 181
Unsound Food	140
Vaccination —B.C.G.	54, 68
—Polio myelitis	70, 179
—Smallpox	67
Venereal Diseases	126
Vital Statistics	10
Water Supply	146
Welfare Centres—Attendances	37, 41
Welfare Foods	40
Whooping Cough	119
—Immunisation	63
Workplaces	153

100	...	...
101	...	...
102	...	...
103	...	...
104	...	...
105	...	...
106	...	...
107	...	...
108	...	...
109	...	...
110	...	...
111	...	...
112	...	...
113	...	...
114	...	...
115	...	...
116	...	...
117	...	...
118	...	...
119	...	...
120	...	...
121	...	...
122	...	...
123	...	...
124	...	...
125	...	...
126	...	...
127	...	...
128	...	...
129	...	...
130	...	...
131	...	...
132	...	...
133	...	...
134	...	...
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150

READER'S NOTES

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