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CITY OF NOTTINGHAM

ANNUAL REPORT

HEALTH SERVICES

1968

WILFRID H. PARRY
M.D., D.P.H., D.T.M. & H.
Medical Officer of Health

CITY OF NOTTINGHAM

Ninety-sixth
Annual Report
of the
Health Services
1968

Medical Officer of Health
Wilfrid H. Parry
M.D., D.P.H., D.T.M. & H.

Principal Contents

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1968

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ALDERMAN DR. ERNEST WANT, M.B., Ch.B.

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WILFRID H. PARRY, M.D., D.P.H., D.T.M. & H.

SENIOR DEPARTMENTAL STAFF

Medical Officer of Health—

William Dodd, M.D., M.R.C.P., D.P.H. to 30.11.68

Wilfrid H. Parry, M.D., D.P.H., D.T.M.&H. from 1.1.69

Deputy Medical Officer of Health—

Albert Martin, M.B., Ch.B., D.P.H.

Senior Medical Officers—

L. Ann Wilson, M.D., B.Sc., D.P.H., D.C.H.

William D. Sinclair, M.B., Ch.B., D.P.H. to 20.10.68

James H. Murray, L.R.C.P., L.R.C.S., L.R.C.F.P.S., M.R.C.G.P., D.P.H. to 31.10.68

Chief Dental Officer—

W. McKay, L.D.S. to 8.9.68

N. H. Whitehouse, B.Ch.D., L.D.S. from 1.1.69

Administrative Officer—

C. V. Tubb, D.P.A.

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Chief Public Health Inspector—

R. Young, F.R.S.H., F.A.P.H.I.

Home Help Organiser—

Mrs. L. Henshaw

Mental Health Officer—

J. E. Westmoreland, M.B.E., M.S.M.W.O.

Superintendent Nursing Officer—

Miss M. Edwards, S.R.N., S.C.M., S.R.F.N., H.V., P.H.N. Adm. Cert.

Superintendent, Home Nursing Service—

Miss M. M. Knott, S.R.N., S.C.M., H.V., Q.N.

Supervisor of Midwives—

Miss R. E. M. Lavelle, S.R.N., S.C.M., Q.N.

Preface

To The Chairman and Members of the
Health and Welfare Committee

Ladies and Gentlemen,

I have pleasure in presenting my report on the work of the Health Services Department for the year ended 31st December 1968. Dr. William Dodd retired on the 30th November 1968 after occupying the post of Medical Officer of Health for the past 20 years. During his period of office many new concepts of health were developed: outstanding examples included the two health centres at Clifton and Bestwood Park, the Nuffield House for elderly psychiatric day care patients, and the radio-telephone communication for midwives. Throughout his tenure of office much progress was made in slum clearance and in reducing atmospheric pollution in the city. The extent to which the Health Services Department has developed owes much to his influence.

In the first of my annual reports, I have changed the overall arrangement and presentation so that senior members of staff will be encouraged to contribute their own particular section. It is believed that a much more readable and lively report will ensue as well as giving credit to section heads. One feature will be the placing of statutory tables required for the Registrar General and Department of Health and Social Security in an appendix.

Mortality and morbidity rates are basic indications of community health. Despite the fact that the population of the city declined in 1968, infant deaths increased slightly over the previous year. Although vastly improved maternity services are making childbirth safer for the baby, one must never adopt a careless or complacent attitude and it is necessary to be strongly vigilant over hygiene. Deaths in adults attributable to cancer run at an increasingly high level from year to year while coronary thrombosis is still the 'Captain of Death'. The need for more positive cancer education is obvious while research into ways and means to reduce the appalling incidence of coronary thrombosis, in particular in the young executive, is both urgent and vital. These are national problems yet it is incumbent upon me to draw attention to these statistics as they occur in the city.

Dr. Martin has given some excellent examples in the section on 'Epidemiology' of the extensive investigations that routinely take place following upon the notification of infectious diseases. In particular, there were three interesting food poisoning outbreaks involving chicken or turkey. In two of the instances the bacterial causes were traced; one being *Salmonella typhimurium* and the other *Clostridium welchii*. In all three episodes the faults lay in the hygiene practised at the restaurants. Similarly Mr. Young refers to the overall problem of salmonella infection in cooked poultry in his section on 'Food Hygiene' page 86. One case of typhoid fever in a

4 year old girl was admitted to the General Hospital during the year and details are given as to her background and possible source of infection. It is fortunate that no further cases arose and the prompt action curbed further spread of infection.

It is pleasing to be able to include a report on the problem of venereal disease by Dr. Bittiner, which summarises very succinctly the incidence of this disease in the Nottingham area. He has pointed the way and shows that there is a need for improved methods of tracing of V.D. contacts through the use of social workers. Dr. Crowther has also contributed a report on the overall picture of tuberculosis. It is sad to learn that we have not yet eliminated this disease. An important present-day problem is the plight of the immigrant who develops tuberculosis as a result in poor, overcrowded housing and arduous working conditions; both of which reduce his resistance to infection and afford opportunity for contracting the disease from the hardcore of chronic cases. Registration of houses in multiple occupation together with regular inspection is one of the answers to this problem together with a regular medical examination of the immigrant.

An effective measles vaccine has now been developed and it is gratifying to see that a good response has occurred in the city despite the fact that there have been some problems over three cases of encephalitis occurring elsewhere in the country which necessitated the precautionary withdrawal of one particular type of measles vaccine.

Nottingham is justly proud of its approach to health centres as Dr. Martin explains on page 24. The authority has several health centres in the pipeline with plans for further expansion. The partnership which has developed between the Health Authority and Executive Council in the planning of health centres is excellent, and we are particularly grateful to the Clerk of the Executive Council for his close co-operation.

On page 29 Dr. Wilson refers to the production of an immunising agent designed to prevent a rhesus negative mother becoming sensitised following the birth of a baby. This protection will avoid the risk of haemolytic disease in subsequent children. Supplies of this vaccine became available in October 1968 so it was possible to extend the scheme to include rhesus negative multipara who had become rhesus sensitised and who have had no living children. Domiciliary midwives, by agreement with the general practitioner, undertook the necessary blood sampling and immunisation.

Details are given as to a case of self-procured septic abortion that resulted in the one maternal death reported in 1968. This was an unfortunate and unnecessary death which could possibly have been avoided under the new abortion legislation. It is very disappointing to record the low response to cervical cytology screening in those women most at risk. We would certainly wish to encourage women from all walks of life, particularly those over the age of 35 who have had two or more children, to come forward for this simple test. It is

hoped to have a concerted effort to bring the need for this examination to a wider group of eligible women by arranging for teams to visit factories in Nottingham.

Some interesting details are given as to the work of the social workers related to problem families. The case histories reported illustrate the degree of close liaison needed in bringing support to these unfortunates.

Miss Lavelle on page 43 has referred to the great success of the radio-telecommunication service for midwives, more complete details of which have been given by Mr. Tubb on page 92. There is no doubt of the wisdom of this advance and already it has contributed to the saving of life.

The extensive work of the health visitor in community health is given by Miss Edwards. We are at present undertaking a review of the administrative aspects of all the nursing services with a view to decentralisation. It is hoped to base all health visitors within the districts in which they will be working, centralised for administration on a health centre.

Despite a decrease in establishment of the Home Nursing Service, Miss Knott has maintained the service by means of expanding the use of disposable equipment. It has been difficult, however, to maintain the Home Help Service owing to the national financial squeeze which has hit all sections of local authority work. Nevertheless, as will be seen from Mrs. Henshaw's report on page 62, we were able to assist all those who requested help. It is interesting to note that of those assisted, almost 88% were over the age of retirement. The Home Help Service is bedevilled from time to time with recruiting and maintaining staff, yet by the end of 1968 the number of home helps employed was 349 including 5 male helpers. It is anticipated that with the development of health centres, further decentralisation of home helps will be possible as with the Nursing Service.

Mr. Westmoreland has given an extensive account of the Mental Health Service with details of the new junior training centre and the development of physical education. This service was most fortunate in being able to appoint a trained teacher with a Diploma in Physical Education, who has made full use of the facilities at the new centre, with the result that the overall physical health of the children has improved immensely. Training at the adult centre is not to be forgotten. Here much work is taking place in fitting the trainees to enter the community. It is hoped in the future to be able to provide a sheltered workshop for industrial training that will give trainees further opportunity to develop self-sufficiency and independence. On the problem of community care, it is becoming increasingly important to consider the planning of hostels for long term care of sub-normal men, women and children. There is a need for this form of accommodation in Nottingham as well as short term accommodation for those discharged from mental hospitals into the community and suitable provision is being made in our five year plan.

Once again Nuffield House has proved its value as a day centre for elderly psycho-geriatric cases. The time is also approaching when it will be necessary to consider having two similar centres for the city.

Mr. Wake on page 72 has given a concise account of the Ambulance Service together with the problems associated with demand following the establishment of the geriatric day unit at Sherwood Hospital. This is a most vital service and often one by which the general public evaluates its local authority.

Last, but not least, Mr. Young has given a very exciting review of the work of the public health inspectorate. Despite a serious shortage of staff, one cannot but be impressed at the amount of work carried out by his inspectors. Each year new legislation comes forth to increase the duties of the public health inspector and it is important that basic environmental hygiene is not lost sight of. Reference is made to the widespread slum clearance that has taken place, in particular in the St. Ann's Well Road area. An important mention is made of the work carried out on atmospheric pollution in Nottingham and there are some interesting tables and charts which explain the amount of reduction so brought about. Reference to insect pests, in particular an episode involving bird fleas is outlined on page 77. One wonders as to the extent of the versatility of the public health inspector.

I would like to take this opportunity of thanking the Health and Welfare Committee, and in particular the Chairman, for his help and guidance. I have been encouraged by the enthusiasm of the staff, in particular the contributors to this report. There are many behind the scenes whose names do not appear, yet they deserve credit.

WILFRID H. PARRY,
MEDICAL OFFICER OF HEALTH

HUNTINGDON HOUSE,
NOTTINGHAM,
NG1 3LZ

Vital Statistics

VITAL STATISTICS

	1968	1967
Population	305,050	309,740
Area in Acres	18,364	18,364
No. of Marriages	2,881	2,707

LIVE BIRTHS		
Legitimate Males 2,587 Females 2,436 ..	5,023	4,802
Illegitimate ,, 470 ,, 451 ..	921	900
,, births expressed as a percentage of all births	15.49	15.78
Total No. of Births	5,944	5,702
Live Birth Rate per 1,000 of population ..	19.48	18.41
STILLBIRTHS		
Legitimate Males 39 Females 33 ..	72	74
Illegitimate ,, 12 ,, 8 ..	20	21
Total No. of Stillbirths	92	95
Stillbirth Rate per 1,000 live and stillbirths ..	15.24	16.39
Total No. of Live and Stillbirths	6,036	5,797
INFANT DEATHS	123	113
Infant Mortality Rate Total	20.70	19.82
,, ,, ,, legitimate births ..	19.71	21.03
,, ,, ,, illegitimate births ..	26.06	13.33
Neonatal Mortality Rate—first four weeks of life	13.12	11.93
Early Neonatal Mortality Rate—first week of life	11.61	9.82
Perinatal Mortality Rate	26.67	26.05
MATERNAL DEATHS (see page 31)	1	3
Maternal Mortality Rate per 1,000 live and stillbirths..	.17	.52
DEATHS AT ALL AGES		
Males 1,948 Females 1,898	3,846	3,556
Death Rate per 1,000 of population ..	12.60	11.48

Analysis of Deaths from Birth to 5 Years*

Registered Causes of Death	*0—6 days*	*7—13 days*	*14—20 days*	*21—27 days*	*Total under 28 days*	*Total under 1 year*	*1 year*	*2 years*	*3 years*	*4 years*	*Total 1—4 years*
Prematurity	35	1	—	—	36	36	—	—	—	—	—
Congenital malformations ..	10	2	2	1	15	18	2	1	—	—	3
Birth injuries	11	—	—	—	11	11	—	—	—	—	—
Atelectasis..	3	—	—	—	3	3	—	—	—	—	—
Haemolytic disease of the newborn ..	1	—	—	—	1	1	—	—	—	—	—
Bronchitis..	—	1	—	—	1	2	1	—	—	1	2
Pneumonia, all forms ..	2	—	1	—	3	19	—	—	1	—	1
Other respiratory diseases and conditions	4	—	—	—	4	9	1	—	—	—	1
Gastro-intestinal infection including dysentery	—	—	1	—	1	9	1	—	—	—	1
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection	—	—	—	—	—	—	1	—	—	—	1
Leukaemia	—	—	—	—	—	—	—	1	—	—	1
Non-meningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasms	—	—	—	—	—	1	—	1	—	—	1
Abdominal emergencies	—	—	—	—	—	—	—	—	—	—	—
Accident *(a)* motor..	—	—	—	—	—	2	—	—	2	—	2
(b) other ..	—	—	—	—	—	2	4	1	1	—	6
Suffocation	—	—	—	—	—	—	—	—	—	—	—
Other conditions	3	—	—	—	3	10	2	—	1	—	3
TOTALS	69	4	4	1	78	123	12	4	5	1	22

*Compiled from Local Registrars' Death Returns

Populations, Birth, Death, Infant and Maternal Mortality Rates

	Estimated Population	*Birth Rate*	*Death Rate*	*Infant mortality*	*Maternal mortality*
		per 1,000 population		*rate per 1,000 live births*	*rate per 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
32 ..	270,700	16.4	12.5	80	3.0
33 ..	283,030†	15.8	13.4	85	3.5
34 ..	281,850	15.6	12.3	69	2.4
35 ..	280,200	15.7	12.5	81	4.4
36 ..	279,400	15.2	13.2	89	4.5
37 ..	278,800	16.0	13.4	80	2.8
38 ..	278,300	15.6	12.7	71	1.8
39 ..	278,800	15.8	13.3	66	1.3
40 ..	263,600	16.5	15.5	61	2.7
41 ..	258,100	16.0	14.0	80	2.8
42 ..	255,900	18.2	13.1	62	2.5
43 ..	265,400	19.1	14.3	65	1.38
44 ..	262,310	21.7	13.2	56	.85
45 ..	265,090	19.7	12.9	53	1.33
46 ..	283,160	22.0	12.5	42	1.09
47 ..	291,150	23.9	12.3	50	1.26
48 ..	296,900	19.8	10.9	44	.49
49 ..	300,640	18.9	11.8	38	.51
50 ..	307,000	17.4	11.1	31	.37
51 ..	306,600	16.97	11.98	33	.57
52 ..	310,700†	16.71	10.74	28	.38
53 ..	311,500	16.64	11.01	27	.77
54 ..	311,500	16.05	10.61	24	.59
55 ..	312,000	15.67	11.28	28	.60
56 ..	312,500	16.50	11.15	22	.76
57 ..	312,600	17.52	10.82	23	.36
58 ..	313,000	17.82	10.93	22	1.05
59 ..	313,300	17.95	11.48	24	.35
60 ..	313,760	18.26	10.97	23	.51
61 ..	313,280	18.59	12.29	27	.34
62 ..	314,360	19.86	12.14	25	.47
63 ..	315,050	20.29	11.96	26	.15
64 ..	311,850	19.95	11.56	23	.16
65 ..	310,990	19.52	11.76	27	Nil
66 ..	310,280	19.40	12.69	30	Nil
67 ..	309,740	18.41	11.48	20	.52
68 ..	**305,050**	**19.48**	**12.60**	**21**	**.17**

*Borough boundary extension

†City boundary extension

Analysis of Deaths

	1968	1967	1966	1965	1964
TOTAL DEATHS ..	3,846	3,556	3,938	3,656	3,604
Deaths under 1 year	123	113	170	165	144
,, 1— 4 years ..	47	29	21	22	24
,, 5—44 years ..	391	147	184	175	205
,, 45—64 years ..	682	850	912	881	859
,, 65 and over ..	2,603	2,417	2,651	2,413	2,372
Causes of Deaths:					
Ischaemic heart disease	736	545	626	606	553
Vascular lesions of nervous system ..	525	470	520	521	445
*Malignant and lymphatic neoplasms ..	357	350	336	310	300
Defined and ill-defined diseases—various ..	288	326	354	318	322
Bronchitis	278	263	365	259	291
Other heart disease ..	272	360	387	407	448
Pneumonia	246	209	252	200	219
Malignant neoplasm, lung, bronchus ..	220	207	184	193	201
*Circulatory disease ..	165	187	200	185	165
Accidents, other than motor vehicle accidents	97	80	91	95	85
Malignant neoplasm, stomach	93	91	66	87	98
Hypertension with heart disease	71	57	75	66	45
Malignant neoplasm, breast	69	52	58	60	68
*Diseases of respiratory system	60	34	39	33	35
Motor vehicle accidents	50	56	48	33	47
Congenital malformations	45	27	47	32	33
Suicide	45	36	37	45	33
Malignant neoplasm, uterus	39	32	31	25	28
Ulcer of stomach and duodenum ..	39	31	32	30	40
Diabetes	28	29	37	30	14
Influenza	24	8	50	6	19
All other external causes	18	3	5	4	2
Leukaemia, aleukaemia	18	22	13	25	30
Tuberculosis, respiratory	13	10	11	12	16
Gastritis, enteritis and diarrhoea	11	24	29	21	12
Nephritis and nephrosis	11	19	17	22	20
Hyperplasia of prostate	8	8	11	12	17
Other infective and parasitic diseases ..	7	8	9	4	8
Tuberculosis, non-respiratory	5	4	3	5	1
Syphilitic disease ..	4	3	3	7	4
Meningococcal infection	3	—	1	1	1
Pregnancy, childbirth, abortion	1	3	—	—	1
Acute poliomyelitis ..	—	—	—	—	—
Diphtheria	—	—	—	—	—
Measles	—	2	—	2	3
Whooping cough ..	—	—	1	—	—

*Not given otherwise in table

Nottingham Crematorium

The total number of cremations was 4,468, an increase of 360 over 1967. The tables compare the figures for 1968 with those of previous years. The Medical Officer of Health is the Medical Referee and a Senior medical officer is the Deputy Medical Referee.

	All Cremations			*Cremations of City Residents*			
Year	*No.*		*Alteration from previous year*	*No.*		*Alteration from previous year*	*Percentage of all City deaths*
1956 ..	3,806	—	3%	1,528	+	7%	43.8%
1957 ..	3,481	—	9%	1,477	—	3%	43.7%
1958 ..	3,967	+	14%	1,619	+	9%	47.3%
1959 ..	3,972	+	0.1%	1,731	+	7%	48.1%
1960 ..	3,658	—	7.9%	1,692	—	2.2%	49.2%
1961 ..	3,796	+	3.8%	1,944	+	14.9%	50.5%
1962 ..	3,818	+	0.6%	1,915	—	1.5%	50.2%
1963 ..	3,807	—	0.3%	1,865	—	2.6%	51.68%
1964 ..	4,031	+	5.9%	1,980	+	6.2%	54.94%
1965 ..	4,206	+	4.3%	2,028	+	2.4%	55.47%
1966 ..	4,354	+	3.5%	2,209	+	8.9%	56.09%
1967 ..	4,108	—	5.7%	2,118	—	4.1%	60.06%
1968 ..	**4,468**	+	**8.8%**	**2,282**	+	**7.7%**	**61.46%**

CREMATION AND RESIDENCE

Place of Residence	*Number of Cremations*				
	1968	1967	1966	1965	1964
City	**2,282**	2,118	2,209	2,028	1,980
County excluding West Bridgford ..	**1,552**	1,385	1,492	1,556	1,379
West Bridgford ..	**268**	247	251	224	234
Other areas	**366**	358	402	398	438
TOTAL	**4,468**	4,108	4,354	4,206	4,031

Department of Health and Social Security Sickness Returns

The number of claims for sickness benefit gives an indication of sickness of the population month by month.

Average Number of sickness claims per week

	1968	*1967*	*1966*	*1965*	*1964*
January ..	2,450	1,848	2,720	1,839	2,025
February ..	1,980	1,592	2,517	1,676	2,133
March ..	1,889	1,297	1,571	1,715	1,412
April ..	1,180	1,403	1,359	1,263	1,384
May ..	1,282	1,224	1,185	1,565	1,117
June ..	1,140	1,159	1,199	1,121	1,183
July ..	1,224	1,174	1,215	1,120	1,114
August ..	1,177	1,074	1,094	1,070	1,039
September ..	1,294	1,355	1,225	1,339	1,263
October ..	1,609	1,513	1,580	1,500	1,654
November ..	1,616	1,556	1,617	1,482	1,596
December ..	1,326	1,483	1,648	1,367	1,337

Population

The Registrar General's estimate of the population of the City of Nottingham was 305,050 on 30th June, 1968, a decrease of 4,690 from the previous year. The highest recorded population of 315,050 occurred in 1963 when the influx of immigrants was highest. The continued decline is due in part to a decrease in the number of immigrants received and in part to movement of the more well to do from the city to the outlying rural and urban areas adjacent to the City.

Live Births

Net live births totalled 5,944, an increase of 242 over last year giving a rate of 19.48 per 1,000 population as compared with 18.41 for the previous year. The estimated birth rate for England and Wales for 1968 was 16.9 per 1,000 population. The following table shows the fluctuations during the past 15 years of the live birth rate and illegitimate birth rate as compared with those of the country as a whole.

	Live Births			Illegitimate Live Births		
	Nottingham		England and Wales	Nottingham		England and Wales
Year	Number	Rate	Rate	Number	% of Total	% of Total
1954 ..	5,001	16.05	15.2	375	7.5	4.7
55 ..	4,893	15.67	15.0	354	7.2	4.7
56 ..	5,155	16.50	15.6	384	7.4	4.8
57 ..	5,478	17.52	16.1	457	8.3	4.8
58 ..	5,577	17.82	16.4	514	9.2	4.9
59 ..	5,624	17.95	16.5	547	9.7	5.1
60 ..	5,729	18.26	17.2	524	9.1	5.4
61 ..	5,823	18.59	17.6	646	11.09	5.9
62 ..	6,243	19.86	18.0	759	12.16	6.6
63 ..	6,392	20.29	18.2	857	13.41	6.5
64 ..	6,221	19.95	18.5	843	13.55	7.2
65 ..	6,070	19.52	18.1	883	14.55	7.7
66 ..	6,021	19.41	17.7	876	14.54	7.9
67 ..	5,702	18.41	17.2	900	15.78	8.4
68 ..	**5,944**	**19.48**	**16.9**	**921**	**15.49**	N.A.

Stillbirths

After adjustment for inward and outward transfers stillbirths numbered 92 producing a rate of 15.24 per 1,000 total births as compared with 95 with an equivalent rate of 16.39 in 1967. The comparable rate for England and Wales was 14.3 per 1,000 births. An analysis appears in the table on page 98.

Infant Mortality

Deaths of infants under one year numbered 123, the infant mortality rate being 20.70. The rate in 1967 was 19.82 per 1,000 live births. Of the 123 infant deaths, 24 were of illegitimate children, 12 occurring in the neonatal period. Variations in the infant mortality rate, both for legitimate and illegitimate births and for England and Wales are shown for the period 1959-1968.

Infant Mortality — Nottingham and England & Wales 1959—1968

	Legitimate Infants	Illegitimate Infants	All Infants	
	Rate per 1,000 legitimate live births	Rate per 1,000 illegitimate live births	Rate per 1,000 live births	
Year			Nottingham	England and Wales
1959 ..	24.62	20.11	24.18	22.2
1960 ..	23.63	19.08	23.22	21.8
1961 ..	26.27	38.70	27.65	21.4
1962 ..	25.35	19.76	24.67	21.7
1963 ..	24.57	32.67	25.66	21.1
1964 ..	20.45	40.33	23.15	19.9
1965 ..	26.22	32.84	27.18	19.0
1966 ..	27.40	33.10	29.39	18.9
1967 ..	21.03	13.33	19.82	18.3
1968 ..	**19.71**	**26.06**	**20.70**	**19.0**

Neonatal Mortality

There were 78 deaths of infants during the first four weeks of life, giving the neonatal mortality rate of 13.12 per 1,000 live births as compared with 11.93 in 1967. The rate for the country as a whole was 12.4 per 1,000. An analysis appears in the table on page 97.

Perinatal Mortality

Still births and deaths of infants under one week numbered 161 resulting in a perinatal mortality rate of 26.67 per 1,000 total births. In 1967 the rate was 26.05.

Maternal Mortality

One death was registered during the year as against four deaths in 1967.

Deaths

There have been 3,846 deaths registered during the year. The death rate from all causes was 12.60 per 1,000 population as compared with a rate of 11.48 in 1967. Of the total deaths 67.68% were of persons aged 65 years and over. The death rate for England and Wales in 1968 was 12.60 per 1,000 population.

A table giving the population, birth, death, infant and maternal mortality rates is given on page 4.

Deaths of Nottingham residents by age groups for the decade 1959-1968 are shown below.

Deaths by Separate Age Groups 1959—1968

Age	1959	1960	1961	1962	1963	1964	1965	1966	1967	**1968**
Under 1 year ..	136	133	161	154	164	144	165	170	113	**123**
1—4 years ..	22	22	17	17	23	24	22	21	29	**24**
5—44 years ..	189	199	199	173	185	205	175	184	147	**165**
45—64 years ..	876	824	913	850	848	859	881	912	850	**931**
65 and over ..	2,374	2,263	2,559	2,623	2,547	2,372	2,413	2,651	2,417	**2,603**
TOTAL DEATHS	3,597	3,441	3,849	3,817	3,767	3,604	3,656	3,938	3,556	**3,846**

Marriages

There were 2,881 marriages during the year, the marriage rate being 18.8 compared with a rate of 17.4 in 1967.

Cremations

There was an increase in the number of cremations carried out at the City of Nottingham Crematorium, Wilford Hill during 1968. These totalled 4,468 as against 4,108 in 1967, an increase of 8.8%. Of these, 2,282 concerned city residents, an increase of 7.7% on last year and represented 61.46% of all disposals. It is interesting to note that 1,046 of the total cremated were coroner's cases.

EPIDEMIOLOGY

BY

ALBERT MARTIN, M.B., Ch.B., D.P.H.
Deputy Medical Officer of Health

Infectious Diseases

THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS 1968

These regulations, made by the Minister of Health under powers contained in the Health Services and Public Health Act 1968, came into operation on 1st October, 1968. They consolidate, with amendments, all existing regulations relating to notification and prevention of infectious disease. Both the 1968 Act and regulations contain some amendments to the list of notifiable diseases. Membranous croup, erysipelas, acute primary pneumonia, acute influenzal pneumonia, puerperal pyrexia and scarlatina have been omitted while leptospirosis, tetanus and yellow fever were made notifiable for the first time.

The diseases now to be notified by the general medical practitioner or hospital doctor are:—

acute encephalitis
acute meningitis
acute poliomyelitis
anthrax
cholera
diphtheria
dysentery (amoebic or bacillary)
food poisoning
infective jaundice
leprosy
leptospirosis
malaria
measles
ophthalmia neonatorum
paratyphoid fever
plague
relapsing fever
scarlet fever
smallpox
tetanus
tuberculosis
typhoid fever
typhus
whooping cough
yellow fever

The table opposite shows the statutory notifications for 1968 and compares them with previous years.

ACUTE ENCEPHALITIS

Eight cases of acute encephalitis were reported to the department. Of these, four died, three being children aged eleven weeks, two years and three years, and one a thirty-one year old adult. There was no connection between cases; all occurred in different parts of the city and at different times of the year. In addition there was no history of vaccination with a live attenuated virus vaccine in the four weeks prior to the onset of symptoms.

Of the four post-infectious cases reported (all five year old children) two were due to measles, one to mumps and one to chicken-pox. No death occurred in this group.

Notifiable Diseases 1964-1968

Notifiable Disease	1968	*1967*	*1966*	*1965*	*1964*
Acute encephalitis:					
infective	4	3	11	2	1
post infectious ..	4	5	2	3	3
Acute meningitis ..	9	1	6	1	1
Acute poliomyelitis:					
paralytic	—	—	—	—	1
non-paralytic ..	—	1	—	—	—
Diphtheria	—	—	—	—	—
Dysentery	74	50	141	93	64
Food poisoning	23	30	36	8	79
Infective jaundice*(a)* ..	33	—	—	—	—
Leprosy*(b)*	1	1	—	—	—
Malaria	3	—	—	—	—
Measles	1,380	3,509	2,389	2,622	2,650
Ophthalmia neonatorum	3	3	1	6	14
Paratyphoid fever ..	—	—	1	—	—
Scarlet fever	88	148	133	191	92
Tuberculosis	121	140	128	145	175
Typhoid fever	1	—	—	1	—
Whooping cough ..	109	157	183	117	137

(a) Made notifiable in England and Wales in June 1968

(b) Made notifiable to Medical Officer of Health in March 1966

Acute Meningitis

Of eight cases notified, two were meningococcal in origin, one was due to haemophilus influenzae and in the remainder no specific organism was identified. It should be noted that prior to October 1968 only meningococcal meningitis was notifiable.

Acute Poliomyelitis

No case of either paralytic or non-paralytic acute poliomyelitis occurred. Apart from a case of doubtful diagnosis in 1967, the city's freedom from poliomyelitis now extends over a five year period and can be attributed to the vaccination programme which started in 1958 with the use of Salk vaccine, changing to the oral (Sabin) vaccine in 1962.

Diphtheria

Since 1949 diphtheria has not been reported in the city whereas twenty years earlier, in 1929, there were as many as 650 cases with 50 deaths. In recent years small outbreaks of the disease have been reported in England, sometimes arising from an imported case. With more and more people travelling abroad to areas where the disease is still endemic there is an increased risk of the diphtheria bacillus being imported, emphasizing the need for maintaining a high level of immunity. Compared with the national figure of 78 per cent protected the proportion of one year old children immunised in Nottingham is 65 per cent and this needs to be increased if effective control of the disease is to continue.

Dysentery

Although 74 cases were notified in 1968 compared with 50 in the previous year they were either sporadic or small family infections and no major outbreak occurred. All were mild and attributed to Shigella sonnei.

Food Poisoning

Three food poisoning outbreaks were reported in 1968, details are as follows:—

Outbreak 'A'

During the 8th September 1968 four young adults were taken ill with abdominal pains, fever, diarrhoea and vomiting. The severity of the illness in two cases necessitated admission to hospital and bacteriological investigation of the stools revealed the presence of *Salmonella typhimurium*, phage type U.157. Each person had consumed approximately half a cold chicken at a local restaurant on the night of 6th/7th September, 24 to 36 hours prior to the onset of symptoms.

Food hygiene at the restaurant was faulty. It was the practice to cook whole chickens, after thawing from their previous frozen state, for one and a half hours at a temperature of 400°F (165°C), but then to allow them to cool heaped together on a preparation table in the warm kitchen where a temperature of 80°F (20°C) was recorded. They remained at a temperature of 80°F (20°C) and above for up to ten hours after cooking and prior to serving. There was ample opportunity for the growth of any organisms contaminating the cooked chicken. Unfortunately, there were no meal remnants available for examination and repeated swabbing of the chickens supplied to the restaurant failed to produce any organism. On investigation of the kitchen staff the chef, although not admitting to any symptoms, was found to be infected with Salmonella typhimurium of the same phage type. It is possible that the chef had contracted the infection some time previously and had in turn contaminated the cooked chickens later consumed by the four young persons. He was suspended from food handling duties and given the appropriate treatment for his temporary carrier state. Action was taken in the restaurant to remedy faulty hygiene practice. This outbreak highlights the importance of rapidly cooling meats intended to be eaten cold after cooking and then maintaining the food below a temperature of 50°F (10°C) until required for use.

Outbreak 'B'

On the night of 16th/17th December 1968, between 12 and 18 hours after a firm's turkey lunch, eleven employees suffered a mild illness of abdominal pains followed by diarrhoea. Nausea and vomiting were present in only two cases. In all, 210 employees had been served with a lunch comprising vegetable soup, turkey, sausage, potato and vegetable with sage and onion stuffing and bread sauce, followed by Christmas pudding. No other cases were reported. Bacteriological investigation showed the presence of *Clostridium*

welchii in seven patients' stools and in two samples of unconsumed turkey.

Relevant food preparation details are as follows. Several turkeys had been slowly cooked in foil on 15th December and stored overnight in a stock room where a temperature of 70°F (17°C) was recorded. The following morning they were carved at 7.0 a.m. and re-heated for serving at midday. It is well known that meat and poultry can be infected with heat-resistant Clostridium welchii and that storage at warm temperatures for more than an hour after slow cooking, especially if followed by lengthy warming up procedures, predisposes to growth of the organisms. This incident again points to the need for improved food hygiene. It cannot be emphasized too strongly that meat and poultry should be either cooked and immediately eaten hot, or cooled rapidly and refrigerated until required. When there is an unavoidable delay in serving cooked sliced meat, the portions must be kept at either a temperature about 140°F (45°C) or below 50°F (10°C).

Outbreak 'C'

Following a turkey dinner at a local restaurant on the evening of 19th December 1968, reports were received of illness amongst two party bookings each of 12 members. Out of a total of 176 people who dined there that evening it was established that a party of 120 members were unaffected. The symptoms, comprising colicky abdominal pains, diarrhoea and some vomiting, began 8 to 12 hours after eating the turkey.

Three pre-cooked 20 lb. frozen turkeys were used for the meal. These arrived on the premises on the 18th December, having been out of deep freeze conditions for 24 hours, and were stored overnight in a room at 70°F (17°C). The following morning they were brought into the kitchen and placed on the surface of a warming cabinet. Nine hours later the turkeys were carved and the portions re-heated for a period of one and a half hours, after covering with stock made from previous turkey remnants, in trays within the warming cabinet. Bacteriological investigation of stools and sample turkey remnants was negative but the outbreak revealed a further instance of unsatisfactory food preparation, capable of providing favourable conditions for the growth of organisms known to cause food poisoning.

Other food poisoning cases were either sporadic or small family incidents and the causative organisms are listed below:—

Salmonella typhimurium (7)

Of seven cases four comprised two small separate family incidents contracted while on holiday in England at different resorts on the East and South East Coasts.

Salmonella panama (2)

The extremes of age were represented by these infections, one being contracted abroad (Majorca) in a 65 year old man on holiday and the other occurring in a one year old boy. Both infections resolved with treatment.

Salmonella california (1)

Salmonella california were isolated from the faeces of a three year old Indian girl born in this country who was admitted to hospital with acute gastro-enteritis. All family contacts were free from infection.

An outbreak of doubtful aetiology

In May there occurred among factory employees engaged in clothing manufacture, an explosive outbreak of illness characterised by prostration, nausea, abdominal pains and diarrhoea with loss of consciousness in a few cases. Out of a total of 165 female employees, 22 were affected and some hysterical elements appeared to be present. There was no common food factor and despite extensive investigations no infectious or toxic cause of the outbreak could be traced.

Infective Jaundice

As from June 1968, and in accordance with the Public Health (Infective Jaundice) Regulations 1968, infective jaundice became generally notifiable in England and Wales so that more precise information could be obtained concerning the incidence of the disease and the circumstances in which its various forms are spread. By the end of the year, 33 such notifications had been received and a special study was initiated. In the light of current knowledge, case contacts who are food handlers are advised to pay strict attention to personal hygiene, especially hand-washing, and to report any symptoms or signs of the infection. Special enquiry is being made of both patients and household contacts as to whether they are blood donors so that the Regional Blood Transfusion Service may be advised accordingly.

Leprosy

The Public Health (Leprosy) Regulations 1966 which came into operation in March 1966 made cases of leprosy notifiable to the local medical officer of health instead of, as previously, to the Chief Medical Officer of the Ministry of Health.

Since then two cases have been notified, one in 1967 and the other in 1968. Both occurred in immigrant Indian women (aged 46 and 27 years) who had contracted the infection in their country of origin. They responded well to active treatment and their close contacts, given B.C.G. vaccine as indicated, were kept under surveillance. No case has occurred among the contacts.

Malaria

There were three isolated cases of malaria occurring in immigrant children aged eight, ten and fifteen years, the infection having been contracted abroad.

Measles

Measles notifications (1,380) were the lowest on record. The increase which would normally have been expected in the autumn did not materialise and at the time of writing the incidence continues at a

low level. The sharp fall in the expected number of cases may have been due to the launching of the measles vaccination campaign in the summer months of 1968, further details of which are given on page 21.

It has been shown that about seven per cent of cases of measles develop potentially severe complications such as severe bronchitis, bronchopneumonia, otitis media and encephalitis. Applying this proportion to an epidemic year in Nottingham would mean at least 270 complications out of 4,000 cases notified. The prevention of so many potentially serious disorders is ample justification for measles vaccination.

Typhoid Fever

A four year old girl was admitted to a general hospital on the 11th September 1968, suffering from a pyrexia of unknown origin which subsequently proved to be due to *Salmonella typhi* phage type E.1. She was transferred to the Isolation Hospital on 16th September. The fever had started on 5th September and was accompanied by anorexia and constipation. Previously she had been on holiday with her parents and five brothers aged between 5 and 12 years, staying at her grandparents home in a village in Eire during the period 6th August to 4th September. The rest of the family were well.

Through the co-operation of the local medical officer of health in Eire it was learned that up to 20 years ago the village had been a nidus of typhoid fever but no case had occurred there for many years. Investigation revealed that while on holiday the child had been a frequent visitor to the home of a neighbour who was found to be a carrier of Salmonella typhi of the same phage type.

Whooping Cough

Of 109 whooping cough notifications there was no record of vaccination in 78 cases but 31 were known to have received a primary course of vaccination against the disease. In November 1966 the Public Health Laboratory Service began an investigation into cases of whooping cough diagnosed clinically in children previously vaccinated. This should help to determine the efficiency of vaccines currently in use and indicate any adjustment required to the strain composition.

Scabies

In recent years there has been a national increase in scabies. In Nottingham this increased incidence is shown in the following table compiled from figures provided by Dr. D. I. McCallum, Consultant Dermatologist and Dr. F. E. James, Principal School Medical Officer.

Year		*Attendances at Skin Department*	*Attendances at School Clinics*
1960	..	5	55
1966	..	104	107
1967	..	116	246
1968	..	**136**	**236**

It is widely recognised medically that for effective control of scabies prompt treatment of all infected members of a family in which a case arises is essential. However, facilities available to meet the current need are proving to be inadequate. A Cleansing Unit has been included in plans for the proposed Health Department Headquarters building but, unfortunately, the national economic situation has prevented further progress with this scheme for the time being. Alternative positioning of the Cleansing Unit is, therefore, under active consideration. In the meantime every assistance possible is being given by the domiciliary nursing and health visiting services.

Venereal Diseases

The following report on venereal disease has been contributed by John B. Bittiner, T.D., M.B., Ch.B., Consultant Venereologist.

The Department of Venereal Diseases in Nottingham is situated in Glasshouse Street. It was built as an ad hoc clinic in 1942. Its central situation in the city is most advantageous for a special clinic, but it has the drawback of not being directly attached to a hospital. Because of the Victoria Station reconstruction scheme it is likely that the Department will be moved to the General Hospital, Nottingham, in the next year or so. There are beds for in-patients at Heathfield Hospital. A clinic, called the Diagnostic Clinic, for special problem cases, or where there is much doubt about the diagnosis, is held at the outpatient department of the City Hospital.

The clinic times are:

Monday	9.30 a.m. to 11.30 a.m.	5 p.m. to 7 p.m.
Tuesday	9.30 a.m. to 11.30 a.m.	
Wednesday	9.30 a.m. to 11.30 a.m.	
Thursday	9.30 a.m. to 11.30 a.m.	5 p.m. to 7 p.m.
Friday	9.30 a.m. to 11.30 a.m.	
Saturday	9.30 a.m. to 11.30 a.m.	

Diagnostic Clinic: by appointment only (Monday morning)

Since venereal diseases are not compulsorily notifiable, the interpretation of statistics relating to the incidence of these diseases is subject to certain limitations. The only statistics available in this country are those of patients registered in venereal disease clinics, and no data are readily available on patients examined or treated solely elsewhere, for example, by other specialists or general practitioners. The total incidence in any area can, therefore, never be accurately assessed, but the trends in incidence over the years is reflected in the clinic statistics.

Statistics

The accompanying graphs show the annual incidence of the principal types of venereal diseases and other sexually transmitted diseases, and the annual number of new referrals dealt with in the Department of Venereal Diseases in Nottingham. Where possible the number of cases attending in 1954, which was the year with the lowest number since the War, are compared with the past five years, i.e. 1964-1968.

Recent trends are obviously not very satisfactory, with certain exceptions. The incidence of late syphilis continues to fall. Only one case of infantile syphilis has been recorded in Nottingham since 1964.

Graphs numbers 1 and 2 show the incidence of syphilis and gonorrhoea for the Nottingham area over the years 1964-1968 compared with 1954. Graph number 3 shows the total number of new patients referred to the clinic over the same period and again compared with 1954.

Although the number of patients from both the city and the larger Nottingham area with syphilis and gonorrhoea has decreased over the past five years, the number with diseases which are sometimes sexually transmitted, such as genital warts (see graph 4), vaginal thrush, scabies and so on continues to rise. Another important source of disease in young men is non-gonococcal urethritis, which is now commoner than gonorrhoea.

The most marked increase in new patients, and this includes gonorrhoea, is in young people, especially young girls in the 15-19 age group.

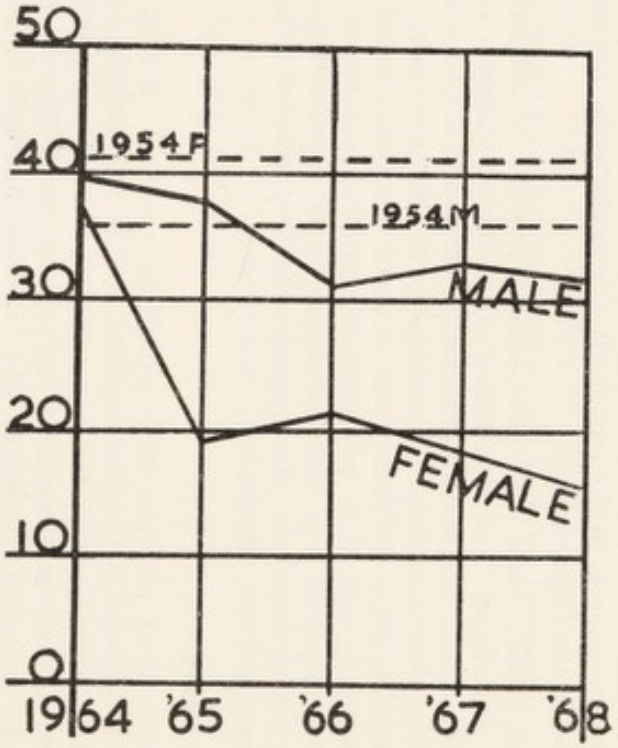
It will be noted that there is a big difference between the number of new referrals and the total number of all the cases of syphilis and gonorrhoea. The balance constitutes numerically, and in other respects as well, quite a large proportion of the work of the clinic, one of the important aspects of which is the elimination of venereal disease in people who *might* have it. Some of this group come of their own accord, some are referred by general practitioners and other hospital departments, and some are seen as a result of the investigations that necessarily follow the discovery of any case of venereal disease. There are a number of patients with minor complaints which, whilst not venereal in the accepted sense of the word, are conveniently treated in the Department.

And, finally, each year quite a large number of patients are dealt with who have 'anxiety states' of varying degrees of severity, associated with the fear of venereal diseases and with sexual conduct generally. Some of these, fortunately, can be quite easily reassured, others with more difficulty; but in most of them mental health can be restored, and thus potential psychiatric casualties prevented. In a few the fear is a manifestation of true psychiatric disease and these are referred to the appropriate department after venereal disease has been eliminated.

CONCLUSION

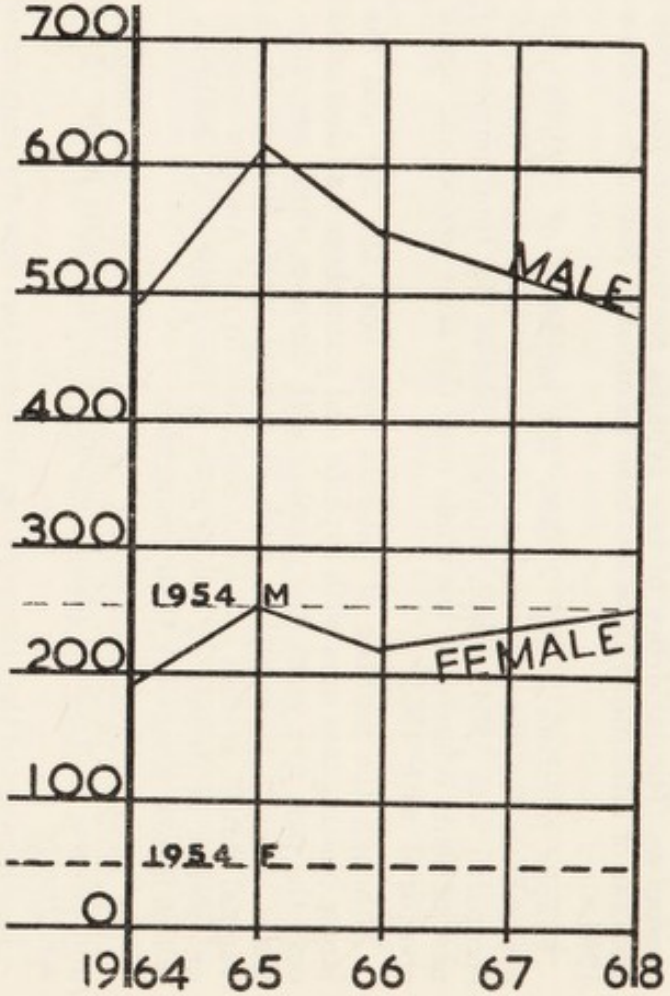
The present position with regard to venereal, or sexually transmitted, diseases in the Nottingham area is not entirely satisfactory. Early infectious cases must be traced, diagnosed and adequately treated as soon as possible if the present trend upward in numbers is to be reversed. Although the infected patients themselves can sometimes help by persuading their consorts to attend for treatment, many more cases would be treated by an improved method of tracing through social workers.

Total New Cases of Syphilis 1964-68



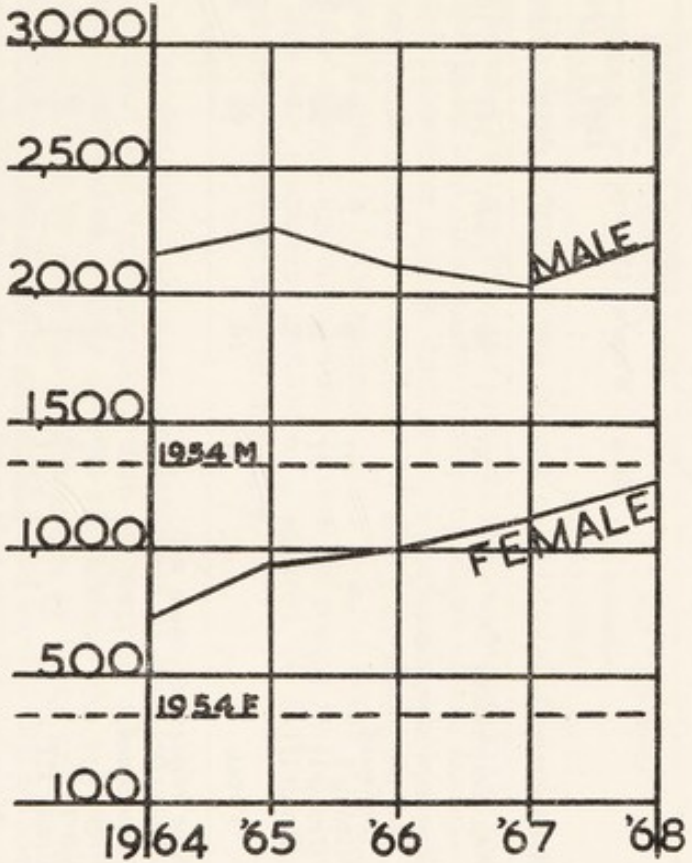
GRAPH No. 1

Total New Cases of Gonorrhoea 1964-68



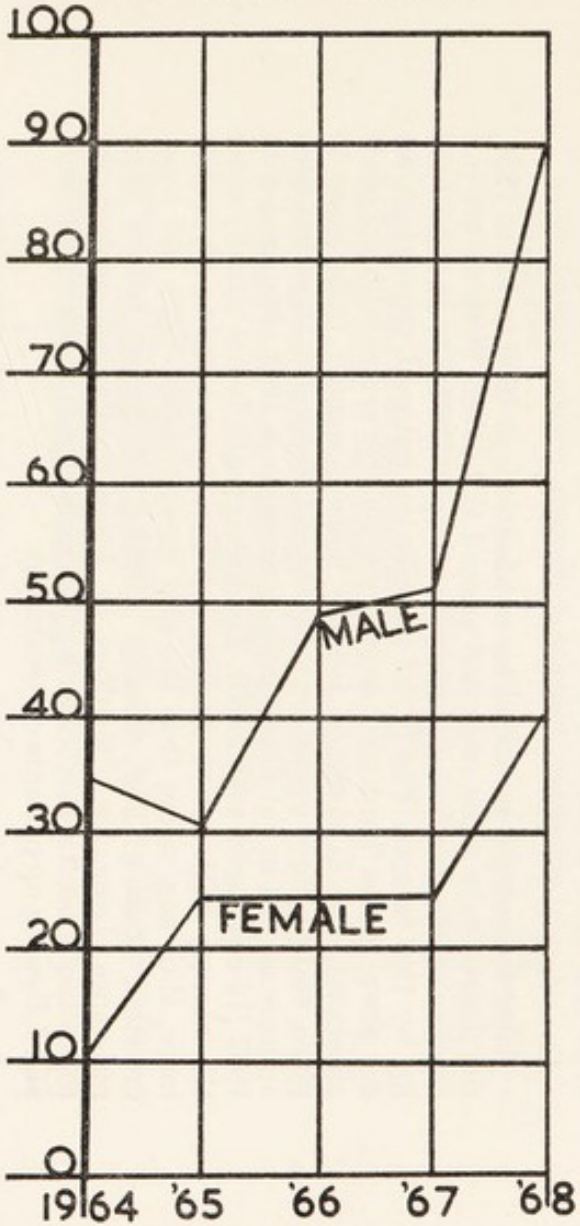
GRAPH No. 2

Total New Referrals 1964-68



Graph No. 3

Genital Warts 1964-68



Graph No. 4

Tuberculosis

The following report on tuberculosis has been contributed by J. S. Crowther, M.D., M.R.C.P., Consultant Chest Physician.

Case details for 1968 are tabulated below.

After declining from 288 clinic notifications in 1959 to 122 in 1966, the figures have since remained around this level. That we are not continuing the steady diminution shown up to 1966 may be accounted for by two factors. Firstly, as regards the indigent population we are down to the 'hard core' comprising elderly males who are often antisocial, live in common lodging houses, wander from place to place, and are unco-operative in treatment. Secondly, there has been an increase of 4 in notifications in immigrants in 1968 compared with 1967 (14 compared with 1965). The immigrants do not usually enter the country with active disease, but develop it after two years or more, thus suggesting that the new environment—poor and overcrowded housing, and arduous working conditions reduce their resistance. Language difficulties in Asian immigrants present the tuberculosis health visitors with great problems in checking contacts and following up patients on treatment.

In all cases, unless far advanced, treatment with chemo-therapy can be most successful given the co-operation of the patient, as there are now twelve drugs available for treatment. However, this year's figures show that we cannot afford to be complacent in our attitude to tuberculosis and great efforts must still be made before eradication of the disease is attained.

Tuberculosis—Cases on Clinic Register

	Men	*Women*	*Children*	*Total*	
				1968	*1967*
Respiratory	659	658	141	**1,458**	1,500
Non-Respiratory ..	35	96	30	**161**	161
New respiratory cases bacteriologically confirmed:					
*Group I	21	9	—	**30**	28
Group II	21	5	—	**26**	18
Group III	5	2	—	**7**	7
Total	47	16	—	**63**	53
New respiratory cases not bacteriologically confirmed:					
Group I	15	7	18	**40**	47
Group II	8	1	—	**9**	4
Group III	1	1	—	**2**	3
Total	24	9	18	**51**	54
New non-respiratory cases	4	8	2	**14**	22

	Total	
	1968	*1967*
Cases having positive broncho-pulmonary secretion during year	128	95
Examination of Contacts:		
Number of contacts investigated: New—1,042 .. Old— 1,034 ..	2,076	2,155
Number found to be tuberculous	9	10
Percentage found to be tuberculous	0.43	0.46
Deaths from tuberculosis	13	14
Death rate per 1,000 population	0.04	0.04
Number of home visits made by health visitors ..	4,269	4,547

*Group I Cases having an affected area not exceeding in aggregate $\frac{1}{3}$ of one lung

Group II Cases having an affected area not exceeding in aggregate $\frac{2}{3}$ of one lung

Group III Cases having an affected area exceeding $\frac{2}{3}$ of one lung. This includes miliary tuberculosis

Vaccination and Immunisation

The Ministry of Health (Circular No. 29/68), on the advice of its Joint Committee on Vaccination and Immunisation, recommended a modified schedule of vaccination and immunisation. This was adopted in the city and is now offered at health and welfare centres.

Details are as follows:—

Diphtheria, Whooping cough, Tetanus, Poliomyelitis ..	at 3, 5 and 11 months
Measles	at 12 months
Smallpox	at 15 months
Diphtheria, Tetanus, Poliomyelitis	reinforcement at school entry

The main changes from the previous programme are in the spacing of the basic and subsequent reinforcing doses of vaccination. The initial protection against diphtheria, tetanus, whooping cough and poliomyelitis should be completed by about the first birthday. The desirable intervals between doses are six to eight weeks between the first and second, and six months between the second and third doses. In this way maximum protection is ensured, so that reinforcing doses are not required until school entry.

Measles

In accordance with the recommendations of its Joint Committee on Vaccination and Immunisation that vaccination against measles should be offered on a large scale to all children who had not been protected either by previous immunisation or by an attack of the natural disease, the Ministry of Health asked local health authorities to make suitable arrangements as from May 1968 (Circular No. 9/68). It was recommended that measles vaccination be given by means of one dose of live attenuated measles virus vaccine, preferably in the

second year of life (and introduced into the normal vaccination and immunisation schedule) and to susceptible children up to school-leaving age.

In order to reduce the likelihood of the spread of measles in the autumn when the next epidemic season was due to begin it was considered appropriate to first vaccinate four to six year old children at school and those over the age of one year attending day nurseries, nursery schools, and children's homes. Despite limited vaccine supplies, the vaccination programme was so arranged that by the end of the summer term 1,838 vaccinations had been carried out in schools and 662 doses distributed to general practitioners for use in the priority age group. With the exception of 250 children who were later vaccinated in September, the school programme was completed as planned. It had been estimated that approximately 20 per cent of school children in the priority age group were susceptible i.e. had not had natural measles. The number vaccinated represented 16 per cent. Throughout the summer holidays, and with improving supplies of vaccine, the local campaign switched to pre-school children over the age of one year who were vaccinated at health and welfare centres and general practitioner surgeries. Children up to the age of 15 years also became eligible. In all, 4,068 children were vaccinated, 2,121 being of school age.

An encouraging aspect of this campaign, apart from the good public response, was the reduction in expected notifications of measles during the latter months of the year. Further comment on this aspect is made on page 14.

At the time of writing (March 1969), reports of encephalitis occurring soon after vaccination in three children, all in their second year of life, have necessitated the precautionary withdrawal by the Ministry of one of the two current issues of attenuated measles vaccine. Although this particular issue of vaccine has been used in Nottingham, no such neurological complications have been reported.

Diphtheria, Whooping Cough, Tetanus, Poliomyelitis and Smallpox

Details of vaccination of children under 16 years of age against diphtheria, whooping cough, tetanus, poliomyelitis and smallpox for the year 1968 are given in the Appendix page 99.

The following table shows immunity indices for diphtheria, whooping cough, poliomyelitis and smallpox in the years 1965 to 1968.

Immunity Indices 1965-68

	1965	*1966*	*1967*	**1968**
Diphtheria	62	61	63	**65 (78)**
Whooping Cough . .	62	61	63	**64 (76)**
Poliomyelitis . .	54	55	58	**64 (74)**
Smallpox	27	27	31	**38 (38)**

(Figures in brackets are those for England and Wales)

It will be seen that these immunity indices for Nottingham are below those for England and Wales. Nevertheless there is an overall increase in immunity level, in particular for poliomyelitis and smallpox compared with 1965 when low figures were recorded. Improvement occurred as a result of more clinical sessions becoming available for vaccination the following year. In 1967 this was further enhanced when a combined consent form was introduced for all vaccination procedures in early childhood. Although regular review of the administrative machinery is important in ensuring the smooth operation of vaccination schemes, it is the persistent counselling work of field health workers which is primarily responsible for maintaining and improving the population's immunity against those infectious diseases for which there are suitable vaccines.

Tuberculosis

Figures for B.C.G. vaccination of 13 year old schoolchildren in the years 1964-1968 are shown in the accompanying table:—

B.C.G. Vaccination of Schoolchildren 1964-68

	1964	*1965*	*1966*	*1967*	**1968**
Number of 13 year olds ..	5,044	4,557	5,103	5,095	**4,952**
Percentage accepting Heaf test	71.8	73.5	71.3	74.9	**73.9**
Number tested ..	3,592	3,428	3,875	3,888	**3,735**
Number of positive reactors	401	468	924	1,280	**282**
Percentage positive reactors	11.2	13.6	23.8	32.9	**7.5**
Number vaccinated ..	3,019	2,639	2,533	2,263	**3,053**

The acceptance rate continues at a reasonably satisfactory level and the percentage of positive reactors has fallen to the more acceptable figure of 7.5 per cent in 1968. In previous reports comment was made that the high proportion of positive reactors in 1966 and 1967 was due to variations in interpretation of the Heaf test results by different observers and consequently discussion with the doctors concerned resulted in a uniform standard of interpretation. In 1968, as in the previous two years, the offer of a chest X-ray to all positive reactors did not reveal the presence of active tuberculosis.

Details of B.C.G. vaccination in 1968 are given in the Appendix page 100.

Yellow Fever

Special appointment arrangements by the Health Department exist in Nottingham for those people travelling abroad who are required to be vaccinated against yellow fever. In 1968, 549 persons were vaccinated against yellow fever compared with 429 in 1967.

Anthrax

At the one firm in the city carrying out work involving potential risks of infection with anthrax, 2 employees completed primary courses of anthrax vaccination and 29 had reinforcing doses.

HEALTH CENTRES IN NOTTINGHAM

BY

ALBERT MARTIN, M.B., Ch.B., D.P.H.
Deputy Medical Officer of Health

By the end of 1968, Nottingham's health centre policy was firmly established. It had taken on structural form and promised exciting developments.

The permanent John Ryle Health Centre, Clifton, completed its first operational year; Bestwood Park Health Centre had opened; building had started on the Hyson Green (Mary Potter) Health Centre; and preliminary sketch plans were prepared for the Bulwell Health Centre. In addition, a site was found for a health centre in St. Ann's Well Road, and a decision made to convert Sneinton Welfare Centre into a health centre.

A PRIORITY AND JOINT VENTURE

These achievements arose out of a priority planning policy adopted by the Health and Welfare Committee and fully supported by the Local Executive Council. They also emphasize the successful outcome of a close working partnership between Local Health Authority and Local Executive Council.

GENERAL PRACTITIONER INITIATIVE

Within an agreed policy framework the initiative for individual health centre schemes lies with general medical practitioners. Nottingham has been fortunate in this respect. As more and more general medical practitioners express an interest in health centre practice, and as a result are approaching the Local Executive Council and Local Health Authority, a projected programme of eight health centres has been compiled. This means that 68 (approximately one-half) of the city's 130 doctors are willing to work from health centres.

This favourable climate of opinion has paved the way for a rejuvenation of the concept of health centres first embodied in the Dawson Report of 1920, and subsequently incorporated in legislation by Section 21 of the National Health Service Act 1946. In April 1967 Ministry of Health Circular 7/67 recommended to local health authorities and local executive councils a system of financial reimbursement for most of the accommodation charges involved. This, more than anything else in recent years, has enabled realistic planning to progress with a surprising rapidity.

INFORMAL DISCUSSIONS

What are the necessary planning processes involved? Initially, these are informal in nature and take the form of a general discussion between *(a)* a group of interested doctors, *(b)* the Clerk to the Local Executive Council, *(c)* the Medical Officer of Health and *(d)* the

Architect. Thus, the health centre concept is fully explored and those doctors of firm intent identified. A feasibility study is undertaken, the catchment population is assessed, possible sites explored, and a rough costing considered.

Formal Consultations

With this type of information from similar discussions about other projects within the city, and after consulting the Local Executive Council, a capital building programme is compiled for approval by the Health and Welfare Committee. The Regional Hospital Board is also approached so that in the event of specialist services being required, their requirements can be taken into account. The programme is eventually submitted for approval to the Finance and General Purposes Committee and finally to the Department of Health and Social Security.

Detailed Planning

Once included in the capital building programme detailed preparatory work begins. The number and type of general practitioner and local health authority consulting sessions is assessed and appropriate accommodation requirements outlined so ensuring maximum and effective use of all rooms. A list is compiled of general medical practitioner consulting suites and treatment rooms as well as the accommodation requirements for local authority supportive, nursing and ancillary teams (health visitors, midwives, district and clinic nurses and social workers), and the servicing arrangements for reception, record and waiting facilities are carefully planned. Both general dental practitioner and local health authority dental accommodation requirements may also be included. In this manner, a schedule of accommodation is prepared and a brief formulated for the architect, detailing the mode of practice and important relationships between the various services to be provided.

Submission to the Department of Health and Social Security

On completion of agreed sketch plans, the project is costed in detail and a scheme submitted by the Health and Welfare Committee to the Department of Health and Social Security for approval and agreement of a cost limit. This step has usually been preceded by informal contact with the Department to help avoid undue delay in obtaining the necessary approval.

Detailed working drawings lead to the project being put out to tender and an application being made by the City Council for loan sanction for building purposes.

Health Centre Management

Once built, the day to day functioning of the health centre is controlled by a house committee comprising representatives of the general practitioners, nursing teams and ancillary staff working within the centre. This committee will be concerned with integrating professional and lay staff into effective multi-disciplinary teams, making appropriate allocation of responsibilities and considering the local needs for which statistical information should be collected.

Future Prospects

With the grouping together of doctors, nursing and ancillary personnel within one building, plans are being made for the formation of community health teams which will serve and bring preventive health to the populace attending the centre. Modern forward-planned recording systems will be a necessary part of the equipment provided within the new concept of community medicine and opportunities will need to be taken in conducting research into how best community health problems can be identified and resolved.

This is now a new era of general medical practice. In Nottingham doctors and nurses alike are recognising this exciting opportunity, and having given impetus to health centre development, are eager to participate in these developing services. These health centres are being developed at a period of time which coincides with the birth of the Medical Faculty at Nottingham University and their use for teaching purposes is currently under discussion.

CARE OF MOTHERS AND YOUNG CHILDREN
(Maternity and Child Health)

BY

L. Ann Wilson, M.D., B.Sc., D.P.H., D.C.H.
Senior Medical Officer

If the child be father of the man, then man is responsible in the main for his development. This is a process which goes on continuously but which is characterised by easily recognisable milestones to be reached at given ages until it is complete. The Maternity and Child Welfare Services can help by seeing that the hazards of each stage are avoided and so ensure that no mother and her child are hindered by poverty, ignorance, malnutrition or preventable disease, as well as aiming for a healthy, happy environment in which the child can grow to maturity.

Notification of Births

This has been obligatory since 1908 and records within thirty-six hours every birth which has taken place within the city, thus enabling the Medical Officer of Health to ensure, through his health visitors, that every mother may have the offer of support and advice and every child that of observation, even in the absence of need. Total births numbered 10,132 in 1968, compared with 10,026 in 1967; of these, 9,934 were born alive and 198 were stillborn. These figures included 5,944 live births and 92 stillbirths to city mothers, the remainder being born to mothers resident outside the city. Hospital confinements of Nottingham women increased to 67.1%, compared with 61.9% in 1967. Details appear in the table on page 101.

There was a reduction in the number of women discharged home early from hospital after confinement for nursing at home, as compared with 1967; these numbered 1,801 or 46.7 per cent of women confined there, a decrease of 6.35 per cent. This figure included 1,640 mothers who were booked for hospital delivery and early discharge, 155 who were booked for home delivery and admitted to hospital because of abnormality in pregnancy or labour, and 6 unbooked cases. Because of unsatisfactory home conditions, arrangements were made for 630 mothers to be delivered in hospital from a total of 778 requests; 27.7% of those accepted were immigrants, a decrease of 2.9% on 1967.

Illegitimate Pregnancies

Of the 5,944 live births to city mothers, 921 or 15.5% were illegitimate, compared with 15.8% in 1967.

All expectant mothers applying on social grounds for confinements in hospital attended the health department, where the unmarried ones amongst them were seen by a senior health visitor or social worker. Advice concerning ante-natal care, the confinement and arrangements for the care of the baby were given at these interviews. In all, 132 were interviewed, of whom 63 or 47.7% were under the

age of twenty years and one was fifteen. Those requiring admission to mother and baby homes were referred to the Southwell Diocesan Board of Moral Welfare or the Catholic Children's Society, as was appropriate. During the year, 49 expectant mothers were interviewed by the Board's welfare workers, and in 46 instances the Corporation accepted financial responsibility for their maintenance in mother and baby homes, as well as 3 under the supervision of the Catholic Children's Society. A grant was paid to the Board for work carried out on behalf of the Corporation.

An analysis of the ages of these unmarried mothers is given below:

AGE DISTRIBUTION

Age Group	1968	1967	1966	1965	1964	1963
Under 15 ..	1	—	—	2	—	1
15 and 16 ..	11	11	4	5	15	18
17 and 18 ..	18	8	4	11	25	15
19 and 20 ..	11	15	7	9	10	8
Over 20 ..	8	6	16	15	11	13

ANTE-NATAL CLINICS

There was an increase from 95.8% in 1967, to 97.3% in 1968, in the proportion of mothers who had booked their family doctors for confinements at home. Most of the general practitioners carried out their own ante-natal care with a resultant fall in attendance at local authority ante-natal clinics, and it, therefore, became necessary and desirable to re-organise the latter. At the commencement of the year, 11½ ante-natal sessions were held at ten welfare centres. Commencing on 25th April, sessions were terminated at Bilborough and Hyson Green Centres, reduced to once a month instead of weekly at the Aspley and Ernest Purser Centres, and to twice a month at the six remaining centres (Basford, Bulwell, Edwards Lane, Radford and Sneinton Welfare Centres and the John Ryle Health Centre at Clifton).

In all, 371 sessions were held. Ante-natal clinics fell into two categories:—

(a) Those conducted by a local authority medical officer, at which there were 881 attendances, including hospital-booked cases, and those due for home confinement by agreement with the general practitioners.

(b) Those conducted by domiciliary midwives alone, at which there were 14,079 attendances, comprising domiciliary cases where the family doctor was booked for home confinement, by agreement with him.

ANTE-NATAL CARE

As well as general practitioner obstetrician supervision, certain screening procedures were carried out as routine measures in the ante-natal clinics.

Chest Examination

This was limited to immigrants and those who had not received B.C.G. vaccination within the past two years, except in exceptional circumstances. During 1968, thirty expectant mothers were referred for examination, of whom there were eighteen defaulters and none were referred for further examination.

Blood Examination

It is essential for every expectant mother that her blood group and rhesus factor be ascertained and recorded. It is also important to discover, as soon as possible evidence of anaemia and/or venereal disease. Both can be easily cured with appropriate treatment in the early stages. Appropriate blood samples were obtained from every expectant mother attending clinics, and general practitioners also referred similar women for this purpose who were booked for home confinement under their care. During 1968, samples were examined as follows:

Grouping and rhesus factor (ante-natal and post-natal) ..	1,185
Wasserman, Kahn reactions	1,706
Haemoglobin estimation	3,125
Other tests	412

Rhesus factor

Incompatibility between the rhesus factor of parents can give rise to serious complications in the foetus, including anaemia, jaundice and mental deficiency. Where antibodies were known to be present, special vigilance was maintained throughout pregnancy and hospital confinement was considered to be essential so that, at the time of birth, special treatment could be given to the baby without delay where necessary.

The number of women who attended ante-natal clinics, either for supervision or only for blood tests, and who were found to be iso-immunised, numbered 8. Arrangements were made for them to be confined in hospital and all had live babies.

Recent research has shown that haemolytic disease due to the formation of rhesus antibodies in the mother's blood, can be prevented in the first, and in subsequent pregnancies, by the administration of a special immunising agent within thirty-six hours of delivery to those women at risk. Commencing in June, 1968, it was possible to offer this protection to all rhesus negative mothers having had their first child and shown to be at risk. In order to determine whether or not a woman was in this group, it was necessary to make special examinations of a sample of blood taken immediately after delivery. In those cases where the test was positive, immunisation could be carried out forthwith. In October, as more supplies of the immunising agent became available, the scheme was extended to include rhesus negative multiparae who had not become rhesus sensitised and who had no living child. The majority of rhesus negative women having their first child were delivered in hospital, but the tests and necessary immunisation were available also for women delivered at home. The domiciliary midwives, by agreement

with the general practitioner, undertook the necessary blood sampling and immunisation. In all, twenty-four domiciliary cases were investigated, twenty-three were undelivered at the end of the year and one left the city who could not be traced.

Tests for Venereal Disease

During the year, 55 samples of blood were referred for examination from women attending the city's ante-natal clinics and none were found to be positive. Of samples sent for examination from ante-natal clinics and from 1,651 expectant mothers referred by general practitioners only for blood examination, 5 were found to have syphilis. All responded to treatment and had live, healthy births.

Haemoglobin Estimations

This test shows whether a pregnant woman is anaemic or not and thus is an index of her general health. Any anaemia should be corrected early in pregnancy, with consequent benefit to the woman herself, but also to prevent possible complications to her and to the foetus at the time of delivery. These examinations are repeated between the 32nd to 34th week of pregnancy. If the result is found at any time to be 10 mgms. per 100 ml. of blood or less, a blood count is carried out as a routine procedure, followed by appropriate treatment.

Dental Treatment

Arrangements are available between the Health and Welfare Committee and the Education Committee for expectant and nursing mothers to receive dental care at school clinics. 93 were treated.

OUTCOME OF PREGNANCY

During the year, 2,026 home confinements of patients who had attended local authority clinics for ante-natal care resulted in 2,015 live births and 11 stillbirths, and there were 4 sets of twins. Of the 2,015 births, 11 died in the first week of life and 2 within the first four weeks of life.

Stillbirths and deaths during the first week of life are classified as peri-natal deaths. There were 92 stillbirths to city mothers, and 69 infants died during the first week of life, giving a peri-natal mortality rate of 26.67 per 1,000 total births, as compared with 26.05 in 1967.

Primary factors in causation	*Deaths*	
	Total	*Premature infants*
Ante-natal causes:		
Toxaemia including haemorrhage ..	8	7
A.P.H. without toxaemia	17	10
Rh. incompatibility	7	3
Intra-natal causes:		
Injury	11	6
Anoxia	18	5
Intra-uterine death	17	10
Congenital malformation	24	13
Prematurity only	28	29
Respiratory distress syndrome	12	7
Other causes	7	1
Placental insufficiency	12	5
All causes	161	96

Maternal Death

There was one maternal death which occurred in June. The cause of death was certified as being due to toxaemia following septic abortion. The abortion was found to be self-procured by the use of slippery elm, and septicaemia was due to a mixed infection of E. coli. and Cl. welchii. It was her fourth legitimate pregnancy. On admission to hospital, the mother was given an exchange transfusion in an attempt to cure the severe degree of anaemia and to overcome the infection, but a fatal anuria developed and she died on the fourth day following abortion.

Post-natal Clinics

Owing to paucity of attendance in the past, special post-natal clinics had not been held for many years but were combined with ante-natal sessions. Women confined in hospital because of abnormality are asked to return to hospital post-natal clinics, while those who were confined in hospital and discharged home early, i.e. within 48 to 52 hours, were referred to the family doctor for their post-natal examinations. The general practitioner is required to examine his patients delivered at home where he accepts responsibility for providing medical services, and the remainder are asked to attend the local authority clinic. When post-natal cases come to local authority clinics, they receive a brief general and more detailed local examination, including the taking of a cervical smear. During the year, 47 new post-natal patients attended and there were no return cases.

Family Planning Clinics

The Nottingham Women's Welfare Centre held evening sessions, 176 in all, in its premises at the General Dispensary, Broad Street, at which there were 2,470 attendances. In addition, 164 sub-clinics were held in the Ernest Purser and Radford Welfare Centres, and in the John Ryle Health Centre; there were 541 new patients and 1,982 patient attendances.

The Family Planning Association held 75 weekly sessions at the John Ryle Health Centre and 104 at the General Hospital, at which a total of 871 patients attended, comprising 3,545 patient visits. On 9th September, the Association opened a weekly clinic at Sneinton Welfare Centre; 91 patients attended and there were 124 patient visits.

Child Welfare Clinics

Those with responsibility for the care and upbringing of children need a knowledge of normal child development, and, with this background information, one is able to appreciate deviations from normality. The child health centres of today provide unrivalled opportunity for observation and assessment of children at differing stages and ages, and it is possible to build up a pattern of normal development against which abnormal behaviour can be evaluated. The child, at any time of his existence, is the result of an hereditary constitution and the effects of the environment in which he finds

himself. The work of the child health centre thus involves awareness of both present development and potentially hostile influences. together with an understanding of how they may be modified or offset. Special attention is paid to children on the 'At risk' register. Special screening tests are available to detect deafness, eye defects and phenylketonuria, and there is also an interchange of information and co-operation with paediatricians and integrated workers in other local authority departments.

Congenital Abnormalities

Abnormalities detected at birth are indicated on birth notification cards and their exact nature confirmed by the health visitor at her first visit to the home. During 1968, 113 children were notified with 125 abnormalities.

Congenital Malformations

	1968	1967	1966	1965
Central nervous system ..	26	21	50	36
Eye, ear	6	2	3	1
Alimentary system	12	23	13	27
Heart and great vessels ..	4	10	8	17
Respiratory system	1	1	2	—
Uro-genital system	5	6	9	9
Limbs	48	54	55	34
Other skeletal	2	2	4	3
Other systems	11	21	33	24
Other malformations	10	6	9	9
Totals	125	146	186	160

'At Risk' Register

This register contains the names of children in whom some factor might interfere with normal development. Such factors could be genetic in origin or arise during the ante-natal period, at the time of birth, or might have appeared in later life through illness or accident. Children in this category are watched, possible handicaps anticipated and consideration given to the best way of meeting the needs of the individual. Handicaps to future development, are obtained from copies of hospital discharge letters concerning new born infants and older children attending hospital, and from information from general practitioners, medical officers and health visitors. The school health service is informed of the names of children on the register as soon as possible after their second birthday. At the end of the year, there were 441 names on the register.

Categories of Children 'At Risk'

Category	*Number on Register*
Congenital abnormality ..	24
Family history of defect ..	15
Complication of pregnancy ..	200
,, ,, labour ..	14
Post-natal factors	39
Symptomatic group	149

Register of Handicapped Children

This register contains the names of children known to suffer from mental or physical handicaps. At the end of the year there were 180 names on the register.

Category	*Number on Register*
Mentally Subnormal	40
Developmental	38
Cerebral palsy	22
Cardiac	17
Eye defects	13
Orthopaedic	12
Deafness	8
Epileptic	7
Other	23
Total	180

Deafness

Screening tests for defective hearing are available to every child and are carried out at about the age of seven months, mainly in child health clinics, but at home when the mother is prevented from attending. All but three of the health visitors have been trained in the Ewing method of ascertainment. A total of 3,122 tests were carried out in 1968, as compared with 2,583 in 1967. 321 were considered to be at special risk and, of these, 14 children were referred for further investigation, of whom 7 were considered to have normal hearing, 2 had hearing loss, one had left the city. In 4 cases investigations had not been completed by the end of the year.

Phenylketonuria

Every effort is made by health visitors to test babies for this disorder between the ages of four and six weeks. During the year, 5,991 tests were made, all of which were negative.

Cervical Cytology

During 1968, the service continued for the taking of cervical smears, a measure designed to detect early malignant changes in the cells of the cervix. The scheme also provided for the examination of pelvic organs and breasts, and gave the patient an opportunity to discuss any anxieties concerning her health. 112 morning sessions were held in conjunction with ante-natal clinics at three welfare centres, and 44 evening sessions were held monthly at four welfare centres for those unable to attend in the day-time. During the year, 2,598 smears were taken, as compared with 2,948 smears in 1967.

Although no appointment was necessary, the decrease in the number of those attending was disappointing. It was a matter of concern that those women most 'at risk' because of age, size of family or social class (Registrar General's classes IV and V), were

those who availed themselves least of the service. Health visitors are supplied with leaflets giving the place and time of these clinics but these reminders failed to persuade women to be examined. It was noticeable that few immigrants attended. Only a minority of general practitioners in Nottingham included cervical screening, either of their ante-natal or post-natal patients, or of those women who were not pregnant, even though a fee was payable by the Department of Health and Social Security for those examined over thirty-five years of age.

The result of smears taken in 1968, compared with 1967 and 1966, were as follows:

	1968	1967	1966
Negative smears	2,573	2,917	5,381
Positive smears	25	31	67
No. of positive smears per 1,000 smears ..	10.0	9.5	8.1

Of the 25 positive smears, 20% proved to be malignant.

Health Education

Health education on a wide scale is carried out by the health education assistant. Visual aids and other material for use in health education are examined by regular conference of senior medical staff and their application to the programme supervised by a senior medical officer.

In the widest sense, health education is effected continuously during consultations between members of the public and departmental staff attached to welfare centres, clinics and day nurseries. Because it is informal, personal and relevant to the time of consultation, this method of education is probably more effective. Informal talks given to expectant mothers at relaxation classes are also effective because of the situation in which they are offered.

Window displays (changed at monthly intervals) continued at the Welfare Foods Centre in Mansfield Road, and by courtesy of the manager, displays were shown in the windows of a bank in the city centre. Appropriate posters were also displayed on the health department vehicles.

Welfare Foods

Welfare foods were available for sale at centres attended by mothers and young children and at the distribution centre in Mansfield Road. The decrease in sales reported in previous years continued.

Amounts distributed	1968	1967	1966	1965	1964
National dried milk ..	27,908	33,250	40,147	48,774	59,031
Orange juice ..	48,243	54,149	54,703	53,198	48,757
Cod liver oil	3,934	4,175	4,202	4,484	4,160
Vitamin tablets ..	3,436	3,838	4,176	4,878	5,636

The Social Problem Group

The co-ordinating committee of statutory and voluntary social services established to consider problem families, met on 24 occasions during the year, when 134 case conferences took place on 105 families. 60 of these came under consideration for the first time. Of the latter group, referrals were as follows:

Department of Health and Social Security	2
Education Department	3
Health Department	3
Housing Department	4
Rent Office	29
Medical Social Workers	1
N.S.P.C.C.	6
Probation Department	5
School Health Department	1
S.S.A.F.A.	1
Children's Department	5

In addition, the health department's social workers continued to give regular supervision and support to six families, which came to the attention of the local authority for the first time in 1967, with referrals to appropriate agencies for material help when necessary. Arrangements were made for two mothers to have a period of convalescence at Mablethorpe, from which they have benefited. The family of one mother was received into care when the mother was admitted to hospital. The children of another family were received into care whilst the mother underwent a four month period of training at the Elizabeth Fry Memorial Home in York.

The following brief case notes illustrate typical day-to-day problem families referred to the health department's social workers. They also show the close liaison that exists between other Corporation services.

Case I

Mother aged 31 was deserted by her husband when living in Canada and was left to cope with the upbringing of eight children. She returned to this country where she has found considerable strain in dealing with this problem. The elder children are showing signs of disturbance. This case was referred by the children's department for convalescence and continuing supportive visiting has been necessary.

Case II

Mother aged 29 with four children had divorced her husband for sexual malpractices. She was unable to cope with her four children and was continually in debt. This case was referred by the children's department for supervision. The two eldest children were admitted to care while the mother, with the two younger children, went to the Elizabeth Fry Memorial Home at York for a four month training period, from which she has benefited.

Case III

Mother aged 20 and the mother of five illegitimate children was referred by children's department for supervision. Mother was continually in debt and the home standards were extremely poor. Different boyfriends live with her, and the children showed signs of neglect and disturbance. Supportive visiting and supervision have helped in keeping the home together, and the situation has improved considerably.

Case IV

Father aged 35 and son aged 7 years were admitted to Ransom Hospital for treatment for pulmonary tuberculosis. Mother was left to cope with three young daughters. After the discharge from Ransom of father and son, considerable matrimonial trouble developed between the parents. The son's siblings have grown jealous of the attention given to him whilst he was ill, and the home situation is demanding careful supervision.

Case V

Mother aged 24 and with four illegitimate children developed terminal cancer of the colon. She was unaware of the nature of her complaint and struggled to keep her home going till two months before her death. In this she needed continual help, both material and emotional. After her death the children were taken into the care of the local authority.

Case VI

Mother aged 28 was admitted to Ransom Hospital for treatment for pulmonary tuberculosis. She was adamant that her two children must not go into care, with the result that father gave up his well-paid job to look after them. Father was completely unused to the task of caring for the children and to domestic chores, and needed constant encouragement and support to continue this over a period of four months.

Case VII

Father aged 35 became ill with terminal cancer of the lung. His prognosis was extremely bad, and both he and his wife were adamant that he should be nursed at home. Because of the constant attention given to their father by their mother, and other relatives, the three teenage children showed signs of disturbance, made manifest both in school and at home. The mother felt guilty over this, which upset the father, and the situation has required frequent and regular supportive visiting and material help.

Case VIII

Mother aged 26 and the mother of six children under the age of 7 years, was referred by Family Planning Clinic for a period of convalescence. Matrimonial tensions had resulted from mother's ill-health and tiredness. Mother benefitted from convalescence and supportive visiting was continued for a time until the home circumstances improved.

Case IX

Father aged 39 was admitted to Harlow Wood Hospital with T.B. knee. Mother, to whom he is not legally married, has one child aged 16 by a former association and two children aged 6 and 5 years by this liaison. This Jamaican family referred by the medical social worker of Harlow Wood Hospital live in one room on the first floor of a terraced house. It is hoped that this family will shortly be rehoused.

Case X

Mother aged 29 who had three children, was admitted to Ransom Hospital for treatment for pulmonary tuberculosis. She was deserted by her husband at the time of her admission. The three children were also admitted to Ransom Hospital and on their discharge after ten months, constant supervision was essential to get this family on their feet, and to cope with debts incurred by the husband prior to his desertion. The two elder children are showing marked signs of disturbances.

Establishments for Massage or Special Treatment

Under the Corporation Act, 1952, 14 establishments had their licences renewed and during the year two new establishments were licensed to operate.

Nursing Agencies

Two nursing agencies in the city had their licences renewed at the end of the year and like all nursing services continued to experience difficulty in recruiting suitably qualified personnel.

Nursing Homes

Two nursing homes registered with the Corporation provided between them 37 beds for medical and geriatric cases and were regularly inspected by one of the senior medical officers. One nursing home closed during the year.

DENTAL SERVICES

BY

NORMAN H. WHITEHOUSE, B.Ch.D., L.D.S.
Chief Dental Officer

During 1968 there was a slight increase in the volume of treatment given though fewer patients were referred to the local authority dental service.

There was a further fall in the demand for treatment by expectant and nursing mothers, a reflection of a national trend due to the numbers of these patients who are now receiving regular treatment from General Dental Practitioners.

It is obvious from the relevant statistics that the introduction to dentistry for the majority of pre-school children is still via emergency extractions; surely a sad beginning to a lifetime of dental treatment. However, during 1968, two dental auxiliaries joined our staff, during whose training great emphasis is placed on treatment of the very young and on dental health education. I hope that these girls, by attending infant and toddler clinics at welfare centres during 1969, can begin the unenviable but vital task of persuading mothers and mothers-to-be of the importance of seeking dental advice, both for themselves and for their children. We must consider these sessions as the simple beginnings of a long term plan to improve the attitude of the general public towards dentistry, and to persuade them to consider a healthy mouth to be an integral part of a healthy body.

The autumn of 1969 will see the opening of two new dental surgeries in the health centre at Hyson Green. The provision of these surgeries and others which are planned in the next few years will do much to extend the dental service available. The standard of equipment in the new buildings will, of course, be very high and I hope will prove an attraction to professional staff in the future.

A copy of the information sent to the Department of Health and Social Security on Form L.H.S. 27/7 is set out in the following table.

Part A—Attendances and Treatment

	Children 0–4 (incl.)		*Expectant and nursing mothers*	
	1968	1967	**1968**	1967
Number of visits for treatment during year:				
First visit	**323**	252	**93**	114
Subsequent visits	**68**	37	**143**	198
Total Visits	**391**	289	**236**	312
Number of additional courses of treatment other than the first course commenced during the year ..	**2**	4	**2**	4
Treatment provided during the year:				
Number of fillings	**19**	23	**47**	106
Teeth filled	**19**	20	**45**	99
Teeth extracted	**621**	554	**246**	247
General anaesthetics given ..	**307**	240	**81**	75
Emergency visits by patients ..	**301**	166	**64**	31
Patients x-rayed	**3**	1	**11**	5
Patients treated for scaling and/or removal of stains from the teeth (Prophylaxis)	**5**	—	**22**	41
Teeth otherwise conserved ..	**1**	2	—	—
Teeth root filled	—	—	—	—
Inlays	—	—	—	—
Crowns	—	—	—	—
Number of courses of treatment completed during the year ..	**108**	132	**46**	58

Part B—Prosthetics

	1968	1967
Patients supplied with full upper or full lower (first time)	**8**	11
Patients supplied with other dentures	**12**	21
Number of dentures supplied ..	**25**	45

Part C—Anaesthetics

	1968	1967
General anaesthetics administered by dental officers	**44**	12

Part D—Inspections

	Children 0–4 (incl.)		*Expectant and nursing mothers*	
	1968	1967	**1968**	1967
Number of patients given first inspections during year	**120**	148	**23**	24
Number of patients who required treatment	**114**	113	**23**	23
Number of patients who were offered treatment	**113**	113	**23**	23

PART E—SESSIONS

	1968	1967
Number of dental officer sessions: (equivalent complete half-days) devoted to maternity and child welfare patients:		
For treatment	**50**	**53**
For health education	—	—

A comparison of absenteeism in dental attendances is also shown.

	Children 0–4 (incl.)		*Expectant and nursing mothers*	
	1968	1967	**1968**	1967
Appointments made	**436**	327	**281**	378
Absences without prior notification ..	**45**	38	**45**	66
Percentage absentee rate	**10.3%**	11.6%	**16%**	17.5%

MENTAL HEALTH—DENTAL CARE

Figures in brackets refer to the year 1967.

During the year 20 (16) patients presented for advice or treatment, of whom 15 (14) were treated. 26 (25) appointments were given, of which 22 (18) were kept. 23 (17) temporary teeth were extracted and 14 (9) permanent teeth were extracted, 14 (11) general anaesthetics being given.

MIDWIFERY SERVICES

BY

MISS ROSALEEN E. M. LAVELLE, S.R.N., S.C.M., Q.N.
Non-Medical Supervisor of Midwives

STAFF

There were many changes in the staff of the Midwifery Service during 1968.

In January, after 7½ years in Nottingham, Miss P. J. Lambert, the non-medical supervisor of midwives was appointed to a senior nursing officer's post in Sussex county. During her period of office she greatly enhanced the service with her enthusiasm and modern approach to domiciliary midwifery. I would like to record our appreciation of her leadership and loyalty to the midwives of the City.

Also during the year, two midwives retired, one part-time and seven full-time members left for various reasons—to take other posts, for further advanced training or for family reasons. One full-time midwife changed to part-time duties, and two part-time midwives commenced full-time duties. One full-time midwife was appointed in October. An assistant supervisor of midwives was appointed in November, and it was anticipated she would commence duty at the end of January, 1969. At the end of the year, the staff consisted of one supervisor, thirty-three full-time midwives and nine employed on a part-time basis. Three of the full-time midwives specialised in the care of premature babies.

Sickness increased to a total of 679 days, compared with 440 days in 1967, two midwives were granted maternity leave, and one granted three months leave of absence to nurse her elderly father.

STATISTICS

During the year, midwives attended 2,047 confinements, compared with 2,217 in 1967. General medical practitioners were booked for 1,985 of these confinements, compared with 2,123 in 1967, and were present at the delivery of 115 cases, compared with 149 in 1967.

Midwives' ante-natal clinics were held weekly at ten health centres and welfare clinics. There were 14,079 attendances at 576 sessions, compared with 14,116 attendances at 554 sessions in 1967. Relaxation and mothercraft classes continued to be held at eight centres. These classes are appreciated by all concerned, and are arranged to suit the individual needs of expectant mothers. The majority of mothers who do attend these classes are due for confinement at home, although cases booked for hospital confinement do attend if there is adequate room. Altogether, 808 mothers attended a total of 414 classes, compared with 618 attending 528 classes in 1967.

Midwives continued to assist four general practitioners at ante-natal sessions held at their own surgeries.

The following is a summary of the visits made by midwives during 1968 compared with 1967:

	1968	1967
Home visits during the ante-natal period ..	14,029	16,420
Home visits during the post-natal period ..	40,391	41,886
Social emergency investigations	778	810
Other visits, mainly mothers booked for hospital delivery and early discharge	9,905	9,550
Visits to mothers confined in hospital and discharged home before the 10th day	1,801	1,853

Medical Aid Calls

There were 1,466 calls to doctors, of which 1,379 were to their own booked cases, and 87 were made under the Emergency Medical Services, including the Emergency Treatment Service. In 1967, there were 1,463 calls to doctors, of which 1,358 were their own booked cases and 105 were made under the Emergency Medical Services, including the Emergency Treatment Service. The reasons and numbers are as follows:

	1968	1967
Ruptured perineum	685	700
Prolonged labour	84	85
Foetal distress	74	75
Ante-partum haemorrhage ..	52	56
Premature labour	47	42
Other reasons	524	505

Maternity Emergency Service

There was an increase in the calls to the mobile obstetric unit based at the City Hospital. 27 calls were made during the year, compared with 21 during 1967.

Use of the Obstetric Unit

	1968	1967
Post-partum haemorrhage, primary	2	6
with shock	—	1
Retained placenta	21	12
,, ,, and post-partum haemorrhage ..	—	1
,, ,, ,, delay in second stage ..	1	—
Ante-partum haemorrhage	2	—
Malpresentation	1	—
Foetal distress	—	1
Total	27	21

Domiciliary Care of Premature Babies

This service was continued during 1968 and fewer premature babies were born at home, due, no doubt, to the improved selection of mothers for hospital confinement. On the 1st April, 1968, the extension to the Special Care Baby Unit at the City Hospital was

opened, providing 24 cots instead of 16. It is now possible for all babies weighing five pounds or under at birth to be cared for in this unit until they are making satisfactory progress and can be discharged to the care of the domiciliary staff. The following is a comparison of the figures for 1967 and 1968:

	1968	1967
Premature babies born at home..	55	116
Subsequently removed to hospital	38	33
Discharged from hospital for domiciliary care ..	282	241
Visits paid during the year	4,416	3,085

Transport Facilities

Thirty-three midwives were classified as essential car users, and nine part-time midwives as casual car users. Arrangements were continued for all student midwives to hire taxis to and from confinements. These facilities are essential, and appreciated by all concerned.

Central Sterile Supply

In co-operation with the occupational centre and the General Hospital, the supply of sterile packs, containing necessary equipment for a confinement, is continued. This scheme works quite smoothly and is a great help to the midwives.

Central Telephone System

In co-operation with the ambulance personnel, arrangements are made for transmitting calls to midwives by radio-telecommunication, or by telephone, throughout twenty-four hours. This service is invaluable and appreciated by the staff, the mothers and their relatives. The days of 'frantically looking for a midwife' have rapidly faded into the past.

Night Rota Scheme

This scheme continues to work well with five or six midwives 'on call' between 6.00 p.m. and 8.00 a.m., averaging six nights on call in 28 days, and three nights out during the same period. If called out during the night, the midwives are off-duty until 2.00 p.m. the following day. This scheme is satisfactory and made possible because the midwives help each other, working in groups of eight, and with the help of part-time staff.

Post-Graduate Courses

The supervisor of midwives and eight other midwives attended statutory courses, and two attended parentcraft courses during the year.

In a statement dated 1st June, 1968, the Central Midwives' Board authorised midwives to perform episiotomy operations under local anaesthesia where medical aid was not immediately available. Arrangements were made with the No. 2 Hospital Management

Committee for the midwives to receive appropriate training at the City Hospital. Supplies of local anaesthesia are available for midwives who make full use of their training in this respect.

A joint course of instruction in relaxation exercises for expectant mothers was arranged in July, 1968, at the City Hospital, for both hospital and domiciliary midwives. Eight city midwives attended four sessions.

In association with the Firs Maternity Hospital, 13 approved district teaching midwives assisted in the training of 34 student midwives in preparation for the certificate of State Certified Midwife. During the year, 46 student nurses from the General, the City and the Children's Hospitals made visits with the midwives as part of their training. In compliance with the Certificate of General Nursing of the General Nursing Council for England and Wales, 1962, 10 students undergoing three months' obstetric training spent two days with a midwife, so as to give them an insight into the work involved.

DISTRIBUTION OF PRACTISING MIDWIVES AT THE END OF THE YEAR

	1968	1967
Domiciliary Service ..	43	51
City Hospital	37	37
Firs Maternity Hospital ..	15	15
Women's Hospital ..	33	28
Highbury Hospital ..	18	12

HEALTH VISITING

BY

Miss Marjorie Edwards, S.R.N., S.C.M., S.R.F.N., H.V.,
P.H.N. Admin. Cert.
Superintendent Nursing Officer

The health visitor in other countries is more often spoken of as the public health nurse. An international definition states 'that public health nursing is a special field of nursing which combines the skills of nursing, public health, and some phases of social assistance. It functions as part of the total health programme for the promotion of health, the improvement of conditions in the social and physical environment, rehabilitation and the prevention of illness and disability'. In Britain the Council for the Training of Health Visitors takes the view that a health visitor is a state registered nurse with post-registration nursing qualifications in midwifery and social medicine who provides a continuing service to families and individuals in the community. She has developed skills and knowledge particular to her work and these are drawn from her nursing background and from the additional preparation in her health visitor course. Her work has five main aspects, namely:—The prevention of mental, physical and emotional ill health and its consequences; early detection of ill health and the surveillance of high risk groups; recognition and identification of need and mobilisation of appropriate resources where necessary; health teaching; and provision of care. This will include support during periods of stress, and advice and guidance in cases of illness as well as in the care and management of children.

Home Visits

Although the staffing position had deteriorated, the number of home visits made by health visitors increased from 105,838 in 1967 to 116,962 in 1968. This was due to the re-organisation of welfare centres involving a reduction in the number of clinic sessions which had not been offset by the opening of two new centres.

Details of visits are given in the Table on page 102. The health visitors continued to pay special attention in their visiting of children 'at risk' and those on the register of handicapped children reported on pages 32 and 33.

Staff

As a result of the retirement of the supervisor of day nurseries on grounds of ill-health, and pending re-organisation of the administration of the nursing services, one centre superintendent was seconded to cover the nursery service. She, in turn, resigned in November to take up an administrative post with another authority, with the result that arrangements had to be made for a senior health visitor to supervise the day nurseries.

The deputy superintendent health visitor attended a three months' course in Public Health Administration at the Royal College of

Nursing, London and was successful in obtaining the certificate. Three health visitors joined the staff from the Nottingham school (session 1967/68), one part-time staff was recruited and one part-time health visitor joined the staff on a full-time basis. A second centre superintendent resigned to take up an administrative appointment with another authority while two full-time and one part-time health visitors resigned so that, at the end of the year, there remained 30 full-time health visitors, including 4 centre superintendents and 4 fieldwork instructors, together with 3 health visitors employed on a part-time basis. As in previous years, clinic nurses assisted at ante-natal, midwives', infant welfare and cervical cytology clinics.

Sickness amongst staff accounted for the loss of 261 working days, mainly due to conditions associated with influenza and bronchitis, an increase of 46 on the previous year and the equivalent of more than a whole year's work of one member of staff.

Transport

Twenty-one health visitors were entitled to allowances as essential car users, the remainder made use of public transport.

Refresher Courses

One health visitor attended a field work instructors' training course at Southlands College, London, and another the autumn school at Elliott College, Canterbury; both of which were arranged by the Health Visitors' Association. It was necessary to defer six courses, including four to part II fieldwork instructors' training courses, owing to financial stringencies. Similarly no conferences were attended during the year by any members of staff.

Ascertainment of Deafness in Pre-School Children

Screening tests were carried out by health visitors on a total of 3,122 children, compared with 2,583 in the previous year. Of the total, 321 (10.3 per cent) were regarded as being at special risk, compared with 239 (9.3 per cent) the previous year.

Fourteen children were referred for further investigation of unsatisfactory responses; of these seven were considered to have normal hearing, one removed from the city, two were found to have some significant hearing loss and the remaining four were still under consideration at the end of the year.

Phenylketonuria

During 1968 a total of 5,991 children were screened for Phenylketonuria by the Phenistix urine test, and no positive results were found. If arrangements could be made for the Guthrie (heel stab) blood test to be carried out by midwives in hospital or on the district before babies are referred to the health visitors at 10 days, this test might give more refined and quicker results.

Co-operation with General Practitioners

Although no formal arrangements were made for the attachment of health visitors to general practices, there was a good general

working relationship and many requests continued to be received from family doctors for the assistance of health visitors on a case-to-case basis. One health visitor continued to conduct mothercraft classes at the ante-natal clinic of a group practice until early in the year when this was temporarily suspended.

Co-operation with Hospitals

Health visitors went to the Firs Maternity Hospital to give talks to expectant mothers at relaxation clinics and the City Hospital post-natal clinic. Other visits were paid to the Children's Hospital to discuss aftercare of children being discharged, and both the General and City Hospitals for consultation on the domiciliary supervision of diabetics. The medical social workers were also consulted regarding problems of community health and unmarried mothers. Through this relationship many requests for community health services for patients discharged from hospitals were received and referred to the health visitors in the field.

Co-ordination with other Bodies

The superintendent nursing officer serves on the Area Nurse Training Committee for the Sheffield Regional Hospital Board and the Family Welfare and Executive Committee of the Nottingham Council of Social Service. Health visitors attend the co-ordinating committee on social problem families, and attend meetings of the community groups in several areas of the City. Close co-operation is maintained with statutory and voluntary bodies concerned with family welfare and community health.

Visitors to the Department

Visits to welfare centres, health centres and to individual homes with health visitors were arranged for 389 students from the Nottingham and Nottinghamshire Joint Training Course for Health Visitors, home nurses studying for admission to the Queen's Roll, student nurses from the General, City and Children's Hospitals and pupil nurses from Highbury Hospital. Visitors also came from Nottingham University, Nottingham Regional College of Technology, Nottingham Nursery Nurses' College, Ewell County Technical College, Surrey, and various secondary modern schools within the city.

Welfare Centres

The Bestwood Park Health Centre was completed by the beginning of October 1968. This is the second of a number planned, and provides for a population of approximately 16,000 in the north of the city. The welfare part of the centre came into use on Monday 14th October, and provides a child health clinic and a midwives' booking clinic combined with classes for instruction on relaxation exercises for expectant mothers. These were held once a week. It was expected that the four general practitioner suites would be occupied on 1st January 1969.

A weekly child health clinic was also opened at the Mapperley Community Centre on Wednesday, 16th October.

Towards the end of July 1968 building commenced in Hyson Green of the City's third health centre, to serve a population of approximately 23,000. The centre is planned for twelve general practitioners with dual arrangements for local authority use. Provision is also made for one local authority dental suite. (More detailed information on Health Centres is given on page 24.) A nurses' hostel providing accommodation for two teaching midwives and twelve pupil midwives or nurses is also being built adjacent to the health centre.

Infant clinics were attended by 64.6 per cent of babies born in 1968, an increase of 3.3 per cent on 1967. This could be the result of an increase in the number of health visiting sessions referred to in the section on home visits on page 45. At the end of the year, there were 15 child health sessions derived from the merging of infant and toddler sessions, 14 weekly infant welfare and 5 toddler sessions, at the 14 welfare centres. Total attendances at child health sessions showed a decrease of 0.4 per cent compared with the previous year reflecting the reduction in the number of toddler sessions.

Ante-Natal Clinics

An increasing number of general practitioner obstetricians looked after their patients who were expectant mothers. Because of the consequent decrease in attendances at the local authority's ante-natal clinics, it became necessary to re-plan them. As from 22nd April 1968, ante-natal sessions were discontinued at Hyson Green and Bilborough and reduced to once a month instead of weekly at the Ernest Purser and Aspley Centres and twice monthly at John Ryle Health Centre and Basford, Bulwell, Edwards Lane and Sherwood Rise Welfare Centres.

Consultant Clinics

The consultant paediatrician attended the Ernest Purser Welfare Centre weekly and saw 40 new cases in a total of 158 consultations. Full details of attendances at Welfare Centres are given in the table on page 103.

Tuberculosis and B.C.G. Vaccination

The Chest Centre at Forest Dene is staffed by a senior tuberculosis visitor and 3 tuberculosis visitors. An attempt has been made to integrate tuberculosis visiting with general health visiting for two sessions weekly, but owing to shortage of staff it has not been possible to develop this further. The equivalent of 61 working days were lost through sickness of tuberculosis visiting staff, mainly due to the chronic ill-health of one of the visitors.

During the year, 4,269 home visits were made by tuberculosis visitors to 919 tuberculous households, including all newly notified cases. Advice is given on care and social services. Arrangements were made for the examination of contacts at special sessions at the Chest Centre. Heaf testing was performed on 493 new child contacts, and 336 (including new-born infants) were vaccinated. By arrangement between the Chest Physician and the School Health Service,

891 school child contacts were Heaf tested and chest X-rayed where appropriate. All families involved were kept under constant supervision with the close co-operation of general practitioners and health visitors.

The number of respiratory cases on the register for the city declined by 42, from 1,500 in 1967 to 1,458 in 1968, but the number of non-respiratory cases remained the same at 161, as in 1967. The total attendances at the chest centre increased from 9,584 in 1967 to 10,783 in 1968. The amount of time devoted to other chest conditions increased as general practitioners referred more patients with non-tuberculous conditions for X-ray and investigation. These attendances increased from 4,720 in 1967 to 6,249 in 1968.

The clinical work at the Chest Centre necessitated 967 attendances by the tuberculosis visitors.

Accidents in the Home

It is, perhaps, not generally realised how many deaths and permanent disabilities are the result of preventable accidents in the home. Health visitors pay special attention to this aspect of health education both in talks at the Centres and individually in the home. Young children and old people over 65 years of age are particularly vulnerable, especially at times of increased hazard in the winter months when care is required to prevent fire risks and others attributed to the elements. At the initial visit to homes the need for fireguards is always emphasized.

Congenital Abnormalties of Children

Information for the register of 'Children at Risk' is extracted from the birth notification made by the midwife who delivered the baby whether born at home or in hospital, and thereafter the health visitor follows up and makes progress reports at six monthly intervals. Any child with a suspected abnormality is also reported to the Senior Medical Officer (Maternity and Child Health) see page 32.

Care of the Aged

The problems affecting this group are ever increasing and day to day requests, often by telephone, are made for help in connection with old people in need. Where hospital admission is necessary reference to the hospital is made by the general practitioner and assessment of priority by the home nursing department. On discharge from hospital, follow up reports are made by the health visitor on request. In the prevention of deterioration and in cases of illness, assistance is arranged by health visitors for home help through the home help organiser and for 'meals on wheels' by the W.R.V.S. who also assist with clothing when required. Following illness and sometimes after the loss of a partner, and with the co-operation of the general practitioner, it is possible to arrange for convalescence through the social workers. An increasing amount of correspondence

has taken place during the year between the department and relatives, occasionally in other parts of the country, who have been anxious about their old people living alone.

Considerable help has been received from the Department of Health and Social Security for the supply of bedding, clothing and shoes, etc.

During the year close co-operation has been maintained with Sherwood Hospital in caring for the aged. There is a pressing need for beds available for elderly persons living alone whose condition shows signs of slow deterioration, and also for short stay periods to relieve families who are willing to care for their aged relatives.

Health Education

Mothercraft talks have been held regularly in conjunction with relaxation classes for expectant mothers, and consist of a joint programme arranged by health visitors and midwives. These classes were very much appreciated by the mothers and took place at 8 centres. Throughout the year a total of 505 mothers attended health education sessions.

The deputy superintendent health visitor and other senior health visitors give talks to various groups e.g. Townswomen's Guilds, Old People's Clubs, Church groups, etc., and the majority were given in the evening.

National Survey of Health and Development

In November, health visitors assisted in the completion of a national survey questionnaire from the Medical Research Council Unit at the London School of Economics. This survey initiated in the first week in March 1946 concerned young people born during that week who have now reached the age of twenty-two years and who had not replied to a postal questionnaire.

Ministry of Health (now Department of Health and Social Security) Nutrition Survey of Pre-School Children

This survey was started in 1967 with the field work arrangements carried out by the British Market Research Bureau. Several times during the year health visitors took part by completing questionnaires for field work and making appointments for defaulters of dental examinations connected with the survey.

In-Service Training

A two day course of training in the conduct of hearing tests was held in January. Ten health visitors and four clinic nurses attended and all were approved. This made more staff available for this important screening work and was responsible for the increase in the number of tests made. All health visitors were given the opportunity to see previews of films related to their work.

Care of Premature Infants

All premature infants born in the city are cared for by the special premature baby midwives and are passed on to the health visitors when they are at least six pounds in weight and making normal progress. Further details given on page 42.

Health Visitor's Training Course

As in previous years, the Nottingham and Nottinghamshire health visitor training course took place in the Adult Education Centre, Shakespeare Street; the tutor being Miss D. T. Hogg, S.R.N., S.C.M., H.V. All fifteen candidates who took the examination for the health visitor's certificate in 1968 were successful. Four students were sponsored by the City of Nottingham, five by Nottinghamshire County Council and six by other authorities. The superintendent nursing officer took part in the lecture programme and as in previous years was the internal examiner for the qualifying examination.

In October 1968 seventeen students joined the 1968/69 course. Five were sponsored by the City of Nottingham, four by Nottinghamshire County Council and eight by other authorities.

Other Training Courses

The superintendent nursing officer, deputy superintendent health visitor and other senior health visitors gave lectures to the hospital nursing students at the general hospital training schools in the City and to the home nursing service. Co-operation continued with training of nursery nurses at the Waverley College.

Day Nurseries

There are seven day nurseries in Nottingham offering 269 places which take children aged two months to five years from a variety of home backgrounds. With the exception of Queen's Drive the nurseries are approved for training of nursery students.

Priority is given for admission to working mothers who have the sole support of the family or for temporary periods when the mother is ill. Occasionally a handicapped child is referred on medical or social grounds. A small number of children from unsatisfactory or unstable homes are recommended by the Children's Officer, health visitors, or social workers. They benefit from the security of the regular routine of the nursery and the social contact with other children.

All nurseries are open from 7.30 a.m. to 6.0 p.m., Monday to Friday inclusive, and arrangements are made for children to have breakfast, lunch and tea. The children are cared for by trained staff and are regularly visited by a doctor. New admissions receive a complete medical examination. There are regular follow-up examinations when advice is given on any particular medical problem. Total attendances for the year were 51,946 and the average daily attendance was 227, details of which are given in the table on page 104.

During 1968 fluctuations were noted in the reasons for admission to nurseries. There was a reduction from 62% to 58% where the parent was the sole bread winner. Instances of insufficient family income rose from 13% to 19%. There was an increase in professionals (e.g. nurse or teacher) using the nurseries, from 10% to 15%. Instances of bad housing conditions fell from 5% to 2%.

There were no changes in nursery charges which remained at the maximum daily charge of 8s. 0d., and the minimum daily rate of 1s. 9d. Reduced charges according to means were granted to 101 cases of hardship.

Infectious Disease

No important episodes of infectious disease occurred during the year, and for the second year in succession no cases of sonne dysentery were reported.

Staff

There was a substantial rise in the turnover of staff. The number of vacancies practically doubled to reach nineteen during the year. Nine were filled in September by the appointment of newly qualified nursery nurses. For the period of national and local financial stringency the nursery staff were reduced by four. During 1968, 256 working days were lost through sickness, mainly due to influenza and bronchitis, which was just over the equivalent of one full time member of staff.

A pilot experiment in family grouping, with two staff caring for twelve children with an age range of six weeks to five years, was started at Queen's Drive day nursery early in the year.

Training

16 students commenced the two year training course for nursery nurses in September 1968. The number of final year students was reduced, by the withdrawal of one to leave 15 for the remainder of the course. All were successful in their final examinations.

During the year thirty visits were made to nurseries by various interested students and professional groups.

Nurseries and Child Minders (Regulations) Act 1948 (Amended)

Section 60 of the Health Services and Public Health Act 1968 which came into effect on 1st November 1968 made the following amendments to the 1948 Act. It became compulsory for the registration of all premises and persons who received children in their homes for reward under the age of five to whom they were not related, for a total of two hours or more in the day, or for any period not exceeding six days. At the same time the maximum fine for a first offence was raised to £50 and the penalty for a subsequent offence to imprisonment of up to three months, a fine not exceeding

£100, or both. A period of grace until 30th January 1969 was allowed, after which defaulters would be liable for the increased penalties. There was a good deal of publicity on this subject by press announcements and notices exhibited in health centres and clinics. As a result there were many enquiries and discussions mainly with health visitors. In December 1968 twelve applications for child minding were received. An evaluation of these new regulations will be given in the annual report for 1969.

In the months preceding the change in the regulations, no applications were received for registration of daily minders. Five pre-school play-groups were registered during this period.

At the end of the year, three child minders, three private nurseries, one hospital nursery, and sixteen pre-school play groups were registered and will no doubt continue to play their part until such time as a national system of nursery schools becomes available. A total of 558 children were thus provided with some sort of day care, full or part-time.

Urban Aid

It was in October 1968 that local authorities were informed in a joint circular from the Home Office (circular 225/68) Department of Education and Science (circular 19/68) and Ministry of Health (circular 35/68) that it had been decided to give extra financial aid to those areas with the highest immigrant and other problems. Nottingham was one of the authorities so selected. The categories included expansion or improvement of day nursery care and in this connection proposals for two day nurseries have been submitted to the Department of Health and Social Security.

Co-ordination of the Nursing Services

Re-organisation involving the nursing services at administrative and field level has been under discussion for many years. The planned growth of health centres and participation of general practitioners accompanied by decentralisation of staff will influence future developments. The health visitors look forward to closer co-operation as members of community health teams based on health centres. It is anticipated that there will be a smoother running of the service and as a result—a benefit to the community. It is also hoped that the introduction of the new local authority consultation record cards for children aged 0-5 years will complement the medical record of the general practitioner.

HOME NURSING SERVICE

BY

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

Despite a decrease in establishment of staff during 1968 every effort was made to effect priorities. Although some time had been saved by the use of pre-sterilised equipment—syringes, instruments and dressings—it only partly offset the additional time used in travelling. Congested traffic delays, and mileage increased by the distance many of the staff now travel from home to district, due in part to fewer nurses available for allocation to near home areas, as staff purchased houses on the periphery of the City, have all contributed to the problems experienced during the year. The result of the extended summer time also proved a further hazard, not only by difficulty in travelling in the morning darkness over a longer period, but also many households awaking later, delayed the starting time of the day, necessitating a reduction of the already reduced lunch break in order to regain the lost time. Apart from the fact that employment of a high percentage of married nurses with domestic responsibilities necessitated early evening return home, similarly households with families returning home in the evening in some instances found late visits of the nursing sisters inconvenient.

Social and domestic problems of aged persons who were visited continued to be a cause for concern in spite of numerous 'care groups' who tried to find domestic assistance for elderly housebound persons living alone. Continuous supportive care available from the Home Nursing Service could have prevented some of the social breakdown. Comparative details of the work over the past 7 years appear in the table on page 105.

Due to co-operative response, loyalty, good liaison, and team work by all sections of the health department, home nursing staff and family doctors, the move from Regent Street to Radford Boulevard affected the service little. The accommodation itself proved to be more inadequate than Regent Street premises. Experience of the deficiencies and inconveniences, however, can be usefully used when consideration is given to permanent accommodation. Insufficient satisfactory space for storage of increasing bulk of disposable equipment, the inadequate size of the lecture room which—with all other rooms at the front of the building—is further aggravated by traffic noises and vibrations, reduced the use made of these rooms, causing overcrowding in the other rooms. The essential 24-hour telephone service was maintained by transfer of calls to the administrative staff during the closure of the office. The family doctors responded to the new arrangement, making it possible to continue a service greatly appreciated by those who received it, despite the economic restraint.

Continued use of disposable incontinence pads and incontinence garments, greatly appreciated by users and home nursing staff, were

of necessity restricted to very essential users and due to many persons qualifying for this help—priorities proved difficult—assessment being made in the first instance by the administrative staff. The provision of pads assisted in the care by relatives of patients who in many circumstances would qualify for 24-hour hospital care, but for various reasons, including the desire of patients and relatives for home care as well as difficulty in obtaining hospital accommodation, were nursed at home. The value of this help was greatly assisted by collection of soiled pads for central disposal.

Equipment on loan showed considerable increase: 303 commodes, 105 wheel chairs, 65 beds and 99 mattresses. There was a speeding up in the turn over of these articles by the response of users to suggestion of immediate return when out of use. Direct contact with the users by the nursing staff chiefly accounted for the improved attitude. More improvisation and encouragement to relatives to purchase small equipment resulted in reduction of minor items on loan. Details appear in the table on page 106.

Liaison with hospitals was extended to Lodge Moor Hospital, Sheffield. A beneficial visit was made to the hospital by one of the administrative staff. Visits were paid to all local hospitals as necessary and a happy relationship is engendered between different branches of the National Health Service.

The sitter-in care provided by the local authority and the day and night service provided by the Marie Curie Memorial Foundation increased during the year 1968, by:

	Hours worked	*Expenditure*
Local Authority	300	£99
Marie Curie Memorial Foundation ..	144	£20

The Marie Curie Memorial Foundation Committee permitted expenditure for three persons to be admitted to a nursing home for terminal care. This method of care proved to be cheaper than continuous day and night care at home. One patient was admitted to a Marie Curie Memorial Foundation Home in Birmingham, arrangements made for similar admission of other patients was unsuccessful the travelling distance being too great for patients with terminal conditions. Funds available for immediate use provided small essentials of extra diet or personal equipment for some patients with immediate needs.

Staff

11 appointments were made, 9 nurses resigned and 2 retired. Leave of absence for sickness amounted to 838 days, maternity leave to 108 days, and compassionate leave 227 days. This leave of absence is equivalent to 4½ nurses.

Transport

46 nurses were eligible for car allowances for their own cars as either essential or casual users. 12 scooters and 1 mini van were provided by the Corporation for the use of nurses and 7 nurses

claimed allowances for using their own scooters. In addition to this 6 nurses used their own cars without an allowance.

Training

8 nurses commenced training during 1968 and in addition 2 nurses from Derby County Borough and 5 nurses from Derbyshire County were sponsored for training by their respective authorities. 6 nurses were successful in the examination in January 1968 for the National Certificate of the Ministry of Health.

Refresher Courses

3 nurses attended a 1 week course held by the Queen's Institute of District Nursing at London University. Shortage of staff prevented more nurses attending.

Administration Secondment

Mrs. M. Hogan, Senior Assistant Superintendent, was successful in the examination at the end of the Health Visitors' Training Course and returned to home nursing duties in October.

PREVENTION OF ILLNESS

Care and After-care

Under Section 28 of the National Health Service Act, 1946, provision has been made for a variety of care and after-care services in the case of illness and for the care of the elderly.

Care of Older People

With the increasing number of elderly people in the community inevitably the demands made on the Home Nursing Service and the Home Help Service increased. The most difficult problems were presented by those who had no-one to care for them, the feeble and the confused.

On the recommendation of the family doctors suitable patients were admitted to Sherwood Hospital by arrangement with the geriatric physician, thus providing a welcome period of relief to an over-burdened family.

During the year 231 elderly patients were admitted to the joint Assessment and Early Treatment Unit at St. Francis Hospital for accurate diagnosis, as compared with 175 last year.

Health visitors continued selective visiting of the elderly in collaboration with a growing number of voluntary organisations, a service much appreciated by those who were unable to go out.

Voluntary Services

The Women's Royal Voluntary Service provided hot meals twice weekly during the year. Including those supplied to the occupation centre of the Welfare Services Department approximately 52,650 meals were distributed, an increase of 3,500 over 1967. A further 2 luncheon clubs were opened, making a total of 13 throughout the city and approximately 14,000 meals were supplied to these clubs. Twenty-five members of the service visited thirty-two elderly persons at home and visits were also made to those resident in hospital.

Nuffield House

Over the past 14 years since its inception Nuffield House has grown into a rather special community, largely due to the active part taken by the old people themselves in the life of the club. Besides being busily occupied with various handicrafts, they take every opportunity of helping each other. At Nuffield House they can enjoy companionship of contemporaries which is often lacking in a wider community.

Attendance

The average daily attendance throughout the year was 39, the original provision being 40 places. There were 57 new members admitted, of whom 42 were women and 15 men. The number of members on the register at the end of the year was 92. Of new

admissions, 5 came for less than 1 week, 2 were admitted to hospital and did not return to Nuffield House on discharge, 2 were admitted to residential accommodation, 3 were admitted to a geriatric hospital, while 4 went into hospital and returned to Nuffield House after a short stay. 6 members died during the year.

STAFF

For the first time in seven years there has been some change in staff. The deputy supervisor retired after 12 years' service. The senior occupational assistant was promoted to this post and her successor has been appointed.

TRANSPORT

A new 'bus with a seating capacity of 20 was purchased and is proving very satisfactory.

Case conferences were held at monthly intervals. They were most helpful as a liaison between both the health department and mental health service, and St. Francis Hospital. The frequent visits of Dr. Lindsay Hurst, consultant psychiatrist to St Francis Hospital, have been of great assistance and were much appreciated.

Chiropody

The chiropody service during 1968 was affected by national and financial stringencies as a result of which the number of treatments per annum for each patient were limited to five and recommendations for chiropody were restricted to those most in need. The treatment of persons in the priority groups was provided through the agency of the Nottingham General Dispensary with whom the arrangements continued to work smoothly. The total number of patients treated increased by 282 from 4,489 in 1967 to 4,771 in 1968 and treatments decreased by 4,455 from 29,160 in 1967 to 24,705 in 1968. The average number of treatments per patient showed a decrease from 6.5 in 1967 to 5.1 in 1968. In the priority groups there were 23,156 treatments, of which 3,791 (for elderly persons) were carried out at home, and 1,549 treatments for the handicapped were given including 453 domiciliary visits. No expectant mothers were treated in 1968. New patients were recommended by general practitioners, medical officers, health visitors, home nurses, midwives and by members of the W.R.V.S.

Convalescence

131 requests were received for convalescence during the year, 13 less than the previous year. 64 requests were approved. Cases were referred chiefly by general practitioners, but requests were also received from health visitors and other social workers in the city. Details are given in the table on page 108.

The Health and Welfare Committee paid the total cost of the maintenance of 37 patients at independent convalescent homes. Four patients paid a portion of the cost, the Committee being

responsible for the remaining cost. The remaining 27 patients were sent to the Sheffield Regional Board Homes at Skegness and Matlock. One patient was sent to Langwith Lodge.

The majority of the patients referred were again elderly women suffering from respiratory, rheumatic and cardiovascular complaints. There was a sharp decrease in the number of requests for convalescence for male patients. Arrangements were made for four married couples to go away. Both had been ill, and were able to enjoy a period of convalescence and rest together. Several cases where it was not possible to help the applicants, were referred to the Nottingham Council for Social Service.

Health of Long-stay Immigrants

Following receipt of a forwarding address from Medical Officers of air and sea ports, all long-stay immigrants were visited by tuberculosis visitors and were given information about the health services available to them and their dependants as far as possible in their own language. In particular they were advised to register with general medical practitioners and to avail themselves of X-ray examination and Heaf testing facilities provided at the chest clinics.

The table following shows the number of notifications received from port health authorities, the country of origin and the number of successful visits made.

Country of origin	*Number of notifications received*	*Number of first successful visits*
Commonwealth countries:		
Caribbean ..	185	146
India ..	132	96
Pakistan ..	117	94
Other Asian	25	11
African ..	49	38
Other ..	4	1
Non-Commonwealth countries:		
European ..	25	18
Other ..	12	8
TOTAL ..	549	412

Tuberculosis and other Chest Conditions

CARE COMMITTEE

Two Care Committee meetings of officers were held to review the cases of the two patients who receive the cheap milk concession, and assistance with fares for visiting Ransom and Newstead Hospitals was granted to five patients.

Other Social Work

There has again been a slight increase in the numbers of notified cases of tuberculosis, but fewer notifications of persons suffering from other chest conditions. Twenty-four new tuberculosis cases were seen, and twenty non-tuberculosis cases. The figures in the table include both types of cases.

Three patients were given bedding from the Chest Centre. Patients and their families were helped with clothing by the Department of Health and Social Security and the Women's Royal Voluntary Service. Two new cases were sent to Skegness for a period of convalescence. Arrangements were made for the storing of furniture and personal belongings of one new tuberculosis patient, on his admittance to Ransom Hospital. Three new cases and six old cases were referred to the home help service, and four new cases were referred to the W.R.V.S. for 'meals-on-wheels'.

Arrangements were made with companies supplying furniture and other household effects for a reduction in weekly terms in the cases of five new patients, who were unable to meet the full cost of their liabilities whilst being unable to work. The children of two families were admitted into care whilst their mothers were admitted to Ransom Hospital. There was an increase in the number of visits paid by the social worker to families of old tuberculous or chest cases, to give support and advice regarding financial and domestic problems. In some cases these visits were of a temporary nature, while other families were visited regularly and at frequent intervals for long-term casework.

Type of Assistance	*Cases Brought Forward*	*New Cases*	*Total*
Milk at reduced rate	2	—	2
Referrals to Department of Health and Social Security	—	24	24
Provision of bedding	—	3	3
Loan of nursing equipment	—	—	—
Domestic { Home Help Service .. / other help .. .. }	6	7	13
Financial advice	16	18	34
Housing	—	11	11
General advice	15	12	27
Clothing provided	6	7	13
Child care arranged	—	2	2
Employment arrangements	2	3	5
Training arrangements	—	—	—
Convalescence	—	2	2
Other matters including occupational therapy	—	7	7
Total	47	96	143

Ultra Violet Ray Clinic

SUMMARY OF THE WORK

	1968	1967	1966	1965	1964	1963	1962
Cases brought forward ..	72	63	69	69	69	138	433
New cases ..	89	91	70	78	89	87	152
TOTAL treated	161	154	139	147	158	225	585
City patients ..	150	147	135	139	142	209	579
County patients	11	7	4	8	16	16	6
	161	154	139	147	158	225	585
Adult patients male ..	56	57	54	58	64	74	156
Adult patients female ..	85	80	73	70	81	125	324
Patients 5-15 years ..	7	6	6	8	7	15	77
Patients 0-5 years ..	13	11	6	11	6	11	28
	161	154	139	147	158	225	585
Cases discharged or ceased to attend ..	106	82	76	78	89	156	447
Cases carried forward ..	55	72	63	69	69	69	138
	161	154	139	147	158	225	585
No. of treatments:							
Total given	2,212	2,461	2,487	3,050	2,787	2,839	6,016
average per patient ..	13.9	16.0	17.9	20.7	17.6	12.6	10.28

HOME HELP SERVICE

BY

MRS. LILY HENSHAW
Home Help Organiser

It has been difficult to maintain the standard of service during the year. A careful examination of the organisation of the service enabled a reduction to be made in weekly hours worked, so keeping the cost within the financial estimate for the year. When making their initial visit district organisers examined every other possible source of assistance, e.g., daughters living nearby, grandchildren and nieces, and friendly neighbours before recommending the case for local authority help. The help given from these voluntary sources eased the pressure on the service, particularly when caring for the very elderly who would otherwise have needed a little daily help. With this careful handling of requests it was possible to spread the available help, with the result that the number of cases assisted was 3,001, an increase of one compared with 1967. Of this total, 1,999 were old cases still needing help, some having done so almost since the commencement of the service. It is not surprising, therefore, to find that of the people assisted almost 88 per cent were over the age of retirement.

The reduction of 520 hours per week which had to be effected during February and March represented the equivalent of 13 full-time helpers. As helpers resigned they were not replaced until the number of hours reduced to approximately 8,000 per week. A period of poor recruitment followed and the helpers employed reduced to 336 by the end of August. Advertising had good results and the number employed at the end of the year was 349, including five male helpers. Many part-time helpers were persuaded to work a few extra hours each week and this helped to increase the weekly available hours without increasing insurance costs. The male helpers proved invaluable when assisting difficult elderly men and coping with neglected home conditions.

Fewer requests were received for maternity cases and the number assisted fell by 18 to 78 in the year and many of these requested only part-time help. Whilst help can be arranged for two weeks many requested help for only one week and it was generally thought that the cost was often the reason for this limit. It may well be that this is an aspect of the home help service requiring evaluation.

Social cases showed an increase, two that commenced in 1967 continued to need help and ten new cases were assisted. Difficulties were met and helpers often requested to be relieved of this type of case. Senior and emergency helpers were often found to be the most suitable for these cases.

Meetings of the Co-ordinating Committee were attended by two district organisers and myself when families being helped were discussed and these meetings were found to be very helpful.

Only one case of tuberculosis was helped, and no new case of mental disorder was assisted, although five cases in the last category that commenced in the previous year continued receiving help.

A summary of enquiries showed that 1,610 applications were received from general practitioners, hospital social workers, home nurses, midwives, other statutory and voluntary bodies and personal requests, the latter constituting more than a quarter of the total. Close contact between the hospital social workers and myself has improved the liaison and, I am sure, helped the efficiency of the service.

Health Centres

With the increasing provision of health centres in the City, plans are being formulated to provide home help service arrangements at these new centres, so improving co-operation between general medical practitioners, the supporting nursing services and the patient.

Finance

Improved conditions of service for manual workers gave a wage award of 2¾d. per hour from 30th September. Holiday and sick pay entitlements will be improved from January 1969 and it is hoped that these factors will have a good effect on future recruitment and the retention of helpers.

Income from the service fell considerably during the year to £8,900 compared with £11,690 in 1967 and two factors were chiefly responsible for this. Firstly, it was necessary to curtail the help given to people able to meet the full cost charge, now 5/8d. per hour, if they were able to arrange alternative private help. Secondly, the increase in the scale of allowances reduced the contributions from assessed cost cases. £152. 7s. 5d. was recovered from three applicants who failed to disclose capital assets at the initial visit.

Finally I would like to place on record the assistance and hard work of all the staff of the Home Help Service, the helpers themselves, the deputy and district organisers, caseworkers and clerks. Although working during a difficult period all recognised their responsibilities and did their best to maintain the standard achieved in previous years.

Number of Helpers at 31st December

	1968	1967	1966	1965	1964	1963	1962
Full-time ..	38	71	64	78	90	106	124
Part-time ..	310	315	301	309	315	325	330
Casual ..	1	7	4	4	7	15	19
Total ..	349	393	369	391	412	446	473

Hours worked

Weekly average	8,000	8,400	8,250	8,500	9,400	10,450	10,725

Result of Applications							
	1962	1963	1964	1965	1966	1967	1968
Help supplied..	1,002	1,048	965	1,020	1,098	1,092	1,114
Awaiting help..	9	31	18	13	21	33	27
Advance maternity bookings	22	31	34	32	30	26	36
Not qualifying	50	36	55	45	46	27	42
Cancelled or arranged own help ..	527	483	564	515	564	492	465
TOTAL ..	1,610	1,629	1,636	1,625	1,759	1,670	1,684

ANALYSIS OF CASES ASSISTED AND PAYMENTS MADE

	Part cost	*Full cost*	*Nil*	*Total*
Old Age Pensioners:				
Chronic illness ..	364	163	2,100	2,627
Acute illness ..	8	—	7	15
Others:				
Chronic illness ..	47	21	115	183
Blind	—	—	6	6
Acute illness ..	33	6	35	74
Maternity	58	18	2	78
Tuberculosis ..	—	—	1	1
Social cases	3	4	5	12
Mental disorder ..	—	1	4	5
TOTAL	513	213	2,275	3,001*

*Includes 1,999 cases brought forward to 1968

ANNUAL EXPENDITURE AND INCOME SINCE INCEPTION

Financial year	*Expenditure*	*Income*
	£	£
1944/5 ..	50	15
45/6 ..	1,343	725
46/7 ..	2,647	1,408
47/8 ..	5,363	2,603
48/9 ..	10,591	3,639
49/50 ..	17,672	4,621
50/1 ..	27,191	3,369
51/2 ..	46,966	4,359
52/3 ..	78,342	5,249
53/4 ..	93,423	5,445
54/5 ..	99,347	5,895
55/6 ..	106,444	6,818
56/7 ..	115,174	8,369
57/8 ..	120,204	8,184
58/9 ..	133,328	9,391
59/60 ..	133,627	8,405
60/1 ..	133,796	8,199
61/2 ..	143,058	9,427
62/3 ..	136,192	8,675
63/4 ..	142,885	10,513
64/5 ..	138,683	9,967
65/6 ..	137,764	10,273
66/7 ..	139,311	10,639
67/8 ..	153,046	12,820
*68/9 ..	151,438	9,025

*Approximate actual

MENTAL HEALTH SERVICE

BY

JOHN E. WESTMORELAND, M.B.E., M.S.M.W.O.
Mental Health Officer

MENTAL SUBNORMALITY—JUNIOR TRAINING CENTRE

Training centres have been developing in Nottingham for 45 years, from October, 1923 when a 6 place centre was established by the then Nottingham Association for Mental Welfare. Throughout this long period the centres have operated in adapted buildings not too well suited for the activities which had to take place there. A purpose designed centre at Harvey Road, Bilborough was a tremendous step forward and has given much encouragement to the service.

The new centre contains 16 classrooms to accommodate a minimum of 192 children. These are arranged in 3 separate groups and the centre is divided into 4 departments. A special care unit and nursery and infants department occupy a group of 6 classrooms, with the junior and senior departments each having 5 classrooms grouped together in 2 further blocks. A supervisor is in charge of each department, responsible to the centre superintendent.

Additionally there is a fully equipped gymnasium, the value of which was already beginning to be apparent by the end of the year, and has been enhanced by our good fortune in being able to secure the services of a trained teacher with a diploma in physical education. The value of sound physical education for the mentally sub-normal cannot be over-emphasised and it is anticipated that the gymnasium will prove to be the most important additional facility which has been provided. Further new facilities are a well equipped housecraft room and handicrafts room, and it is hoped in due course to have specialists in these subjects on the staff.

The Junior Training Centre now has a full range of facilities for the care and training of mentally sub-normal children from 3 to 16 years of age including a special care unit for the most seriously handicapped children, where the training is at the basic level of learning to communicate through play, and habit formation with particular regard to toilet training. There is a nursery class for the very young children and in all the first three classes of the Centre the children are placed in a nursery type of environment. As the children progress through the centre they become exposed to situations involving number, time, money and word recognition as aids to maturity.

Before moving into the new building with its very well equipped gymnasium, physical education was by no means neglected; it has always been considered of the highest importance as a means to enable the mentally handicapped to have the same opportunity of physical development as normal children, and to attain a more normal comportment. Portable apparatus was extensively used

and such team games as football, rounders and netball played an important part as did folk dancing, music and movement in a variety of forms. Percussion band, chime bars and Orf Schulwerk apparatus have been extensively used in the daily curriculum. These lessons involve concentration, group experience and control, and the Orf Schulwerk instruments have been most useful in aids to developing speech and communication.

The value accruing from physical education was well illustrated at a sports day organised by the East Midlands Area of the National Association for Mentally Handicapped Children on Saturday, 6th July 1968, in which five junior training centres competed. Nottingham Junior Training Centre won the shield by an overwhelming margin and even more pleasing were the favourable comments which were made about the behaviour and deportment of the children from this centre.

Parents are encouraged to visit the centre so that every Wednesday afternoon is set aside for them. The supervisor keeps that afternoon free of other commitments in order to be able to receive and talk to parents and show them round the centre.

Adult Training Centre

The adult training centre is in striking contrast to the junior training centre in that it is still working in an ex-infectious diseases hospital, a building that has outlived its usefulness and where lack of space prevents development. A replacement building has been designed to take full account of the needs of adult subnormals and provision has been made in the capital building programme for 1970/71.

In Nottingham it had always been felt that the emphasis in adult training centres should rest firmly on the word training, with three prime functions; firstly the training of adult subnormals to fit into ordinary community living within the family; secondly to be sufficiently trained in self help to be able to cope with the essentials of life when, as is often inevitable, they are bereaved of family support; and thirdly to aim at becoming economically self supporting. Training in the latter function is designed so that a standard is attained where commercial employment becomes a distinct possibility. This is often the most difficult of achievement and it has to be recognised that the greater number of those coming forward from the junior training centre are of such intellectual limitation that few will be able to reach a standard where they can command a place or compete in industry. On the other hand it is felt that a large number of the trainees could be brought to a standard where they could be gainfully employed in a sheltered workshop.

It is known that the period of maximum concentration of a mentally subnormal on abstract subjects is extremely limited and if it were possible individual tuition is desirable. To come as near to the ideal as possible teaching groups are cut down to no more than six at a time and to obtain maximum results with the period of concentration so limited the teaching periods are limited to fifteen

to twenty minutes. The whole centre is divided into these small groups made up of individuals of approximately the same level of attainment. This method gives the best approximation of individual tuition and the short periods ensure that no time is wasted by continuing lessons after the maximum period of concentration has been exhausted. Throughout the day there is a constant coming and going into the further education class from other departments.

Training for eventual employment is undertaken by means of taking in certain contract work from industry but only accepting work that has relevant training value. At the centre there are two large training groups where all trainees are engaged in some part of the industrial work. Various categories of box making and several kinds of packaging have been developed and all trainees have their place in this work pool from which other departments withdraw small groups for other activities. The trainees return to the work pool at the end of teaching sessions until called for some other activity.

A most important activity, in which great interest is taken by the female trainees, is the packing of sterile kits for the domiciliary midwives and surgical dressing for the City Hospital. We also undertake a good deal of display card work and will shortly be starting a large contract in connection with a teaching aid which calls for co-operation between a number of firms. The eventual product is a cabinet containing rolls of coloured pictures which can be electrically wound past the front opening; each cabinet has a loud speaker and attached microphone to enable the teacher to explain the pictures to a class. The firm for whom we shall be sub-contracting are preparing the sets of pictures and the Adult Training Centre will undertake rolling the strips onto plastic spindles and packing the rolls into cartons. Special machinery has been developed to cope with the rolling at speed and towards the end of the year a firm order was placed for 595 thousand rolls. It is understood that further orders will follow and that work of this nature should be coming steadily into the Centre for several years to come. An interesting feature is that a great many orders have been received from abroad so that the Adult Training Centre will be playing a part in the Export Drive.

Gardening is another large scale activity and is divided into two levels. The less able are given a thorough grounding in domestic gardening, digging, hoeing, seed planting and the general care of an allotment or home garden as an aid to social acceptability. It is believed that the severely subnormal who can be seen working steadily about the garden helping his father is a more acceptable individual than the one who wanders the district in an aimless manner. For the more able there is a complete range of horticultural activities including a large greenhouse in which a great variety of plants are raised and from which steady sales take place. It is encouraging to report that several of the subnormals find employment in market gardens around the City.

An important feature of training is preparation for independent living. It is calculated that some fifty of the older trainees are already at risk of losing parents within the foreseeable future. At one time such individuals would have been admitted to hospitals when the family disintegrated as a result of the parents' death. Hospital admission in such circumstances is no longer thought to be the best method of dealing with such situations. As local authority hostel accommodation is not yet available it becomes necessary to seek lodgings in the community for such people. Many of them are ill equipped to cope with self-care when mother is no longer available to superintend. It is found that many middle aged subnormals cannot for instance attend to themselves in the bath-room, have no idea of the care of clothes and cannot prepare a simple meal. This results not so much from inability but from the fact that many families are far too over-protective toward their subnormals and insist on doing for them things that the subnormal might well have been taught to do. A department in the adult training centre has now been created where these omissions can be made good. The training begins in the bath-room where habits of personal cleanliness are inculcated. Two commercial washing machines are available; the trainees are taught to use these so that in due course they will be able to take their personal washing to the local launderette. From there the training moves on to preparation of simple meals. When some degree of skill has been attained, shopping expeditions begin when the ingredients for a meal are purchased, brought back to the centre and the meal prepared. By this means it is hoped to cushion the worst effects of bereavement enabling the trainee to live happily in a fresh environment with continued attendance at the centre as the sheet anchor of their lives.

Thus the adult training centre becomes a total educational experience for those who come within its care with training for employment, training for independent living with assorted social skills enabling a fuller life to be led than would otherwise be possible. Whilst total success can only be expected in a percentage of the trainees, undoubtedly all are raised to a greater level of social competence ensuring greater social acceptability than would otherwise be the case.

Community Care

The community care of the subnormal has had to be placed on a selective basis. Of an establishment of eight mental welfare officers one is absent on a course of training and one vacancy was unfilled. By an unfortunate series of coincidences all the experienced welfare assistants left within a short period and their replacements although of good calibre were only becoming really effective as the year came to an end. Consequently the steady routine visiting of all subnormals became impossible and work was concentrated on those where actual problems existed.

Regular visiting of those attending the training centres was largely discontinued as in many cases both parents are working and great reliance was placed on the staff of the training centres to

detect cases where the need for social work was arising. To this end a regular conference between mental welfare officers and teaching staff was instituted and proved to be most valuable.

An interesting case which well illustrated the time consuming nature of some of the social work was the case of a 31 year old mongol woman, an only child. This girl attended the training centre from 1947 to 1961 and was then withdrawn by the parents. The father subsequently died and it would seem that from that time the mother devoted herself entirely to the total care of her daughter, completely stifling any initiative the girl might have had. The mother died suddenly in September 1968. The only relatives were very aged sisters of the mother who were quite incapable of providing a home for the mongol woman. A neighbour took the woman for a few days at great personal inconvenience but could not provide for her permanently owing to lack of proper accommodation. It was found that in the seven years she had been away from the training centre she had forgotten all that she had ever learnt and had in fact regressed quite considerably. She had become incapable of dressing or undressing and could not attend in any way to her personal cleanliness. The desperate situation was explained to a good hearted landlady known to the department who agreed to take her as a lodger and the help of the adult training centre was sought. A vigorous programme of tuition of personal care was instituted and the landlady was supported by weekly visits from one of the women welfare assistants. The woman has settled happily in her lodgings and is responding well to the tuition which is being given to her. She is beginning to be able to attend adequately to her own needs and her conversational powers have increased considerably whilst her whole manner of being has improved considerably. It is felt that the amount of work put into this case has been well rewarded.

This is an extreme example of a situation which is continually arising where subnormals of middle age lose their parents, and lacking relatives who can and will provide for them are quite suddenly alone in the world without a home. So far it has been possible to place them in lodgings with reasonably satisfactory results but the lower grade ones such as the mongol woman described present very great difficulties. There is growing need for hostel accommodation, not necessarily for permanent care but as an immediate haven into which such cases can be placed until prepared to face a more independent life in lodgings or in some of the better cases in some accommodation of their own.

Mental Illness—Admission to Hospital

Mental welfare officers continued to be heavily engaged in the investigation of cases referred for probable admission to hospital. There was again a slight decrease during the year in the number of cases referred, 811 compared with 866 in 1967. This is probably accounted for by general practitioners making increased use of domiciliary consultations, resulting in informal admission to hospital. The number of actual admissions to hospital, handled by

mental welfare officers shows less reduction, 473 against 482 in 1967. Urgent action under Section 29 of the Mental Health Act 1959 was required in 100 cases, 110 were admitted for observation under Section 25 and 3 were admitted for treatment under Section 26. Informal admissions were arranged in 256 cases. Arrangements were made for 23 to attend the day hospital and 49 to attend the psychiatric out-patient clinics. Appropriate recommendations were made in 6 cases where admission to a welfare home appeared to be indicated and of the remainder 52 were referred to the family doctor.

Community Care

As with the mentally subnormal the social work service for the mentally ill was handicapped because of the staff position. With the duty days for an establishment of eight having to be undertaken by the remaining six mental welfare officers each was able to spend less time in social work than would otherwise have been the case. There was a consequent reduction in the number of home visits that could be paid, a total of 9,678 compared with 10,192 in 1967. The number of psychiatric patients receiving after-care at the end of the year was 990 compared with 971 at the beginning of the year. Individual case loads of the hospital social workers averaged 113 psychiatric cases and each senior mental welfare officer and his team was responsible for a total of 363 including a high proportion of mentally subnormal. In two of the four districts the senior mental welfare officer has the assistance of a mental welfare officer, but in the other two the only assistance was from two welfare assistants, each of only a few months' service. One of the Mapperley Hospital social workers worked in association with each of the local authority teams.

Personal calls to the office to discuss their problems and seek advice were made by 2,820 patients.

Finding suitable employment for patients having no work to which to return on discharge from hospital continued to be a difficult problem, further handicapped by lack of time to be devoted to individual cases. Close liaison with the disablement rehabilitation officer of the Department of Employment and Productivity was maintained and many patients' difficulties were solved by this means but mental welfare officers continued to be concerned particularly with those whose condition offered poor prospects in the labour market. Eventually 15 such persons were established in regular work.

Although the mental health service is for the moment undermanned it is abundantly clear that even when fully staffed the needs of the mentally ill within the community could not be fully met from official sources. The modern concept of community care requires the participation of the community at large—it calls for the community to care both emotionally and practically. The needs of the mentally ill within the community are for friendliness, companionship, guidance and practical help, and these can only be supplied in sufficient quantity by community participation. The

special skills of the trained and experienced professional workers should be reserved for those cases where their expertise is essential. There is need for a programme of public education to modify the climate of opinion surrounding the mentally ill within the community, and provide an atmosphere in which ordinary good neighbourliness will produce the emotional warmth so necessary to well being.

Organised voluntary effort could play an enormous part, particularly with the psycho-geriatric cases which are becoming an increasing problem within the community. Such help would supply the friendly visitor who in addition to giving companionship, could undertake the simple chores of essential shopping, drawing pensions and so on, whilst at the same time developing a sensitivity which will enable them to alert the statutory service when it is required. Without such support from the community the term community care remains an empty phrase, a mere label for the mentally ill who are not at present in hospital.

Staff

One mental welfare officer successfully completed the first year of the Course for the Certificate in Social Work and is expected to complete his studies and return to duty in the summer of 1969.

A second member of staff was successful in obtaining the Diploma for Teachers of Mentally Handicapped Adults at Hull College of Commerce, and on his return another was seconded to the same course. Two members of the staff of the junior training centre successfully completed the first year of the Course for Teachers of Mentally Handicapped Children at Nottingham Regional College of Technology, and will complete their studies and return to duty in the summer of 1969.

A complete change of clerical staff was experienced during the year and for some time this section had to subsist with temporary help from an agency, with the consequence that much clerical work necessarily fell into arrears. Yet when 3 new staff were appointed, they quickly became a well co-ordinated team and soon got the work under control.

AMBULANCE SERVICE

BY

JOHN C. WAKE, A.C.I.S., M.Inst.T., M.I.R.T.E.
General Manager of the City Transport Department

During the year 1968 the Ambulance Service operated 700,926 miles carrying 203,959 patients.

The demand for patient transport, with consequent necessity for increased mileage, continues to grow, and the following figures indicate the percentage increase of patients carried and mileage operated in any one year as compared with the previous year, over the last 8 years:

Year	*Percentage increase over previous year*	
	Patients	*Mileage*
1961	17.71	8.48
1962	6.69	−1.22
1963	6.34	6.53
1964	7.11	7.39
1965	.68	3.84
1966	5.45	6.69
1967	2.66	3.55
1968	4.15	6.00

During the same period the number of ambulance vehicles increased from 30 in 1961 to 33 (plus 1 Estate car conversion) in 1968. The number of patients carried per vehicle has risen from 4,928 in 1961 to 6,164 in 1968 (excluding the Estate car conversion vehicle which is primarily concerned with long-distance journey work).

In 1961, 181 long-distance journeys (excluding Derby) were made by rail as compared with 89 by road, whilst in 1968 the number of rail journeys had fallen to 84 whilst the road journeys had increased to 563, this latter figure including 230 journeys to Sheffield and 234 to Derby. This situation has been brought about primarily by the reduction of rail services.

In 1960, 125,597 patients were carried by a staff of 72 driver/attendants, a ratio of 1 driver/attendant to 1,744 patients.

Since 1960 when the staff conditions provided for a 44-hour week there have been two reductions in the working week, namely, in 1961 a reduction to a 42-hour week and in 1966 a reduction to a 40-hour week.

In 1968, 89 driver/attendants carried 203,959 patients, a ratio of 1 driver/attendant to 2,292 patients. It will thus be seen that despite the reduction in the working week, and having regard to the policy implemented in more recent years of providing higher-capacity vehicles for out-patient work, the intensity of work undertaken by the Ambulance Service has increased appreciably.

Appendix 'C' column 4, indicates that since 1962 there has been a steady and continuous decline in the number of patients carried per thousand miles operated, 313 being carried in 1962 and 291 in 1968, and this would appear to be mainly due to drivers having to take devious routes involving additional mileage in order to avoid the ever increasing congestion on the roads, and it will be appreciated that in emergency work journey time can be a most important factor.

In addition to the anticipated annual growth in demand the Ambulance Service is faced with a more positive increase in demand by virtue of the fact that a new Geriatric Day Unit at Sherwood Hospital will be completed in April 1969 when it is understood that some 60 to 70 additional patients will require transportation seven days per week, and to cater for this work it is anticipated that three additional high-capacity dual-purpose vehicles will be required, but only one additional vehicle will be available for 1969.

It is anticipated that a new Physiotherapy Department at the City Hospital will be completed in April 1970, and the Hospital Management Committee advise that the running of the new department is based on a 50% increase in patients and accordingly it is calculated that one additional high-capacity dual-purpose vehicle will be required for April 1970.

The Ambulance Service in terms of vehicle and driver/attendant staff availability is stretched to its limits, and at the present time it is impossible to keep to schedule in the matter of pre-booked journeys for out-patients. On occasions some 20 to 30 patients are considerably delayed in their journey to place of treatment thus disrupting the work of the many Centres, and quite often journeys have to be cancelled because the work load on a particular day exceeds the capabilities of the Service. Accordingly 1969 is likely to be a year of extreme difficulty unless the demand for out-patient journeys can be appreciably reduced.

During the year 1968 the staff establishment was as follows:

Administration and Control Staff:	
Chief Ambulance Officer	1
Deputy Chief Ambulance Officer ..	1
Male Staff Officers	7
Female Staff Officers	2
Station Officer	1
Shorthand typists	2
General Office Clerk	1
	15
Operational Staff:	
Shift Leaders	7
Male driver/attendants	74
Female driver/attendants	8
	89

For the year 1968 authority was sought to recruit 5 additional driver/attendants, but this figure had perforce to be reduced to 2, and the 2 in question were recruited into the training school in the middle of December 1968 and will be operational in January 1969 to assist in the increased work load which is anticipated.

VEHICLES

3 replacement and 2 additional vehicles will be delivered in the early part of 1969, 1 to cater for the steady increase in patient journey demand and 1 to cater for the new Geriatric Unit which will require 3 additional vehicles.

MISCELLANEOUS

Patients and mileage

There was an increase of 8,130 in the number of patients carried and an increase of 39,680 in the miles operated during 1968 as compared with the previous year.

The highest number of patients carried in any one day was 833 and the mileage operated 2,889.

Long-distance journeys

563 out-of-town journeys were made including 234 to Derby and 230 to Sheffield.

Emergency cases

There were 9,563 emergency cases during the year compared with 9,027 in the previous year. Casualties included 35 killed and 1,832 injured. On 17th February 1968 no fewer than 44 emergency cases were dealt with, the highest number in any one day during 1968.

Open Day

As in former years the Beechdale Headquarters were opened to the public when the work of the Service was demonstrated, and attracted much interest. Arising out of the Open Day various groups have made visits to Beechdale Headquarters, and requests were received for instructors to visit various organisations with a view to giving instruction on first-aid and life-saving techniques.

Ambulance Service Training

A three-week training course for new entrants was introduced during 1968 with beneficial results mainly in the confidence shown by new entrants to carry out their duties.

The syllabus covers all the work included in the Regional Schools' six-week courses, and authority will be sought during 1969 to carry on the new training system which was introduced on a three months' trial basis.

PREMISES

Beechdale Station extension

The approved 12-bay garage extension at Beechdale Headquarters is now under construction and when completed will greatly improve the parking and vehicle movement within the Beechdale premises,

in addition to providing improved access to the ambulance garage and overcoming the difficult ramp conditions created by the different levels of highway and garage floor.

Beechdale Station—Control Room

The Control Room is designed for the work involved in the day-to-day administration of the Service and is at the same time a communication centre involving the use of telephones and radio equipment for the Ambulance Service and the Midwives' Service. It is considered that the size of the room is too small in relation to the number of staff employed at any one time and that the noise level created by various communications taking place simultaneously is too high. This matter is receiving active consideration with a view to improving the working conditions therein.

In concluding this report I would like to pay tribute to the loyalty and devotion to duty which has been exercised by all members of the staff throughout the year.

PUBLIC HEALTH INSPECTION

BY

ROYCE YOUNG, F.R.S.H., F.A.P.H.I.

Chief Public Health Inspector

General

The serious shortage of staff in the Department which continued throughout the year placed a heavy responsibility on the few public health inspectors available to deal with environmental hygiene in a large industrial city. There were only five district public health inspectors compared with a normal establishment of fifteen, and this inevitably led to the curtailment of important work such as the repair of houses, regular inspection of food premises and the improvement of the condition of houses in multiple occupation. Including complaints of rodent and insect infestation, nearly 9,000 complaints covering a wide variety of nuisances were received and investigated. Details of the complaints and the action taken are shown on pages 115 and 116. Vandalism of vacant property and the depositing of household refuse on open land and in common passages by persons unknown showed no sign of decreasing during the year, and were responsible for 630 complaints. Such irresponsible actions resulted in a considerable amount of time being spent by public health inspectors in dealing with the unsatisfactory conditions which occurred.

Complaints of nuisance from noise and vibration continued to increase, demonstrating that the public will no longer tolerate unwanted noise that intrudes into their homes. It was not necessary to take legal proceedings in any of the cases investigated as it was found that in all justified complaints, discussion and advice to the offenders brought about the required improvement.

Itinerant caravan dwellers continued to visit the city and occupy vacant land near dwellings and were in many cases a source of nuisance owing to the lack of suitable sanitary facilities. Moreover, being scrap merchants the sites were generally littered with unwanted material of all kinds. On the outskirts of the city, there is a colony of gipsies consisting of two related families with a total of thirteen persons, eight adults and five children. Living in two horse-drawn caravans and four tents, the families have given no cause for complaint and their children attend regularly at the local school.

In August the Caravan Sites Act 1968 was issued, but Part II of the Act will not come into force until such date as the Minister of Housing and Local Government may appoint. When the appointed date is fixed it will then be the duty of local authorities to provide adequate accommodation for gipsies resident in or resorting to their area. If local authorities respond to the spirit of the Act it would appear to be a realistic approach towards the solution of a very real human problem, enabling the children of these families to receive a proper education, and do much towards removing the

ill-will and distrust caused at present by unsympathetic official action in moving families from one district to another under threat of prosecution.

The number of site licences in force under the provisions of the Caravan Sites and Control of Development Act, 1960, was five.

Redevelopment taking place at New Basford required the abolition of an old burial ground which formed part of the site of a Baptist Church in Palm Street. During April and May public health inspectors supervised the work of exhumation to ensure that the operations were screened from public view and that all the human remains removed were suitably conveyed to the Southern Cemetery, Wilford Hill, for re-burial.

Measures against Rodent and Insect Pests

The number of premises infested by mice was again well above the average of the last few years. The difficulty in exercising satisfactory control measures that had been noted previously has continued and many infestations of mice persisted longer than customary, making repeated revisits necessary before the premises could be cleared. The greatest difficulty was experienced in houses occupied by several people, all of whom went out to work. So often it was not possible to treat the whole house simultaneously, and under these circumstances complete eradication was not easy to achieve.

The variety of insects brought in for identification was much larger than usual. Many of them were harmless and their introduction into the house quite accidental. It is certainly better for tenants to check the identity of an unfamiliar insect rather than ignore a pest until it has become numerous and widespread. On one occasion a lady found fleas on her child after his first morning at school. The school staff checked other pupils without finding anything, so the department was approached. Fortunately specimens had been retained and were identified as being bird fleas. A blackbird's nest taken to school as an exhibit by one of the pupils was found to be responsible, and 305 fleas were found among the nesting material. Its early discovery saved considerable annoyance to other pupils.

As an example of a rather different nature, small flies were being found inside the food storage compartment of a domestic refrigerator. This was a species that commonly breeds in milk curd. The interior of the refrigerator was spotless and the food contents quite fresh. Enquiry disclosed that milk had been spilt several months previously and some had run down the inside of the door. Two small slits were discovered in the rubber door seal where some milk had been trapped in a position from which it could not be removed. The discovery of several empty pupal cases proved that the flies had been breeding in it, and the only way for the flies to escape from the door seal was into the food compartment.

A list of insects received in the department for identification will be found on page 117.

Rodent and Insect Control	1968	1967	1966	1965	1964	1963
Properties surveyed ..	**4,996**	5,118	5,060	4,834	5,209	4,864
Infestations dealt with:						
rats	**1,472**	1,629	1,744	1,821	1,654	1,361
mice	**1,617**	1,222	917	377	614	469
insects	**987**	946	846	1,015	1,208	985
TOTAL VISITS ..	**11,177**	12,731	12,394	13,852	15,326	13,928

Sewerage

During the year six cesspools at Edwards Lane were connected to the sewerage system. There are now about 54 cesspools remaining and these are in isolated locations throughout the city.

The annual programme for the replacement of defective sewers continued with work in Vernon Avenue, Francis Grove, Rydal Grove and Athorpe Grove.

The improvement of the River Leen continued and is now completed from the River Trent to Radmarsh Road.

Sewage Purification

Sewage was first received from the Southwell Rural District Council's sewerage scheme serving the villages of Bulcote, Caythorpe, Epperstone, Gonalston, Gunthorpe, Hoveringham and Lowdham on 17th September 1967. The drainage area therefore increased by 8,547 acres to a total 53,533 acres, in which the estimated population is 459,020. The average daily flow of sewage and industrial wastes was 32.4 million gallons, varying from a minimum of 20.4 million gallons to a maximum of 69.3 million gallons.

The separation of wet grit continued in a satisfactory manner and 4,295 tons were disposed of at tip along with 990 tons of wet rags and paper from the sewage and sludge screening processes.

A total of 14,380 tons of primary sewage and surplus activated sludge solids were delivered to the Digestion Plant, of which 13,985 tons received complete digestion and produced 176,195,080 cubic feet of gas.

Primary digestion proceeded biologically without mishap until the last week in January when an inhibition occurred, and it was necessary in February and March to bypass consolidated sludges to the secondary digester.

Some success was achieved in reducing the internally generated pollution load which in recent years has marred the performance of the Aeration Plant, and the average effluent discharged to the

Trent was the best ever produced in terms of Suspended Solids, and the best produced since 1963/64 for Biochemical Oxygen Demand.

Loan saction has been approved to intensify the aeration plant, and work on site will commence early in 1969.

Water

The city's water supply was satisfactory in quality and quantity throughout the year.

Bacteriological analyses of supplies from each source were undertaken monthly by the Water Department's chemist and at those works where treatment was carried out, samples of water were examined both prior to and following such treatment. During the year 149 samples were taken and B.coli was absent in 100 mls. of all treated water put into supply with one exception. The sample in question was non-faecal in character and the source was perfectly satisfactory after remedial action. In addition, samples were taken weekly, 948 in all, from the various sources, for bacteriological examination by the Public Health Laboratory.

Chemical analyses were made monthly from each source, and the extent and the yearly average results of these examinations are shown in the table on page 118.

The number of houses supplied in the city on 30th September, 1968 was 104,764, and the estimated population 305,050. All were supplied directly from the mains.

No action was taken concerning fluoridation of water supplies.

Swimming Baths

There were eleven public swimming baths in the city, eight being indoor and three open-air pools. Seven of the indoor baths were open summer and winter. A total of eleven samples of water was sent to the city analyst for bacteriological examination, all of which were found to be satisfactory.

In addition one sample of water was taken from the paddling pool at Carrington Lido and was satisfactory.

Knackery

There is one Knackery of modern construction in the city for the slaughter of animals and the reception of animal carcases, the flesh of which is not intended for human consumption. The present premises were opened in 1959 on land owned by the Corporation at the Eastcroft, London Road, replacing an unsatisfactory building which was also situated at the Eastcroft. Fortnightly visits were made by an Inspector, who found the business being carried on in a satisfactory manner. During the course of these visits, 42 samples of meat from various kinds of animal were submitted to the Public Health Laboratory for examination and all the samples were reported as being free from salmonella organisms.

Common Lodging-houses

There are two common lodging-houses in the city, one establishment in Aberdeen Street is provided by the Salvation Army and the other, Sneinton House, Boston Street, is owned and managed by the Corporation. Both premises were visited regularly and found to be well-conducted.

Verminous Persons

During the year four men were reported as being infested with body lice and appropriate arrangements were made for their treatment.

Rag Flock and Other Filling Materials Act, 1951

The number of upholsterers' premises registered in accordance with the Act was eighteen and two premises were licensed to store rag flock. A total of 33 samples of various filling materials were taken and submitted for analysis, seven of which failed to comply with the Rag Flock and Other Filling Materials Regulations, 1961. A prosecution in respect of a sample of cotton felt which had a high dust index was dismissed, as the manufacturer's submission that the cotton felt may not have been properly protected on the upholsterer's premises was accepted by the magistrates. A prosecution, pending from the previous year, relating to an excess of chloride in rag flock samples resulted in fines totalling £50. 0s. 0d. with £14. 6s. 0d. costs.

Fertilisers and Feeding Stuffs Act, 1926

A total of 23 samples of fertilisers and feeding stuffs were taken, only three of which were found to be unsatisfactory (see page 119). A sample of John Innes Base Fertiliser did not have a declaration of the amounts of soluble and insoluble phosphoric acid present and was also deficient in potash content. Investigation showed that the sellers had re-packed the fertiliser from a damaged container, and an official warning was sent about this practice. Another sample of John Innes Base Fertiliser was found to have no declaration of the insoluble phosphoric acid content and had an excess of the soluble form. These discrepancies were attributed by the retailer to a printing error on the label. A sample of 'Tomorite' Fertiliser had a deficiency in the water soluble phosphoric acid content and this was taken up with both manufacturers and the retailer.

Pharmacy and Poisons Act, 1933

This Act permits the sales of poison in Part II of the Poisons List by persons whose names and premises are entered in the local authority's list. There were eleven applications during the year and fifteen premises were removed from the list as they had ceased to operate under the Act. In addition to inspections following applications, supervisory visits were made to various premises of listed

sellers during the year, and letters were sent to two retailers pointing out minor infringements of the Act.

Shops Act, 1950

A successful prosecution was taken against the owner of a shop for failing to close for retail trade on a half-day and for failing to display the appropriate notices required by the Shops (Early Closing Days) Act, 1965. Following an application from persons of the Jewish faith consent was given for their shop to be open on a Sunday for retail trade until 2.00 p.m. subject to the premises being closed all day on Saturday.

The Nightdresses (Safety) Regulations, 1967

These Regulations are designed to prevent the sale of children's nightdresses made of fabrics which do not comply with the British Standard for low flammability and also requires that all other nightdresses shall either comply with the standard or have stitched to the garment a label with the words 'Warning—keep away from fire.' No nightdresses on sale were found that did not comply, but advice was given to three manufacturers of nightdresses in connection with the requirements of the Regulations.

Offices, Shops and Railway Premises Act, 1963

Further progress was made in the inspection of places of non-industrial employment which came within the scope of the Act to ensure that the provisions for securing the health, safety and welfare of persons employed in offices and shops were being complied with. A general inspection was made of 985 premises and 604 notices were served drawing attention to various infringements, of which 565 were complied with by the end of the year. At the 31st December 1968, there were 4,520 registered premises, comprising 1,413 offices, 2,139 retail shops, 423 wholesale shops or warehouses, 527 catering establishments, and 18 fuel storage depots. The number of persons employed in the registered premises was 43,597, of which 22,398 were females, and 21,199 were males. The Act requires notification of any accident which causes loss of life or disables a person for more than three days from doing his usual work. No deaths were reported, but notifications were received of 159 accidents. An analysis of these accidents is shown on page 119.

Diseases of Animals Act, 1950

On the 1st April the Health Department took over the responsibility for the administration of the Diseases of Animals Act, and certain ancillary Acts from the Nottinghamshire Combined Constabulary. Since that date there was the utmost co-operation from the Police which was greatly appreciated.

No cases of anthrax or swine fever were reported during the year.

Number of Licences issued under the Regulation of Movement of Swine Order, 1959	2,941 involving 37,177 animals.
Number of Licences received under the Importation of Animals Act, 1955, etc.	32, involving 983 animals.
Number of Licences issued under the Foot-and-Mouth Disease (Infected Area) Restrictions Order, 1938.	331, involving 3,834 animals.
Number of Licences issued under the Foot-and-Mouth Disease (Controlled Areas) Restrictions Order, 1938.	345, involving 5,397 animals.
The number of poultry exposed for sale in the Nottingham Cattle Market under the Live Poultry (Restrictions) Order, 1957.	34,909.
Total number of visits to premises in connection with the Act.	432.

Diseases of Animals (Waste Food) Order, 1957

There were 12 premises licensed under the Order, and 73 visits were made to ensure that the requirements of the Order were complied with.

The Pet Animals Act, 1951

There were 18 premises in the city licensed to sell pets under the Act, and 69 visits were made to ensure compliance with the Act.

Animal Boarding Establishments Act, 1963

Four visits were made during the year to the single property licensed under the Act.

HOUSING

During the year 832 unfit houses in various parts of the city were demolished, making a total of 4,614 so dealt with since 1955.

The confirmation by the Minister of Housing and Local Government of the last two clearance compulsory purchase orders which included 322 houses at Bulwell resulted in the completion of a series of orders necessary to secure the demolition of over one thousand houses in the Bulwell district represented as being unfit for human habitation several years ago.

Considerable progress was made towards securing the demolition of unfit houses in the large scale redevelopment scheme for the St. Ann's Well area. Confirmation by the Minister of the orders for Phases 1, 2 and 2a, involving 1,898 houses, made it possible for the re-housing of the tenants and the demolition of the unsatisfactory dwellings to commence. During re-housing it was necessary to exercise the greatest vigilance in order to mitigate the nuisances which arose. Conditions were very often made difficult for tenants remaining in blocks of property containing several empty houses.

Unauthorised persons very quickly ransacked the vacant properties for scrap metal and damaged water-closets and drains. Apart from the derelict conditions and the accumulations of refuse left by former tenants, damaged water-closet basins and gulleys were responsible for nuisance from rats. In order to prevent, as far as possible, unsatisfactory conditions arising, the Corporation sealed off drains and boarded up ground floor door and window openings. Detailed inspections of houses in further Phases continued, with a view to representation, in addition unfit houses in other parts of the city were also dealt with. Information relating to the repair of houses will be found on page 115. The progress made during the year in dealing with unfit houses was as follows:

Represented to the Housing Committee	*Number of unfit houses*
St. Ann's Phase 5	676
Bunbury Street area	313
Brierley Street area	125
Denman Street No. 34	145
Gadd Street area	40
Individual unfit houses	15
	1,314
Corporation-owned houses (Certificates of Unfitness)	61
TOTAL	1,375

Public Inquiries held in respect of Clearance Compulsory Purchase Orders	*Number of unfit houses*
St. Ann's Phase 2	753
St. Ann's Phase 2*a*	201
Nottingham No. 1	23
St. Ann's Phase 3	616
Bulwell No. 4	218
Mulberry Street	104
TOTAL	1,915

Orders Confirmed	*Number of unfit houses*
St. Ann's Phase 1	944
St. Ann's Phase 2	753
St. Ann's Phase 2*a*	201
Bulwell No. 4	218
Mulberry Street	104
Nottingham No. 1	23
Willoughby Street No. 6 and 7	13
TOTAL	2,256

Houses in Multiple Occupation

It was a matter of some concern that staff difficulties and the large-scale slum clearance programme prevented any progress being made in the improving of conditions of houses in multiple occupation. There are several hundred houses in the city which are occupied by many families who have to share inadequate amenities, such as sanitary accommodation, sinks, cooking and washing facilities; furthermore, satisfactory arrangements are not provided for means of escape in case of fire, and there is much disrepair. Although a large number of such houses are included in the compulsory purchase orders in the St. Ann's Well Redevelopment Scheme, and will be demolished within a reasonable period, there is much work which requires to be done elsewhere.

Corporation Home Loans

An inspection of 225 pre-war houses was carried out on behalf of the City Estates Surveyor to find out the extent of disrepair before consideration was given to applications for Corporation Loans towards the purchase of property.

Rent Act, 1957

Few tenants applied for Certificates of Disrepair under the provisions of the Rent Act, 1957, details of which are shown on page 123.

ATMOSPHERIC POLLUTION

Although the establishment of smoke-free areas has not proceeded as quickly as one would wish due to financial restrictions, the existing smoke control areas have brought about an encouraging reduction in the amount of pollution in the city air. This improvement has been assisted by the large scale demolition of unfit properties, the sites of which have been re-developed by the Corporation with due regard to the reduction of smoke. Furthermore, the advantages of whole house heating by gas, oil and off-peak electricity encouraged owners to convert their houses to a form of heating which also made a contribution towards clean air.

Measurement of Atmospheric Pollution

Seven measuring stations were in operation for the daily determination of smoke or suspended matter and sulphur dioxide by volumetric apparatus. Details of the results of these measurements are shown on page 125.

The cleanest air in the city was on the Clifton Estate, which is entirely residential and where smokeless conditions have existed since the Estate was first built. At Basford, which is a district comprising industrial and residential properties not subject to a Smoke Control Order, the amount of pollution in the air was nearly four times greater than that at Clifton. An indication of the effectiveness of smoke control is shown by comparing the measurements

taken ten years ago with those of 1968. During this period, there has been a 57% reduction in pollution at Basford, 60% at Clifton; 60% at Mapperley; and 53% in the Meadows.

In addition to the measurement of smoke, there were seven stations in operation which measured the heavier deposited solids from the atmosphere, details of which are shown on page 123. Ten years ago the average deposit of grit and soot over the city as a whole was the equivalent of 181 tons per square mile during the year, but in 1968, the amount was 121 tons per square mile, an overall reduction of 33%.

Smoke Control Areas

With the coming into force of the Nottingham (No. 5) Smoke Control Order on the 1st June, 1968, there were six Orders in operation. These cover 37% of the area of the city and approximately 20% of the properties. Surveys were carried out in Broxtowe, Bells Lane Estate and Aspley in connection with proposed Smoke Control Orders No. 6a and 6, but for financial reasons the making of these Orders was temporarily deferred.

Details of the Orders in operation are as follows:

	Order	*Date of Operation*	*Premises*
No. 1	City Centre	1. 12. 60	845
No. 2	Clifton and Wilford	1. 11. 62	7,665
No. 3	Extension of City Centre ..	1. 9. 63	1,238
No. 4	Dunkirk and Wollaton ..	1. 9. 64	4,786
No. 8*a*	Rise Park Estate	1. 8. 67	730
No. 5	Wollaton and Bilborough ..	1. 6. 68	7,628
		TOTAL	22,892

Clean Air Act, 1956

During the year 159 complaints of smoke, grit, fume or odour which arose from industrial or commercial premises were investigated. Improvements in order to comply with the Act included the following works:

Chimney stacks renewed or extended ..	5
Chimney stacks demolished	7
Mechanical Stokers overhauled or renewed ..	8
New boilers installed	11
Conversion from coal- to oil-firing or gas-firing	3

In accordance with the provisions of Section 3 of the Clean Air Act, seven notices of intention to install a furnace in a building were received.

All plans and specifications submitted under Building Regulations to the City Planning Department were examined and advice given on proposed fuel burning installations, together with appropriate heights of chimneys where necessary.

FOOD SUPERVISION AND INSPECTION

Changes taking place in food processing and distribution continued at an increasing pace, bringing with them both advantages and disadvantages which solved some previous problems but also created new ones.

The rapidly growing frozen food industry has resulted in certain foods reaching the table in a fresh and attractive way without seasonal fluctuation; it was unfortunate, however, that faulty handling, usually by the shopkeeper, sometimes resulted in unsatisfactory frozen food reaching the housewife. This arose as a result of improper storage and stock rotation in refrigerated display cabinets. Such poor handling was associated not only with the small shopkeeper, who was often inexperienced in the handling of these foods, but also with the supermarket where such food displays were frequently in the hands of an untrained and possibly disinterested young assistant.

Sales of cooked chicken increased. Recent outbreaks of salmonella food poisoning in the north-west of England have clearly implicated broiler produced chickens as the vehicle of infection*. It is often the case that cooked chicken, particularly those cooked on a spit, do not always reach a satisfactory temperature for a sufficient period of time to kill all such possible contamination. This, together with the subsequent lack of rapid cooling and hygienic handling before sale, was also shown to be the cause of several cases of salmonella food poisoning during the year in Nottingham. Further details on page 12. The desire by some shopkeepers to sell warm chickens to their customers is obviously a practice that should be avoided.

An increasing amount of food sold was pre-packed. This certainly reduced the overall risk of contamination but it was often found that many of the forms of packaging used were not entirely satisfactory. For example, a thin plastic film may be easily torn and, indeed, may already have been pierced by a code number; the pack may be of a porous material and, for example, a large wrapped meat loaf may be cut by a driver/salesman in the course of his rounds, leaving an unprotected large portion of cooked meat. This latter case is aggravated if exemption has been sought and granted under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, from the need to provide hand washing facilities on the vehicle because no open food is considered to be carried.

The chain of food processing and distribution is becoming more complex and many people, untrained in the proper handling of food, are entering this chain. The truth is becoming more evident each year that only education in the basic principles of hygienic handling of food at all stages from the farm and factory to the table, will enable full advantage to be taken of legislation. Such legislation can ensure compliance to a minimum standard of amenity

*'Outbreak of Foodpoisoning caused by Salm. virchow in Spit-roasted Chicken' by Semple A. B., Turner G.C., and Lowry D.M.O. (1968): Brit. Med. J. 4 801.

and condition of premises and vehicles but cannot equally ensure the elimination of the faulty 'human element'.

In the course of 5,798 visits to various food premises, it was necessary on 418 occasions to draw attention to defects and contraventions of the Food Hygiene (General) Regulations, 1960. Requirements, including those outstanding from 1967, were met in 381 cases. The number of premises registered under Section 16 of the Food and Drugs Act, 1955, for the manufacture, storage or sale of ice-cream, or the manufacture of sausages, or potted, pressed, pickled or preserved food was 925, and 1,817 inspections were made of such premises. On page 127 will be found details of the types of food premises in the city, and those which are registered.

Legal proceedings were instituted for offences against the Food Hygiene (General) Regulations, 1960, or the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, in nineteen cases concerning 229 offences, and fines totalling £1,073. 0s. 0d. plus £49. 14s. 0d. costs were imposed. Most of the cases were in respect of unsatisfactory preparation or sale of 'hot dogs' and in one case the magistrates disqualified the owner from using his premises for the preparation of 'hot dogs' for a period of two years under Section 14 of the Food and Drugs Act, 1955. A list of these prosecutions is given on page 128.

Foreign Matter in Food

Complaints received from persons who had purchased food which was subsequently found to contain foreign matter or to be otherwise unsatisfactory were thoroughly investigated at the shop, and when necessary, at the place of manufacture, and appropriate action taken to prevent recurrence. In 11 cases official warning letters were sent to the offenders and in two cases manufacturers were prosecuted. These latter cases related to a fly in a pork pie and a metal nut in a loaf of bread, and in each case the offenders were fined £20. 0s. 0d. with costs of £5. 0s. 0d.

Shell Fish

Shell fish from various sources were received at the Sneinton Wholesale Market. The total weight found to be unfit for human consumption was 5 tons 14 cwts.

Samples of mussels were taken during the year from layings in England, Wales and Ireland. A total of 90 samples was submitted for bacteriological examination, only seven of which were reported as being unsatisfactory. Each of these seven samples contained more than fifteen faecal coli (type 1) per one gram of mussel tissue and in one sample Salm. panama was isolated. The necessary action was taken to prevent unsatisfactory mussels being exposed for sale

In addition, two samples of winkles and one sample of cockles, all of English origin, were examined and found to be satisfactory.

The Meat Supply

The Corporation-owned public slaughterhouse was the only building used for the slaughter of animals, the flesh of which was intended for human consumption. All carcases and offals were inspected in accordance with the Meat Inspection Regulations 1963, and all the meat passed as fit for human consumption was duly stamped. Confirmatory opinions on 38 specimens were obtained from the public health laboratory.

Improvements were carried out to the beef slaughter hall during the year which included the removal of the two stunning pens and the installation of a new one in a different position, which provided more space for the dressing of carcases. Facilities for the collection of blood, and a new floor, also made a great improvement in the hygienic condition of the slaughter hall. In addition, water sprays were provided for the washing of carcases as required by the Slaughterhouse (Hygiene) (Amendment) Regulations 1966.

There were no poultry processing premises in the city.

Transport

All vehicles operating from the public slaughterhouse were inspected regularly to ensure that their condition was in compliance with the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.

Disposal of Condemned Food

All meat and offals found on inspection to be unfit were removed by approved firms from the slaughterhouse 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 130.

The Milk Supply

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

Registrations—

The Milk and Dairies (General) Regulations, 1959.

Processing Dairies	2
Distributors operating from Wholesale Dairies	3
Shopkeeper Distributors	788

Licences—

The Milk (Special Designation) Regulations, 1963-65:

Dealers licensed to pasteurise	2
Dealers licensed to sterilise	2
Dealers licensed to apply ultra-heat treatment	1
Dealers licensed to sell pasteurised, sterilised or ultra-heat treatment	769

In January the first licence to process ultra heat treated milk in the city was issued. This milk is packed in cartons and has the advantage that it will keep for several months provided the carton remains unopened. Distribution has so far been limited to supermarket stores, for which premises dealer's licences were approved.

In the latter half of the year the sale of untreated farm bottled milk in the city was discontinued.

Sampling

Bacteriological Examination

Untreated Milk, Channel Islands, Farm Bottled: Thirty-six samples were subjected to the methylene blue test. All but four were satisfactory. These samples were also examined for the presence of brucella abortus, all with negative results.

Pasteurised Milk: A total of 600 samples including 136 which were additionally homogenised and 160 of Channel Islands quality were subjected to the methylene blue test. All but two of these samples passed the test.

Sterilised Milk: A total of 148 samples, processed under licence, was obtained for examination. All satisfied the turbidity test.

Chemical Examination

Of those samples analysed by the Public Analyst during the year, particulars were as follows:

Total milk samples examined	472 (inc. 9 Channel Island Milk)
Average fat content	3.795% (Channel Island 4.573%)
Average solids-other-than-fat content	8.759% (Channel Island 9.104%)

(The standard for milk is 'fat' 3.0% and 'solids-other-than-fat' 8.50%. For Channel Islands milk the minimum standard for 'fat' content is 4.0%)

Of the 536 samples subjected to the Gerber test 88 or 16.40% were unsatisfactory.

Action taken on Unsatisfactory Milk Samples

The City Analyst reported that following chemical examination 29 samples of milk were deficient in milk fat and/or milk solids-other-than-fat and the producers' attention was drawn to these deficiencies. In four cases the information was sent to the National Agricultural Advisory Service so that advice could be given to the producers concerned. A pint bottle of farm bottled Channel Island milk was found to contain a particle of vegetable matter, and the inspector visited the producers and advised on the hygienic production of milk. A sample of hot milk obtained from a catering establishment was found to contain extraneous water due to the method of heating the cold milk by steam injection, and the caterer received an official warning. An official warning was also sent to a dairyman following receipt of a complaint that a bottle of milk contained broken glass.

Ice Cream

All manufacturers of and dealers in ice-cream were registered under the provisions of the Nottingham Corporation Act, 1935, and their premises were also registered under the provisions of the Food and Drugs Act, 1955.

A total of 861 inspections was made.

Registrations

In force at the end of the year:

Manufacturers:		
'Hot Mix' method	..	4
'Cold Mix' method	..	1
'Soft Ices' ..	..	6
		11
Vendors and Dealers:		543
New registrations	..	44
Transfer of registrations		46

Sampling

A total of 43 samples was taken for chemical analysis; all conformed to the standard required by the Food Standards (Ice Cream) Regulations, 1959.

Five ice lollies also examined were found to be satisfactory.

Samples for bacteriological grading by the Methylene Blue reduction test were taken as under:

Grade	*Time taken to reduce methylene blue*	*No of specimens*
1	4 or more hours	210
2	2½—4 hours	11
3	1—2 hours	8
4	0—½ hour	3

The recommended standard is that, over a six-monthly period, 50 per cent of a vendor's samples should fall into Grade I, 80 per cent into Grade I or II, not more than 20 per cent into Grade III and none into Grade IV.

Lollies

Bacteriological examination of ten lollie samples showed them to be satisfactory.

Food Sampling

A total of 215 samples of food sent for bacteriological examination included sausages and sausage meat, pork, beef, mutton and poultry. Only five were reported as being unsatisfactory.

No samples of liquid egg were submitted; there was no egg pasteurisation plant in the city.

Samples were taken for chemical analysis as follows:

Formal ..	473	Analysed by City Analyst
Informal ..	499	„ „ „ „
Informal Milk	536	Tested by Inspector
	1,508	

Informal samples were found to be unsatisfactory in 24 cases, following which letters were sent to the individuals or firms concerned.

Other items dealt with were:

Packets of dried figs containing dead mites

Bottles of 'Spring Health Drink' rendered unsafe by internal gas pressure, caused by dampness and deterioration of contents

Sundry labelling irregularities

The average meat content of sausages sold in the city during the year was: pork sausage 67.96%: beef sausage 64.83%.

Details of the food reported upon by the City Analyst are shown on page 131.

ADMINISTRATION

BY

C. Victor Tubb, D.P.A.

Administrative Officer

Provision of System of Radio Communication

Historical Background

On the 1st September 1965, the Health Committee approved the introduction of radio communication for the domiciliary midwifery service at a cost of £12,000.

One of the main requirements considered necessary was that the mobile sets should be capable of being called individually (selective calling) by control. Under this system a midwife does not have to have her receiver switched on all the time and, therefore, whilst she is attending a patient, no messages intended for other midwives can be heard.

In the non-selective type of system, the receiver must be kept switched on all the time, and, therefore, messages which pass from control to any other midwife can be overheard.

Following advice from technical officers of the Corporation, and inspecting certain systems in operation, the Health Committee decided to invite the firm of Pye Telecommunications Limited to tender for the equipment necessary to provide the system required by the Committee. However, the use of selective calling equipment would have entailed further delay, since additional items needed to be installed in each mobile equipment and the cost was higher and delivery dates would have been longer.

After consultations with the firm, it was decided that a composite scheme be introduced for a six monthly trial period. Of 50 mobile sets required, 35 would not include selective calling facilities, but the remaining 15 would. As a result of experience arising from the use of the equipment during the trial period, a decision would be taken whether or not to standardise on selective calling. According to the decision reached, there would either be an additional payment to the firm or a rebate paid to the Corporation relative to the difference in price of the mobile sets.

Particulars of the System and the Cost

In August 1966, a quotation was received from Pye Telecommunications Limited for the supply of control and fixed station equipment, 35 mobile sets without selective calling and 15 mobile sets with selective calling, together with battery chargers, spare batteries, etc., at a total cost of £8,364. The control and fixed station equipment and the 35 mobile sets without selective calling were to be delivered within a period of three months from the date of the order, while the remaining 15 mobile sets with selective calling would be delivered some five to six months after that. The trial period was to start from the later date.

The equipment was ordered forthwith, but the firm did not keep to their delivery dates. The first part of the system with the non-selective calling sets came into operation in December 1966. The firm were even more behind with their dates of delivery for the selective calling sets and, in fact, the complete system did not come into operation until February 1968. The total cost has been £8,527, but this figure included some site works and spare batteries to the extent of about £150, for which money had been included in revenue estimates.

The control equipment is installed at the Ambulance Station at Beechdale Road—a member of the staff of the Ambulance Service mans the control during normal working hours and the Ambulance control officers take over during evenings and at weekends. There are three aerials to cover the whole of the City; one at Mapperley, one at the Bulwell Golf Course, and one at the block of flats, Newgate Court, Willoughby Street. In the first instance, the two aerials other than at Mapperley were sited in different positions, but experience showed that there were certain black spots in the City in spite of a comprehensive survey undertaken by the firm prior to installation. Discussions, therefore, took place with the firm and further investigations were undertaken, as a result of which the aerials were resited in their present positions. The firm undertook to meet all the costs of removals and re-erections.

The annual running costs of the systems are as follows:

	£
Rents and Licence	322
Maintenance of Equipment and Spares ..	1,050
Payment to Ambulance Service ..	1,000
Debt charges (7 years)	1,552
TOTAL	£3,924

EXPERIENCE OF OPERATION OF THE SYSTEM

In the first place, as stated above, owing to the fact that complete cover was not provided for the City, some difficulties were experienced in reception and transmission from notably the Clifton and Bulwell and Bestwood areas. The original aerials were sited on premises used by the Health Committee and there was, therefore, no difficulty in the way of erection. However, the sites for the new aerials are not in the control of this Committee, and the obtaining of the necessary permission has taken some time. The new mast locations have in fact been in use only since May 1968.

Following the re-location of aerials, reception and transmission within the whole of the City has been satisfactory, though it must be said that reception with the newer selective calling sets has been better than with the older non-selective sets due to the larger speaker provided.

The operator at control has made a considerable contribution towards the easy operation of the system. This is particularly so

since she has gained experience and knowledge of midwifery routine and the duty rota.

It can be said that the system is very much appreciated by all the midwifery staff.

Advantages of the System

The following are six main advantages which have been proved through operation of the system:

(a) Organisation of the midwifery service is much easier, and there is a great deal more flexibility of control. Midwives can be diverted easily from one case to another according to the requirements of the service.

(b) Patients, or the relatives of patients, are able to obtain the assistance of a midwife very quickly, there being only one telephone number to ring, namely that of control. Formerly two, three or even more telephone calls may have had to be made before a midwife at home could be reached.

(c) The midwife is able to get in touch, through control, with a general medical practitioner or the hospital in an emergency without leaving the side of the patient.

(d) Difficulties which have arisen through public telephone call boxes being out of action have been overcome entirely.

(e) Midwives who are 'on call' are now able to leave their homes. They are not tied to a telephone. Fewer midwives are required to be 'on call' at night than used to be the case in the past.

(f) In several instances, general medical practitioners have been assisted by being notified of other emergencies in their practice.

Selective or Non-selective?

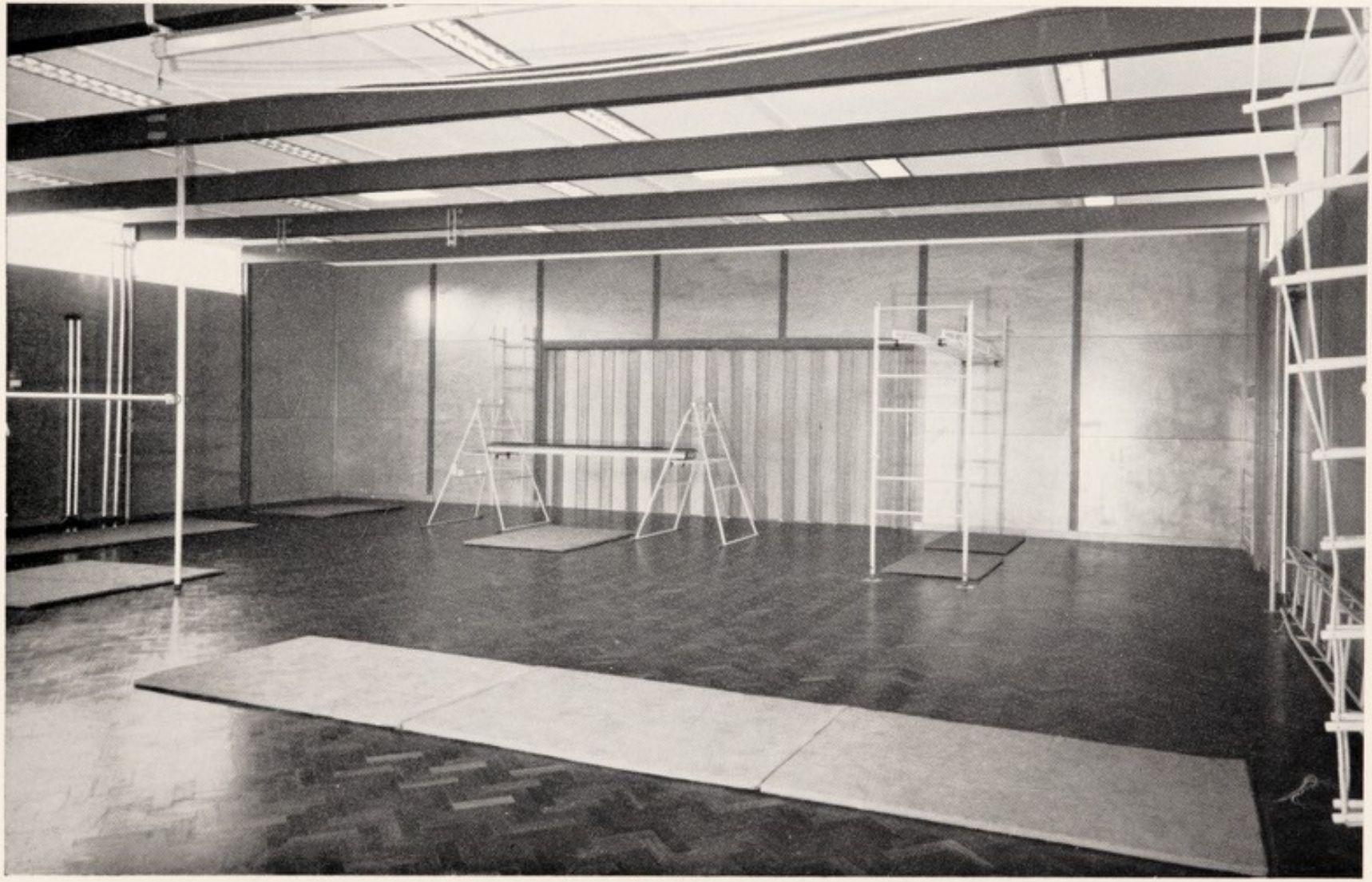
As was stated earlier, the original intention was that the whole of the system should be selective. Owing to supply and other difficulties, however, it was eventually decided to have part of the system non-selective and part selective, then to have a trial period of six months, and as a result of experience during that period, to decide whether or not the system should be standardised on selective calling equipment or non-selective.

It has been agreed with the firm that this trial period should start from the 1st June 1968, and there has, therefore, been seven months' experience during 1968 when both systems were in operation.

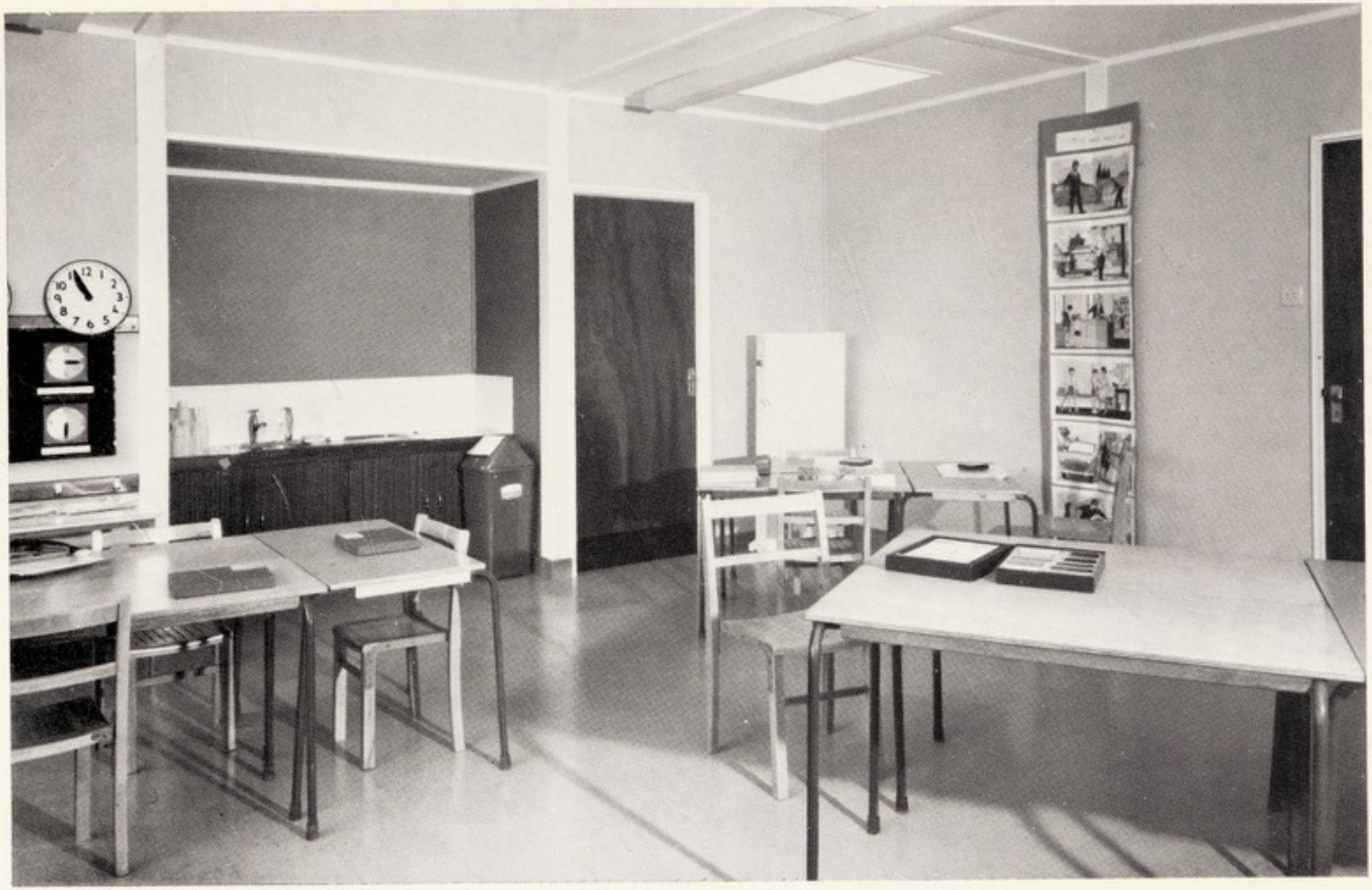
With regard to the selective calling sets, since these are newer and have a larger loudspeaker, the reception has proved to be better. The equipment is combined into one set, which means that it is more bulky. One of the original advantages was said to be confidentiality of messages from control to each mobile set. This has proved to be so. The receiver does not need to be switched on all the time and messages, therefore, cannot be overheard.

There have, however, proved to be disadvantages in that the design is different, as mentioned in the preceding paragraph. The equipment is more bulky and more difficult to carry around. Since

JUNIOR TRAINING CENTRE—ENTRANCE



JUNIOR TRAINING CENTRE—HALL/GYMNASIUM



JUNIOR TRAINING CENTRE—CLASSROOM

Dumping of unwanted vehicles

UNSATISFACTORY PREPARATION OF 'HOT DOGS'

the design is different, the present battery recharging facilities cannot be used on the selective equipment. There have proved to be a number of 'false calls' which have tended to undermine the reliability of the system. It is understood from talks with various manufacturers that selective calling systems are not in very great demand. It would seem, therefore, that if we standardise on selective equipment, it is likely that the service and spare situation will not be as satisfactory as it would be for a non-selective calling system.

With regard to the non-selective calling part of the present system, reception is satisfactory enough, though not as good as with the larger loudspeakers of the other sets. Being in two parts, a receiver and a transmitter, the equipment is easier to handle by the midwives. Recharging has presented no difficulty as each midwife has an individual battery charger. It has not been found to be the case that calls upset patients. In fact, it is reported by the Supervisor of Midwives that messages are generally very brief, it is only rarely that confidential details are transmitted, and, in any case patients hearing calls rarely understand them.

RECOMMENDATIONS

In view of the foregoing and having received reports from the Supervisor of Midwives, it was recommended that the system be standardised on non-selective calling equipment. It was also agreed that the selective calling mobile sets and the other equipment be returned to the manufacturers and replaced by non-selective calling sets and other equipment.

Mortuary

The mortuary in Canal Street received 742 bodies during the year, and autopsies to determine the cause of death were performed on 665 of them. In the previous year 652 bodies were received and 610 autopsies carried out.

Most of the bodies were those of persons who had died in the city and where the disposal of the remains was subject to the Coroner's jurisdiction. Five autopsies were conducted at the request of the Home Office.

Cost of Health Services

SERVICE	ACTUAL COST Year ended 31st March 1968						ESTIMATED COST Year ended 31st March 1969		
	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)	17,257	4,808	—	12,449	0.20	9.65	7,673	0.62	6.04
Public Health Inspection and other services	81,643	2,577	276	78,790	1.29	5 1.05	94,572	1.52	6 2.40
Health Centres ..	15,094	3,719	—	11,375	0.19	8.81	21,465	0.35	1 4.89
Maternal and Child Health	126,796	16,777	—	110,019	1.80	7 1.25	114,281	1.84	7 5.91
Midwifery	96,460	4,606	—	91,854	1.50	5 11.17	95,682	1.54	6 3.28
Health Visiting ..	57,178	3,760	100	53,318	0.87	3 5.31	59,303	0.95	3 10.66
Home Nursing ..	104,833	2,470	—	102,363	1.68	6 7.32	99,187	1.59	6 6.04
Vaccination and Immunisation ..	19,557	463	—	19,094	0.31	1 2.79	15,822	0.25	1 0.45
Ambulance ..	167,740	11,414	—	156,326	2.56	10 1.13	167,161	2.69	10 11.51
Prevention of Illness, Care and After-Care	52,405	2,508	—	49,897	0.82	3 2.66	47,539	0.76	3 1.40
Mental Health ..	77,445	2,596	—	74,849	1.23	4 10.00	105,068	1.69	6 10.66
Home Help ..	153,046	12,820	—	140,226	2.30	9 0.66	142,765	2.30	9 4.32
Other expenses ..	380	—	—	380	0.01	0.29	505	0.01	0.40
TOTAL	969,834	68,518	376	900,940	1 2.76	58 2.09	971,023	1 3.61	63 7.96

Analysis of Neonatal Deaths

	Total	Born at			Legitimate	Sex		Premature	Age at Death				Place in Family					Age of Mother						
		Hospital	Home	Nursing Home		M.	F.		0–23 hrs.	24–47 hrs.	2–6 days	7–27 days	1	2	3	4	5 or over	15–19	20–24	25–29	30–34	35–39	40–44	Not Known
Ante-natal causes:																								
(a) Toxaemia ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) *A.P.H.; no toxaemia ..	1	1	—	—	—	—	1	1	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—
(c) Rhesus incompatibility ..	1	1	—	—	1	—	1	—	1	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—
Intra-natal causes:																								
(a) Injury ..	10	7	3	—	8	7	3	5	10	—	—	—	5	1	2	—	2	2	2	3	2	1	—	—
(b) Anoxia ..	3	3	—	—	3	2	1	—	2	1	—	—	—	—	—	1	2	—	—	1	1	1	—	—
Prematurity only	29	25	4	—	25	22	7	29	19	3	6	1	8	10	4	—	7	5	11	7	2	4	—	—
Respiratory distress syndrome ..	10	9	1	—	7	6	4	7	4	4	1	1	5	1	—	2	2	1	4	2	2	—	1	—
Congenital malformation ..	15	14	1	—	13	8	7	3	9	—	1	5	6	3	2	1	3	4	3	5	2	1	—	—
Infection:																								
(a) Respiratory ..	4	3	1	—	3	1	3	—	1	1	1	1	1	1	2	—	—	—	1	2	1	—	—	—
(b) Gastro-intestinal	1	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1	—	—
(c) Other ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other causes ..	4	3	1	—	3	2	2	—	4	—	—	—	1	1	1	—	1	1	1	2	—	—	—	—
TOTAL ..	78	67	11	—	63	48	30	45	51	9	9	9	26	18	12	4	18	13	22	24	10	8	1	—

*Ante-partum haemorrhage

Analysis of Stillbirths

	Total	Born at			Legitimate	Sex		Premature	Place in Family					Age of Mother					
		Hospital	Home	Nursing Home		M.	F.		1	2	3	4	5 or over	15–19	20–24	25–29	30–34	35–39	40–44
Ante-natal causes:																			
(a) Toxaemia	8	7	1	—	5	4	4	7	6	1	—	1	—	1	3	2	1	1	—
(b) *A.P.H.; no toxaemia..	16	15	1	—	11	11	5	9	6	3	4	1	2	2	6	4	3	1	—
(c) Rhesus incompatibility	6	6	—	—	6	2	4	3	—	2	4	—	—	—	3	1	1	—	—
Intra-natal causes:																			
(a) Injury	1	1	—	—	1	1	—	1	—	1	—	—	—	—	1	—	—	—	—
(b) Anoxia	15	12	3	—	12	9	6	5	5	2	4	—	4	1	5	2	5	1	1
(c) †Intra-uterine death ..	17	12	5	—	13	11	6	10	5	3	6	2	1	3	7	3	2	2	—
Placental insufficiency ..	12	7	4	1	11	8	4	5	2	3	2	3	2	—	3	3	2	4	—
Congenital malformation ..	14	13	1	—	8	6	8	10	9	2	—	2	1	1	8	3	1	1	1
Other causes	3	3	—	—	1	1	2	—	2	—	1	—	—	2	1	—	—	—	—
TOTAL	92	76	15	1	68	53	39	50	35	17	21	9	10	10	37	18	15	10	2

*Ante-partum haemorrhage †Cause not determined

Vaccination of Children Under Age 16
Completed during 1968

COMPLETED PRIMARY COURSES

Type of Vaccine	Year of Birth					Others under age 16	Total
	1968	1967	1966	1965	1961–1964		
Triple DTP ..	1,619	2,092	275	110	114	8	4,218
Diphtheria/Tetanus ..	2	—	2	11	396	130	541
Diphtheria alone ..	—	—	—	—	2	1	3
Whooping cough alone	—	—	—	—	—	—	—
Tetanus alone	—	—	—	1	4	106	111
Poliomyelitis	1,548	2,082	278	125	339	99	4,471
Measles ..	22	487	549	412	2,553	45	4,068
Diphtheria ..	1,621	2,092	277	121	512	139	4,762
Whooping cough ..	1,619	2,092	275	110	114	8	4,218
Tetanus ..	1,621	2,092	277	122	514	244	4,870
Poliomyelitis	1,548	2,082	278	125	339	99	4,471

REINFORCING DOSES

Type of Vaccine	Year of Birth					Others under age 16	Total
	1968	1967	1966	1965	1961–1964		
Triple DTP ..	5	1,408	828	76	195	15	2,527
Diphtheria/Tetanus ..	—	3	4	8	3,402	62	3,479
Diphtheria alone ..	—	—	—	—	58	25	83
Whooping cough alone	—	—	—	—	—	—	—
Tetanus alone	—	—	—	2	8	52	62
Poliomyelitis	3	1,385	706	44	3,583	101	5,822
Measles ..	—	—	—	—	—	—	—
Diphtheria ..	5	1,411	832	84	3,655	102	6,089
Whooping cough ..	5	1,408	828	76	195	15	2,527
Tetanus ..	5	1,411	832	86	3,605	129	6,068
Poliomyelitis	3	1,385	706	44	3,583	101	5,822

Smallpox Vaccination of Children 1968

Age at date of Vaccination	*Number of Children Vaccinated (or re-vaccinated during period)*	
	Number Vaccinated	*Number Re-vaccinated*
0—3 months	13	—
3–6 months	19	—
6–9 months	11	—
9–12 months	47	—
1 year ..	2,081	2
2–4 years ..	679	23
5–15 years ..	117	93
TOTAL ..	2,967	118

Tuberculin Test and B.C.G. Vaccination 1968

A. CONTACTS:

Number skin tested	387
Number found positive ..	70
Number found negative ..	282
Number vaccinated	352

B. SCHOOL CHILDREN:

Number of 13 year old children	4,952
Number of acceptances ..	3,664
Number skin tested	3,735
Number found positive ..	282
Number found negative ..	3,053
Number vaccinated	3,053

Confinements in the City

Place	Nottingham Mothers			Others			Totals
	Total	*Live*	*Stillborn*	*Total*	*Live*	*Stillborn*	
At home:							
Conducted by midwife	2,041	2,030	11	8	8	—	2,049
,, ,, private doctor	1	1	—	—	—	—	1
,, ,, county midwife ..	1	1	—	—	—	—	1
Born in ambulance	—	—	—	1	1	—	1
	2,043	2,032	11	9	9	—	2,052
Hospitals:							
City	2,394	2,345	48	806	777	30	3,200
Firs	567	559	8	696	679	17	1,263
General	1	1	—	—	—	—	1
Women's	623	603	20	1,616	1,573	43	2,239
,, St. Mary's Annexe	38	37	1	70	70	—	108
Highbury	233	229	4	1,036	1,020	16	1,269
	3,856	3,774	81	4,224	4,119	106	8,080
TOTAL	5,899	5,806	92	4,233	4,128	106	10,132

HEALTH VISITING

Summary of Visits during 1968

Visits in connection with	**1968**	*1967*	*1966*	*1965*	*1964*	*1963*
Pre-School Children:						
*Primary visits	**32,188**	30,571	30,641	32,365	33,624	33,518
Revisits ..	**54,824**	49,947	47,225	58,278	73,662	74,574
Old People:						
Primary visits	**1,017**	724	814	1,143	1,451	395
Revisits ..	**1,752**	1,280	1,347	1,930	3,993	4,536
Expectant Mothers:						
Primary visits	**168**	143	156	241	365	402
Revisits ..	**84**	107	162	231	373	561
Housing ..	**20**	9	18	222	94	82
Hospital after-care ..	**61**	85	61	208	200	66
Diabetes ..	**36**	17	16	51	83	45
Vaccination and immunisation ..	**21**	9	36	36	103	38
Infectious disease ..	**—**	10	1	15	10	14
Eye conditions	**2**	—	—	1	—	5
B.C.G. vaccination ..	**—**	2	—	1	1	4
Neo-natal enquiry ..	**2**	3	—	—	1	3
Stillbirth ..	**5**	7	1	2	4	2
Other ..	**582**	594	426	792	581	693
NUMBER OF HOME VISITS	**90,762**	83,408	80,904	95,516	114,545	114,938
"NO ACCESS" VISITS ..	**26,200**	22,430	18,147	22,171	23,748	22,049
TOTAL VISITS	**116,962**	105,838	99,051	117,687	138,293	136,987

*Commencing 1963 "primary visits" comprise first visits in each year

Attendances at Welfare Centres

	Ante-natal and Post-natal Clinics										*Infant Clinics*			*Toddler Clinics*		
	Doctors' Clinics				*Midwives' Clinics*			*Relaxation Clinics*								
	No. of Sessions	*New Cases*	*Post-natal At'nd-ances*	*Total At'nd-ances*	*No. of Sessions*	*New Cases*	*Total Attend-ances*	*No. of Sessions*	*Total Attend-ances*	*Attend-ances for Blood only*	*No. of Sessions*	*New Cases*	*Total Attend-ances*	*No. of Sessions*	*New Cases*	*Total Attend-ances*
Aspley ..	23	3	1	22	50	239	903	—	—	162	97	236	3,090	11	105	142
Basford ..	32	6	6	58	101	401	1,512	50	406	312	98	242	3,170	13	—	156
Bestwood Park (from 21.10.68) ..	—	—	—	—	—	—	—	—	—	—	12	23	390	8	—	108
Bilborough ..	13	—	1	21	50	226	509	27	326	20	50	128	1,581	9	5	82
Bulwell ..	24	6	3	57	51	250	1,044	49	279	185	101	316	3,139	11	1	149
Edwards Lane ..	36	1	2	25	50	261	1,036	47	250	111	88	335	2,873	42	14	840
Ernest Purser ..	24	6	1	12	50	380	1,254	45	253	109	101	417	3,694	48	64	848
Hyson Green ..	13	—	—	—	—	—	—	—	—	58	102	477	5,516	14	2	221
John Ryle H. C.	37	—	—	—	51	391	1,710	52	681	406	181	377	5,211	9	3	342
Mapperley (from 23.10.68) ..	—	—	—	—	—	—	—	—	—	—	10	53	171	—	—	—
Radford ..	58	3	10	53	73	635	2,087	48	542	631	153	690	5,772	49	29	949
Sherwood Rise ..	31	14	—	119	49	589	2,010	—	—	426	101	518	3,438	29	100	1,331
Sneinton ..	80	48	23	514	51	691	2,014	54	472	473	148	604	4,882	46	33	788
Wollaton ..	—	—	—	—	—	—	—	—	—	—	101	211	2,871	—	—	—
Totals ..	**371**	**87**	**47**	**881**	**576**	**4,063**	**14,979**	**372**	**3,209**	**2,893**	**1,343**	**4,627**	**45,798**	**289**	**356**	**5,956**

Attendances at Day Nurseries

	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*
January ..	18	181	409	—	144	450	47	287	294	6	128	383	12	217	316	16	170	458	18	199	371
February ..	2	235	478	—	163	499	37	343	297	25	158	430	20	231	344	19	198	528	21	205	352
March ..	—	233	514	—	180	480	51	321	323	38	178	569	21	255	333	1	236	521	21	250	467
April ..	—	242	433	—	118	445	34	288	276	17	144	492	19	166	345	3	166	457	—	192	384
May ..	—	281	574	—	137	613	60	343	311	19	201	566	23	201	508	8	229	549	20	253	549
June ..	—	149	347	—	80	405	62	249	243	5	144	529	13	159	356	—	196	448	16	186	407
July ..	14	199	421	—	115	496	49	328	314	—	135	625	—	204	466	21	207	533	29	168	419
August ..	9	101	237	—	58	262	12	153	160	—	55	300	—	55	130	21	83	229	24	44	65
September ..	27	201	489	—	82	449	41	328	247	1	156	545	4	165	395	32	160	531	23	150	338
October ..	20	212	539	—	116	554	57	386	342	20	197	622	—	250	507	33	200	564	24	229	396
November ..	20	157	541	—	193	491	54	327	269	10	144	524	—	240	443	—	186	559	18	129	403
December ..	13	128	377	—	85	423	26	262	213	—	136	380	—	177	326	—	132	428	10	98	303
	123	2.319	5,359	—	1,471	5,567	530	3,612	3,299	141	1,776	5,965	112	2,320	4,469	154	2,163	5,785	224	2,103	4,454
Totals		7,801			7,038			7,441			7,882			6,901			8,022			6,781	

Age Groups: *A:* 0–6 months *B:* 6 months–2 years *C:* 2 years–5 years

Total Attendances: 1,284 15,764 34,898 Grand Total: 51,946

HOME NURSING SERVICE

Comparative Index of Work over Seven Years

	1968	1967	1966	1965	1964	1963	1962
Register 1st January ..	2,052	1,801	1,865	1,837	1,828	1,736	1,707
New patients	3,934	4,063	3,912	3,962	3,893	4,185	4,372
Total visited	5,986	5,864	5,777	5,799	5,721	5,921	6,079
Register 31st December	2,106	2,052	1,801	1,865	1,837	1,828	1,736
Total nursing visits ..	187,202	188,683	192,386	203,953	203,802	207,987	207,483
Total supervisory visits	1,410	1,953	2,883	2,298	1,720	1,944	2,474
Case load — visits per month per nurse ..	257	251	250	259	262	269	264
Type of illness							
Cardio-vascular ..	1,207	1,202	1,197	1,324	1,414	1,431	1,271
Central nervous ..	826	778	732	810	735	712	864
Alimentary ..	626	667	615	520	513	663	757
Respiratory ..	367	388	508	516	616	614	689
Malignant diseases ..	599	637	594	566	534	527	497
Senility ..	442	402	415	398	350	330	285
Skin diseases	412	396	362	296	254	296	218
Rheumatism, Arthritis ..	376	331	288	274	266	286	239
Trauma ..	405	378	370	334	275	279	—
Diabetes ..	243	239	269	289	265	269	277
Genito-urinary ..	249	236	221	219	228	243	336
Tuberculosis	104	98	100	113	131	137	159
Infectious fevers ..	7	1	2	3	2	6	11
Other ..	123	89	104	137	138	128	476
TOTALS	5,986	5,864	5,777	5,799	5,721	5,921	6,079
Age Groups of Patients							
4 years and under ..	0.9%	1.0%	0.9%	0.9%	0.9%	0.9%	1.2%
5—14 years	1.7%	1.3%	1.5%	2.3%	1.8%	1.7%	1.3%
15—44 ,, ..	10.0%	11.5%	10.0%	11.7%	10.9%	12.1%	10.8%
45—64 ,, ..	23.0%	23.3%	23.7%	23.1%	23.9%	23.9%	24.6%
65 and over ..	64.4%	62.9%	63.9%	61.9%	62.5%	61.4%	62.1%

Loan of Nursing Equipment

ISSUED BY HOME NURSING SERVICE

Article	**1968**	1967	1966	1965	1964	1963	1962
Air rings ..	**249**	258	257	263	277	242	248
Bed pans ..	**621**	663	768	789	785	856	886
Back rests ..	**324**	387	326	492	455	499	462
Barrier outfits	**92**	183	371	316	322	400	441
Cradles ..	**152**	170	155	125	103	110	99
Crutches ..	**27**	32	31	20	15	25	26
Draw sheets..	**58**	81	85	97	218	255	197
Elbow crutches	**12**	11	10	16	17	7	15
Feeding cups	**54**	66	76	71	65	77	65
Incontinent gowns ..	**15**	13	16	16	32	53	32
Infectious outfits ..	**2**	4	7	6	6	8	6
Lifting apparatus	**2**	4	5	13	10	7	—
Mackintosh sheets ..	**92**	144	265	489	636	780	843
Midwifery outfits ..	**1**	5	7	8	8	13	15
Sorbo cushions	**239**	264	318	319	367	496	478
Syringes 5cc. T.B. ..	**64**	91	307	346	319	387	426
Syringes 2cc.	**—**	—	—	—	—	1	1
Syringes others	**—**	13	3	—	4	6	14
Urinals ..	**385**	389	445	400	409	437	393
Walking tripods	**200**	197	171	139	100	68	24
TOTALS ..	**2,589**	2,975	3,623	3,925	4,148	4,727	4,671

ISSUED FROM HEALTH SERVICE STORE

Article	**1968**	1967	1966	1965	1964	1963	1962
Air beds ..	**—**	—	—	1	—	—	—
Bed tables ..	**3**	5	3	2	4	4	4
Bedsteads ..	**150**	85	99	65	66	89	62
Commodes ..	**732**	429	351	295	271	196	196
Invalid chairs	**267**	162	142	152	190	140	129
Mattresses ..	**197**	98	101	72	76	104	75
Self lifting poles ..	**43**	28	20	14	9	—	—
Walking frames	**27**	15	9	7	—	—	—
TOTALS ..	**1,419**	822	725	608	616	533	466

IN ADDITION TO THE ABOVE, THE FOLLOWING DISPOSABLE EQUIPMENT WAS ISSUED

Article	**1968**	1967	1966	1965	1964	1963	1962
Draw sheets..	**825**	561	670	780	866	473	451
Polythene sheets ..	**1,216**	996	960	436	360	200	48
Incontinence pads:							
thick ..	**40,604**	31,788	24,492	17,520	325	—	—
thin ..	**6,792**	8,460	8,208	13,680	21	—	—

Epilepsy and Cerebral Palsy

The number of persons known to be suffering from epilepsy and cerebral palsy is shown below. Although an individual may be known to more than one service of the Local Authority he is shown in the table under the service mainly concerned with his welfare.

	Education	*Mental Health*	*Welfare*	*Others*	TOTAL
Cerebral palsy ..	28	65	36	19	148
Epilepsy	153	162	34	7	356
Cerebral palsy and epilepsy	4	20	2	—	26

Incidence of Blindness

BLIND	*Cause of Disability*			
	Cataract	*Glaucoma*	*Retrolental Fibro-plasia*	*Others*
(1) Cases registered during the year in respect of which para. 7 *(c)* of Forms B.D.8 recommends:				
(a) No treatment ..	4	1	—	13
(b) Treatment (medical, surgical or optical) ..	23	11	—	34
(2) Cases at (1)*(b)* above which on follow up action have received treatment ..	10	11	—	32
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
(b) Treatment (medical, surgical or optical) ..	16	7	—	9
(2) Cases which received follow up treatment	8	7	—	9

Number of blind persons on register at 31st December ..	782
Number of partially sighted persons on register at 31st December	197

Convalescence arranged 1964-1968

Name of Convalescent Home	1968	1967	1966	1965	1964
Regional Hospital Board Homes: (Sheffield Region):					
Carey House, Skegness ..	11	19	7	18	27
Seely House, Skegness ..	12	14	7	18	18
Sheffield Works' Convalescent Association:					
Langwith Lodge, Nether Langwith	1	—	3	2	3
Smedley Memorial Hospital Matlock	3	2	1	2	—
TOTAL	27	35	18	40	48
Independent Homes:					
George Woofinden Home, Mablethorpe	16	13	21	22	29
Evelyn Devonshire Home, Buxton	3	3	5	4	4
Hunstanton C. H.	11	8	11	10	—
Charnwood Forest Children's C. H.	—	—	—	3	1
Victorian C. H. and Princess Mary M. H. Bognor	—	—	1	—	1
Hillside Nursing Home Newark	—	—	—	—	1
"Seabright" C. H., St. Anne's-on-Sea	—	2	1	—	1
W.R.V.S. Holiday Pavilion — Chigwell	—	—	—	—	1
W.R.V.S. Home, Ilkley ..	—	2	2	3	—
Mildmay C. H., Worthing ..	—	—	2	—	—
W.R.V.S. Home, Felixstowe ..	—	1	—	—	—
Cripples' Guild Home, Mablethorpe	2	6	—	—	—
Binswood Home, Manchester ..	3	—	—	—	—
Chaucer Home, Skegness ..	2	—	—	—	—
TOTAL	37	35	44	42	38

Age Distribution

	Regional Hospital Board Homes			*Independent Homes*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
0-5 years ..	—	—	—	—	—	—
5-19 ,, ..	—	—	—	—	—	—
20-29 ,, ..	—	3	3	—	2	2
30-39 ,, ..	1	2	3	—	—	—
40-49 ,, ..	2	2	4	—	2	2
50-59 ,, ..	1	2	3	—	4	4
60-69 ,, ..	4	5	9	4	9	13
70-79 ,, ..	3	2	5	2	11	13
80-89 ,, ..	—	—	—	—	3	3
90+ ,, ..	—	—	—	—	—	—
TOTAL ..	11	16	27	6	31	37

Reasons for convalescence

Type of Illness	*Numbers sent to Regional Hospital Board Homes*					*Numbers sent to Independent Homes*				
	1968	1967	1966	1965	1964	**1968**	1967	1966	1965	1964
Debility ..	—	6	2	1	4	**12**	12	13	15	17
Respiratory	**8**	6	5	7	10	**6**	5	8	4	3
Cardio-vascular ..	**3**	5	1	10	9	**5**	5	7	3	9
Nervous ..	**7**	11	2	—	3	**4**	5	4	11	1
Rheumatic ..	**1**	2	—	6	2	**3**	4	8	6	5
Digestive	**4**	2	—	5	5	**5**	3	2	2	1
Reproductive	**1**	1	—	3	2	**2**	—	—	—	1
Injury ..	—	—	—	2	3	—	—	—	1	—
Diabetic ..	**2**	—	3	2	3	—	1	1	—	—
Urinary ..	**1**	2	—	1	—	—	—	—	—	—
Others ..	—	—	5	3	7	—	—	1	—	1
TOTAL ..	**27**	35	18	40	48	**37**	35	44	42	38

MENTAL HEALTH SERVICE

Subnormal and Severely Subnormal Persons

New Cases Reported	*Males*	*Females*	*Totals*
Reported by:			
Local Education Authority	26	13	39
Other sources	13	7	20
	39	20	59
Disposal of cases:			
Admitted to hospital	—	—	—
Attending Training Centre	20	8	28
Community care	19	12	31
	39	20	59

Number of Persons Reported as Mentally Ill

	Under 65 years		*Over 65 years*		*Totals*
	Male	*Female*	*Male*	*Female*	
Reported by:					
Police	47	51	7	12	117
Hospitals	84	78	7	31	200
Medical practitioners	74	74	46	101	295
Relatives	28	28	7	9	72
Others	41	37	18	31	127
TOTAL	274	268	85	184	811
Disposal:					
Admitted under Section 25	39	55	4	12	110
Admitted under Section 26	—	2	—	1	3
Admitted under Section 29	38	46	8	8	100
Admitted as informal patient	84	73	30	69	256
Admitted others ..	1	1	1	1	4
TOTAL ADMITTED TO HOSPITAL ..	162	177	43	91	473
For community care	21	26	11	29	87
Not accepted ..	50	30	16	25	121
Referred to:					
Welfare Services ..	1	1	2	2	6
Family doctor ..	17	8	6	21	52
O/P Clinic ..	21	25	—	3	49
Day Hospital ..	2	1	7	13	23
TOTAL	274	268	85	184	811

AMBULANCE SERVICE

Driver/Attendant—Patient Ratio

Date	*Number of Driver/ Attendants*	*Number of Patients*	*Proportion*
31.12.49 ..	60	54,297	1 : 904
31.12.50 ..	61	62,858	1 : 1,030
31.12.55 ..	63	93,405	1 : 1,482
31.12.56 ..	70	95,551	1 : 1,365
31.12.60 ..	72	125,597	1 : 1,744
31.12.61 ..	76*	147,843	1 : 1,945
31.12.62 ..	77	157,736	1 : 2,048
31.12.63 ..	77	167,744	1 : 2,178
31.12.64 ..	78	179,672	1 : 2,303
31.12.65 ..	80	180,901	1 : 2,261
31.12.66 ..	85†	190,760	1 : 2,244
31.12.67 ..	87	195,829	1 : 2,251
31.12.68 ..	89	203,959	1 : 2,292

*42 hour week introduced †40 hour week introduced

Vehicle—Patient Ratio

Date	*Number of Vehicles*	*Number of Patients*	*Proportion*
31.12.49 ..	22	54,297	1 : 2,468
31.12.51 ..	26	68,896	1 : 2,649
31.12.55 ..	27	93,405	1 : 3,459
31.12.56 ..	29	95,551	1 : 3,294
31.12.61 ..	30	147,843	1 : 4,928
31.12.62 ..	30	157,736	1 : 5,258
31.12.63 ..	30	167,744	1 : 5,591
31.12.64 ..	31	179,672	1 : 5,796
31.12.65 ..	30	180,901	1 : 6,030
31.12.66 ..	32	190,760	1 : 5,961
31.12.67 ..	32	195,789	1 : 6,118
31.12.68 ..	33*	203,413	1 : 6,164

*Estate car vehicle which conveyed 546 patients not included in this figure

Total Patients and Miles

1968	Emergencies		Admissions		Discharges		Out-patients		Unclassified		Non-Service	Total	
	P.	M.	P.	M.	P.	M.	P.	M.	P.	M.	M.	P.	M.
January ..	780	4,122	996	7,715	1,035	6,620	14,651	39,308	26	389	1,639	17,488	59,793
February ..	710	3,896	956	7,639	1,039	5,935	13,965	36,454	23	230	1,348	16,693	55,502
March ..	819	4,436	972	7,894	1,111	7,342	14,359	37,449	14	175	1,557	17,275	58,853
April ..	692	3,927	986	7,498	1,101	6,484	13,234	35,635	26	284	1,635	16,039	55,463
May ..	755	4,136	953	7,191	1,220	8,297	15,446	40,773	33	386	1,629	18,407	62,412
June ..	811	4,550	960	8,488	1,020	6,619	12,608	33,232	25	395	1,754	15,424	55,038
July ..	832	4,714	962	8,046	1,143	8,406	15,008	39,772	20	359	1,288	17,965	62,585
August ..	865	5,003	950	7,975	1,195	7,219	13,851	37,139	28	379	1,210	16,889	58,925
September	793	4,457	923	6,901	1,129	8,017	13,182	34,161	21	173	1,197	16,048	54,906
October ..	843	4,567	974	8,323	1,071	6,542	15,446	41,272	20	247	1,522	18,354	62,473
November	840	4,752	931	7,577	1,130	8,586	14,517	37,024	30	217	1,352	17,448	59,508
December ..	823	4,934	1,002	7,918	955	5,775	13,137	35,387	12	139	1,315	15,929	55,468
TOTAL ..	9,563	53,494	11,565	93,165	13,149	85,842	169,404	447,606	278	3,373	17,446	203,959	700,926

P—Patients M—Miles

Patients and Miles by each type of Vehicle

Month	*Ambulances*		*Estate Car Vehicles*		*Dual-purpose Vehicles*		*Total*	
1968	*Patients*	*Miles*	*Patients*	*Miles*	*Patients*	*Miles*	*Patients*	*Miles*
January ..	7,000	28,317	81	1,061	10,407	30,415	17,488	59,793
February ..	6,324	25,446	41	2,103	10,328	27,953	16,693	55,502
March ..	6,583	27,571	46	2,934	10,646	28,348	17,275	58,853
April ..	6,295	26,384	34	2,116	9,710	26,963	16,039	55,463
May ..	7,241	28,722	47	3,215	11,119	30,475	18,407	62,412
June ..	5,634	24,413	48	3,165	9,742	27,460	15,424	55,038
July ..	6,425	27,766	59	2,894	11,481	31,925	17,965	62,585
August ..	6,344	27,927	20	1,285	10,525	29,713	16,889	58,925
September	6,532	26,530	43	2,797	9,473	25,579	16,048	54,906
October ..	7,257	30,068	28	2.891	11,069	29,514	18,354	62,473
November ..	6,753	27,916	50	3,180	10,645	28,412	17,448	59,508
December ..	6,229	27,851	49	1,849	9,651	25,768	15,929	55,468
TOTALS	78,617	328,911	546	29,490	124,796	342,525	203,959	700,926

Financial Summary and Statistical Record from 1948 to 1968

Year ended on 31st December	*Total miles* 1	*Total patients* 2	*Average miles per patient* 3	*Patients carried per thousand miles run* 4	*Cost per vehicle mile for year ended on preceding 31st March* 5	*Maximum mileage on any one day* 6	*Maximum number of patients on any one day* 7	*Highest number of emergency calls on any one day* 8	*Total expenditure for year ended on preceding 31st March* 9
					d.				£
1948 (6 months)	147,317	23,301	6.32	158.17	—	—	—	—	—
1949	301,426	54,297	5.55	180.13	22.66	1,498	246	27	28,154 (9 months)
1950	321,673	62,858	5.12	195.41	27.92	1,445	287	25	37,440
1956	397,636	95,551	4.09	244.41	33.45	1,658	425	30	60,947
1959	453,686	111,011	4.04	247.28	40.80	1,957	528	31	85,730
1960	470,140	125,597	3.71	269.60	37.47	1,980	568	34	85,605
1961	510,018	147,843	3.43	291.33	39.64	2,227	633	34	92,247
1962	503,812	157,736	3.19	313.48	44.77	2,246	672	33	107,369
1963	536,735	167,744	3.20	312.53	44.81	2,398	742	42	108,444
1964	576,414	179,672	3.21	311.53	44.22	2,483	767	59	111,570
1965	598,550	180,901	3.31	302.23	48.45	2,644	744	42	118,340
1966	638,589	190,760	3.36	298.72	52.95	2,660	793	43	134,658
1967	661,246	195,829	3.38	296.15	54.22	2,777	817	48	145,787
1968	700,926	203,959	3.44	290.99	56.88	2,889	833	44	158,980

Summary of Complaints Received and the Action Taken

Complaints received:	
Housing defects	2,152
Choked or defective drains and sewers	1,054
Overcrowding	203
Dirty houses	109
Defective dustbins	389
Accumulations of refuse	567
Offensive odours	158
Nuisance from smoke, grit and fumes	103
Nuisance from empty properties	63
Water in cellars	98
Keeping of animals	78
Noise nuisance	50
Caravans	8
Food hygiene	47
Nuisance from pigeons	45
Insect pests	741
Rats and mice	2,739
Miscellaneous	165
TOTAL	8,769
Nuisances remedied following the serving of notices:	
Additional water closets provided	2
Water closets cleansed	2
Courts, yards and passages paved or cleansed	43
Drains repaired or cleared	229
Dustbins provided	264
Factories	11
Dirty houses	7
Keeping of animals	3
Accumulation of refuse	187
Water closets repaired or cleansed	486
Miscellaneous nuisances	36
TOTAL	1,270
Complaints referred to other Corporation Departments following investigation	622
Housing defects remedied:	
Coppers	2
Fireplaces	164
Floors and ceilings	331
Rain water gutters and down spouts	350
Roofs	932
Walls	472
Sinks	66
Water pipes and fittings	47
Windows	349
Others	297
TOTAL	3,010

Number of houses involved in the foregoing defects .. 1,757

Statutory Notices

		Complied with
Total number served		1,032
Public Health Act, 1936:		
Section 39	Drainage	154
Section 44	Inadequate closet accommodation	2
Section 45	Closets	10
Section 56	Paving of courts, yards and passages, dwelling-houses	29
Section 75	Dustbins	72
Section 92	Houses	241
Section 287	Notice of entry	4
Public Health Act, 1961:		
Section 17	Stopped-up drains	187
Nottingham Corporation Act, 1923:		
Section 73	Repair of water-closets	78
Housing Act, 1957:		
Section 9		258
TOTAL		1,035

Consequent upon the failure of owners to comply with statutory notices, the Corporation ordered work on private contractors and recovered expenses incurred in 113 cases as follows:

	£ s. d.
Nottingham Corporation Act, 1923:	
Section 73	18 14 6
Housing Act, 1957:	
Sections 9 and 10	491 15 7
Public Health Act, 1936:	
Section 39	112 2 10
Public Health Act, 1961:	
Section 17	243 5 3
TOTAL	£865 18 2

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 £23. 4s. 9d.

Insects received in the Department for Identification

Beetles

Anobium punctatum	2
Attagenus pellio	5
Dermestes lardarius	1
Harpalus rufipes	2
Melolontha melolontha	1
Nacerdes melanura	2
Ocypus olens	4
Oryzaephilus surinamensis	1
Otiorrhynchus	1
Ptinus tectus	14
Serica brunnea	1
Sitophilus oryzae	1
Stegobium paniceum	6
Tenebrio molitor	15

Flies

Anopheles claviger	1
Culex pipiens	1
Eristalis tenax	1
Megaselia rufipes	1
Paracollinella fontinalis	2
Psychoda severini	2

Larvae

Anopheles claviger	1
Anthrenus museorum	1
Attagenus pellio	2
Calliphora	2
Hofmannophila pseudo-spretella	2
Lucilia	1
Ptinus tectus	1

Miscellaneous

Bryobia praetiosa	4
Carpenter bee	1
Ceratophyllus gallinae	1
Ctenocephalides felis	3
Ixodes ricinus	1
Mason wasp	2
Mining bees	1
Mites	2
Pelmatosilpha larifuga	1
Phthirus pubis	1
Psocids	4
Pulex irritans	2
Spring tails	2

Water Supply—Chemical Results—1968

(Results in parts per million)

	Basford	*Bestwood*	*Boughton*	*Burton Joyce*	*Halam*	*Lambley*	*Markham*	*Papple-wick*	*Rufford*	*Salter-ford*	*Ompton*	*Eastwood*
Total solids ..	521	290	269	391	160	171	173	196	210	192	180	94
Sal. ammonia ..	Nil	Nil	0.012	Nil	Nil	Nil	Nil	0.014	Nil	Nil	Nil	0.030
Alb. ammonia..	0.012	0.008	0.014	0.008	0.011	0.012	0.012	0.014	0.008	0.012	0.012	0.038
Oxygen demand	0.12	0.08	0.12	0.08	0.08	0.12	0.10	0.16	0.08	0.08	0.12	0.32
Nitrite N. ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0.04
Nitrate N. ..	15.2	9.3	7.4	0.96	2.42	2.36	1.82	5.00	3.27	5.86	2.40	0.82
Chloride Cl ..	46	25	37	16	10	11	11	21	37	22	16	11
Carb. Hardness	170	95	120	185	120	120	140	55	70	55	130	25
Non Carb. Hard-ness ..	170	81	68	107	4	4	4	69	78	71	4	27
TOTAL Hardness	340	176	188	292	124	124	144	124	148	126	134	52
Silica SiO_2 ..	9	8	5	7	6	7	8	8	9	8	8	5
Colour ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	10
pH	7.3	8.1	7.8	7.4	8.0	7.9	8.1	8.3	7.9	8.0	7.8	9.1
Iron Fe ..	Nil	Nil	0.06	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0.42
Free CO_2 ..	11	2	4	8	3	5	2	Nil	4	3	5	Nil
Calcium Ca ..	88.0	42.4	42.4	56.0	21.6	20.0	20.8	27.2	32.8	26.4	26.4	12.0
Magnesium Mg	28.8	16.8	19.7	36.5	16.8	17.7	22.1	13.4	15.8	14.4	15.8	5.3

All results normal and satisfactory and at all times fit for potable supply

Fertilisers and Feeding Stuffs

Samples taken	*Satisfactory*	*Unsatisfactory*	*Total*
Fertilisers:			
Blood manure	1	—	1
'Clay's' Fertiliser ..	1	—	1
'Compure' high-ratio nitrogen fertiliser	1	—	1
Gas liquor	1	—	1
John Innes base fertiliser ..	—	2	2
'Liquinure'	1	—	1
'Phostrotabs' plant food ..	1	—	1
'Plus' all-purpose fertiliser	1	—	1
Sulphate of potash ..	1	—	1
Superphosphate ..	1	—	1
'Tomorite' fertiliser ..	—	1	1
Feeding Stuffs:			
Chick growers meal ..	1	—	1
Chick starter meal ..	1	—	1
Growers pellets	1	—	1
Layers mash	4	—	4
Pig baconer	1	—	1
Pig rearer	1	—	1
Poultry meal	1	—	1
Standard layers pellets ..	1	—	1
TOTALS	20	3	23

Offices, Shops and Railway Premises Act, 1963

REPORTED ACCIDENTS

Workplace	*Number Fatal*	*Reported Non Fatal*	*Total No. Investigated*	*Action Recommended*			
				Prosecution	*Formal Warning*	*Informal Advice*	*No Action*
Offices ..	—	12	3	—	2	1	—
Retail Shops	—	72	16	—	7	3	6
Wholesale shops, warehouses	—	53	3	—	—	2	1
Catering establishments open to public, canteens ..	—	22	4	—	2	—	2
Fuel storage depots ..	—	—	—	—	—	—	—
TOTALS	—	159	26	—	11	6	9

	Offices	*Retail shops*	*Wholesale warehouses*	*Catering Establishments open to public, canteens*	*Fuel storage depots*
Machinery ..	—	8	1	4	—
Transport	—	1	7	—	—
Falls of persons ..	3	28	5	5	—
Stepping on or striking against object or person	1	6	2	—	—
Handling goods ..	6	20	31	10	—
Struck by falling object	—	2	3	—	—
Fires and explosions	—	—	—	—	—
Electricity ..	—	—	—	1	—
Use of hand tools ..	—	6	2	1	—
Not otherwise specified	2	1	2	1	—

Factories Act

Prescribed Particulars on the Administration of the Factories Act, 1961

PART I OF THE ACT

1. *Inspections* for the purposes of provisions as to health (including inspections made by public health inspectors).

Premises (1)	*Number on register* (2)	*Number of*		
		Inspections (3)	*Written notices* (4)	*Occupiers prosecuted* (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	80	52	13	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	1,935	6	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	2	—	—	—
TOTAL	2,017	58	13	—

2. Cases in which *Defects* were found.

Particulars	*Number of cases in which defects were found*				*Number of cases in which prosecutions were instituted*
	Found	*Remedied*	*To H.M. Inspector*	*By H.M. Inspector*	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (Section 1) ..	3	5	—	1	—
Ventilation (Section 4)	—	—	—	—	—
Drainage of floors (Section 6) ..	—	1	—	—	—
Sanitary conveniences (Section 7):					
(a) Insufficient ..	1	5	—	7	—
(b) Unsuitable or defective ..	10	17	—	16	—
(c) Not separate for sexes ..	3	3	—	2	—
Other offences against the Act (not including offences relating to outwork) ..	4	7	—	—	—
TOTAL ..	21	38	—	19	—

PART VIII OF THE ACT
Outwork

Section 133

Nature of Work	*Number of out-workers in August list required by Section 133(1)(c)*		
	1968	1967	1966
Wearing apparel, making, cleaning, etc. ..	**711**	836	946
Lace, lace curtains and nets	**525**	597	663
Nets other than wire nets	**84**	93	81
Household linen	**81**	93	76
Carding, etc., of buttons, etc.	**26**	30	—
Curtains and furniture hangings ..	**2**	1	1
Making of boxes from cardboard, etc. ..	**—**	1	1
Weaving of textile fabrics	**8**	2	1
TOTAL	**1,437**	1,653	1,769

Section 134

No instance of work in unwholesome premises was found; no notice was served, nor was any prosecution undertaken.

Inspection of Dwelling-houses

Dwelling-houses inspected for housing defects under the Public Health or Housing Acts	4,156
Inspections made for the purpose	9,169
Dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	1,375
Dwelling-houses—exclusive of those referred to under the preceding sub-head—found not to be in all respects reasonably fit for human habitation..	1,027

Informal Action

Defective dwelling-houses rendered fit in consequence of informal notices by the Local Authority or their officers ..	2,214

Action under Statutory Powers

1. Proceedings under Section 9, 10 and 12 of the Housing Act, 1957:	
Dwelling-houses in respect of which notices were served requiring repairs	258
Dwelling-houses in which defects were remedied after service of informal notices:	
1. By owners	225
2. By Local Authority in default of owners	25
2. Proceedings under the Public Health Acts:	
Dwelling-houses in respect of which notices were served requiring defects to be remedied	424
Dwelling-houses in which defects were remedied after service of formal notices:	
1. By owners	449
2. By Local Authority in default of owners	31
3. Proceedings under Section 17 of the Housing Act, 1957:	
Dwelling-houses in respect of which demolition orders were made	14
Dwelling-houses demolished in pursuance of demolition orders	—
Closing Orders made	1

Number of Inspections of Houses under the Public Health and Housing Acts

First Visits	11,178
Re-visits	6,406
TOTAL	17,584

Rent Act, 1957—Certificates of Disrepair

Certificates of Disrepair	1968	1967	1966	1965	1964
Rent Act, 1957:					
Part I Applications for Certificates of Disrepair:					
1. No. of applications for certificates	4	3	6	3	8
2. No. of decisions not to issue certificates	—	—	1	—	1
3. No. of decisions to issue certificates:					
(a) in respect of some but not all defects	4	1	3	2	2
(b) in respect of all defects ..	—	2	2	1	5
4. No. of undertakings given by landlords	—	1	2	2	5
5. No. of undertakings refused ..	—	—	—	—	—
6. No. of certificates issued ..	4	2	3	2	1
Part II Applications for cancellation of Certificates:					
7. Applications by landlords for cancellation of certificates ..	1	1	3	3	4
8. Objections by tenants to cancellation of certificates	—	—	—	—	—
9. Decision to cancel in spite of tenant's objection	—	—	—	—	—
10. Certificates cancelled by local authority	1	1	3	3	4

Atmospheric Pollution—Summary of Measurements*

	Deposited Solid Matter in Tons per Square Mile		*Micrognammes per Cubic Metre of Air*			
			Smoke		*Sulphur Dioxide*	
			Average Daily Concentration		*Average Daily Concentration*	
	Annual	*Maximum monthly*	*During year*	*During maximum month*	*During year*	*During maximum month*
Basford	227.13	26.09 : Dec.	124	246 : Jan.	191	287 : Feb.
Bulwell	148.38	19.77 : Sep.	87	182 : Dec.	127	181 : Dec.
City Centre	100.41	12.23 : Apr.	84	163 : Feb.	160	235 : Feb.
Clifton	74.74	17.66 : Mar.	34	61 : Dec.	110	157 : Feb.
Mapperley	99.86	14.75 : Jan.	60	113 : Jan.	117	189 : Feb.
Meadows	104.08	14.78 : Apr.	93	162 { Jan. Dec.	138	199 : Jan.
Wollaton	94.22	18.50 : Sep.	47	94 : Feb.	97	161 : Feb.
Average for City	121.26	—	76	—	134	—

*For full details see the following two pages

Measurement of Atmospheric Pollution

DEPOSIT GAUGES

Deposited solid matter in tons per square mile per month

	Basford			*Bulwell*			*City Centre*			*Clifton*			*Mapperley*			*Meadows*			*Wollaton*		
1968	*Insoluble*	*Soluble*	*Total*	*Insoluble*	*Soluble*	*Total*	*Insoluble*	*Soluble*	*Total*	*Insoluble*	*Soluble*	*Total*	*Insoluble*	*Soluble*	*Total*	*Insoluble*	*Soluble*	*Total*	*Insoluble*	*Soluble*	*Total*
January..	14.95	3.11	18.06	10.44	4.51	14.95	6.01	4.15	10.16	5.38	3.03	8.41	11.06	3.69	14.75	5.55	4.13	9.68	7.18	3.13	10.31
February	11.34	3.46	14.80	5.07	3.64	8.71	5.40	3.44	8.84	2.88	2.04	4.92	3.64	2.60	6.24	3.03	3.26	6.29	2.73	2.42	5.15
March ..	6.50	4.61	11.11	13.38	4.56	17.94	8.56	4.20	12.76	15.39	2.27	17.66	8.10	3.64	11.74	6.34	4.38	10.72	5.88	3.24	9.12
April ..	17.00	3.36	20.36	10.27	2.96	13.23	8.84	3.39	12.23	5.10	2.09	7.19	4.21	2.14	6.35	10.70	4.08	14.78	7.09	2.24	9.33
May ..	18.20	3.64	21.84	8.18	4.18	12.36	6.70	3.21	9.91	4.05	2.70	6.75	10.95	3.23	14.18	5.22	3.14	8.36	3.08	3.24	6.32
June ..	21.53	3.36	24.89	8.31	3.31	11.62	2.19	1.43	3.62	3.85	2.78	6.63	3.92	2.83	6.75	4.84	3.47	8.31	3.41	2.78	6.19
July ..	13.34	3.64	16.98	4.53	3.13	7.66	2.57	2.52	5.09	2.27	4.15	6.42	2.93	3.67	6.60	3.82	4.23	8.05	2.50	3.51	6.01
August ..	18.35	2.63	20.98	5.50	3.34	8.84	2.85	1.33	4.18	1.07	1.22	2.29	2.04	3.23	5.27	2.57	2.93	5.50	1.22	2.86	4.08
September	19.64	4.69	24.33	15.92	3.85	19.77	2.83	4.38	7.21	—	—	—	1.27	4.36	5.63	2.96	3.97	6.93	14.12	4.38	18.50
October	11.06	3.13	14.19	8.48	3.85	12.33	5.27	3.16	8.43	1.99	3.41	5.40	5.50	2.88	8.38	5.43	3.90	9.33	2.32	2.22	4.54
November	9.40	4.10	13.50	6.68	3.77	10.45	4.89	3.08	7.97	2.50	2.88	5.38	2.40	3.49	5.89	4.23	3.57	7.80	4.28	3.64	7.92
December	22.93	3.16	26.09	6.98	3.54	10.52	7.21	2.80	10.01	1.76	1.93	3.69	5.30	2.78	8.08	4.99	3.34	8.33	4.08	2.67	6.75
TOTAL ..	184.24	42.89	227.13	103.74	44.64	148.38	63.32	37.09	100.41	46.24	28.50	74.74	61.32	38.54	99.86	59.68	44.40	104.08	57.89	36.33	94.22

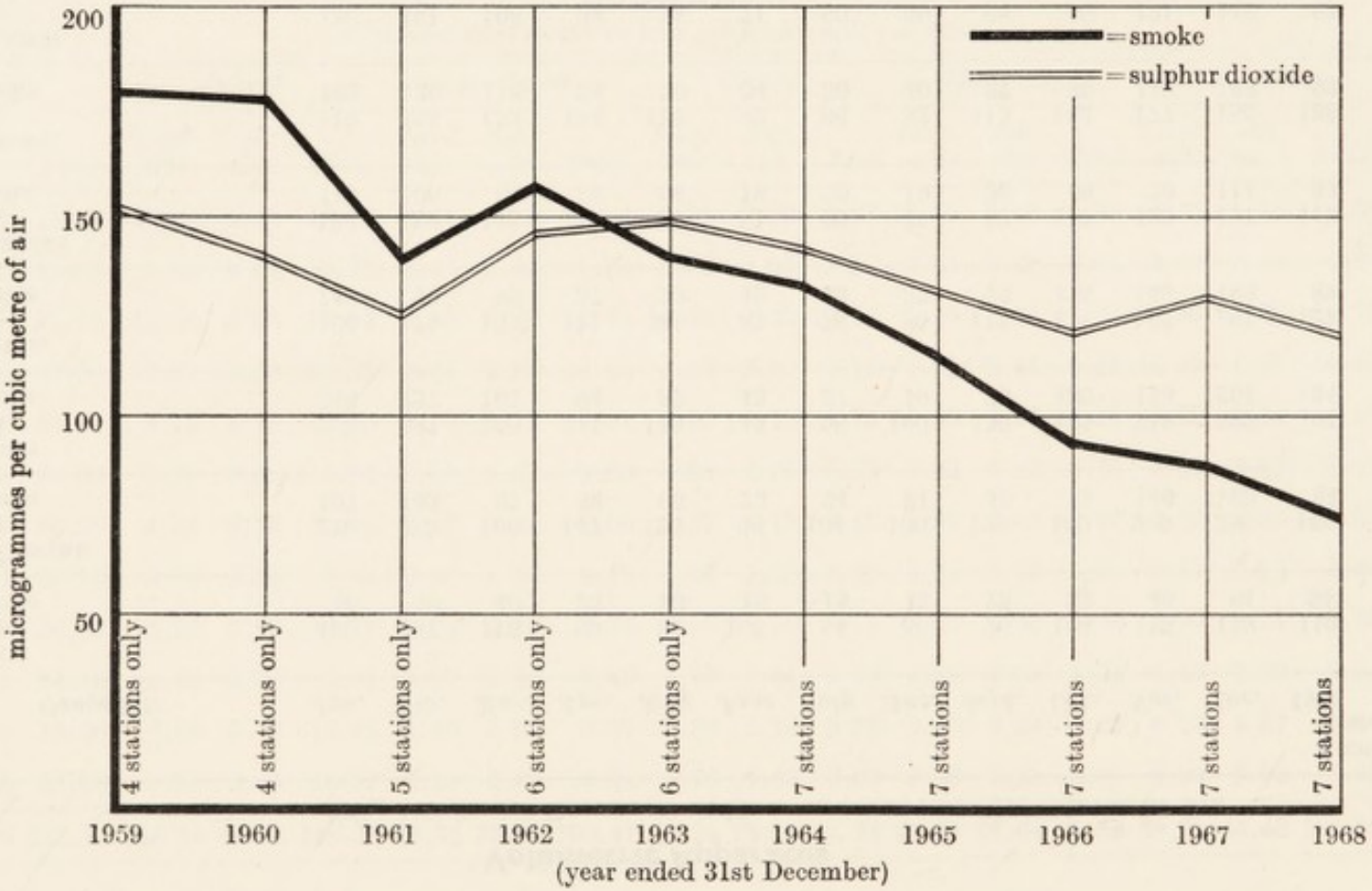
Volumetric Apparatus

SULPHUR DIOXIDE (SO_2) AND SMOKE EXPRESSED AS MICROGRAMMES PER CUBIC METRE OF AIR

Gauge Site	*Jan.*	*Feb.*	*Mar.*	*Apr.*	*May*	*June*	*July*	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*	*Average During* **1968**	1967
CLIFTON														
SO_2	150	157	116	99	84	105	84	86	96	104	113	129	**110**	95
Smoke	56	59	40	23	23	18	18	13	23	32	46	61	**34**	40
CITY CENTRE														
SO_2	219	235	166	147	136	98	104	100	121	160	210	228	**160**	154
Smoke	107	163	97	59	65	23	34	31	49	78	146	159	**84**	78
BASFORD														
SO_2	275	287	230	214	156	145	98	109	139	195	218	229	**191**	186
Smoke	246	227	161	94	82	43	37	19	75	130	175	201	**124**	140
BULWELL														
SO_2	166	179	137	111	98	83	78	80	112	131	163	181	**127**	121
Smoke	149	96	50	37	70	42	43	37	73	118	149	182	**87**	114
MAPPERLEY														
SO_2	186	189	142	115	91	81	69	77	87	113	123	127	**117**	121
Smoke	113	105	68	38	38	18	20	19	38	69	79	111	**60**	74
MEADOWS														
SO_2	119	185	153	124	116	92	86	82	115	142	177	185	**138**	136
Smoke	162	139	116	64	70	34	36	40	67	86	142	162	**93**	102
WOLLATON														
SO_2	130	161	108	94	74	71	60	50	68	90	121	142	**97**	87
Smoke	86	94	46	27	33	15	23	16	30	40	76	79	**47**	56

Atmospheric Pollution 1959-1968

(Monthly Averages for all Measuring Stations in the City)



Food Hygiene

FOOD PREMISES IN THE CITY

Food Premises Supervised	1968	1967	1966	1965	1964
Grocers and provision dealers including off-licence premises	1,137	1,151	1,122	1,196	1,159
Hotels, public houses and clubs	529	514	521	495	491
Sweet shops	410	403	410	410	403
Butchers and meat products manufacturers ..	352	374	374	376	356
Fruit and vegetable dealers	327	329	329	333	337
Factory canteens, etc. ..	183	220	235	256	230
Restaurants, snack bars, etc.	286	267	259	247	241
Food stalls in markets:					
Wholesale	70	78	75	42	49
Retail	129	120	126	146	120
Fried fish and chip shops	143	142	138	139	135
Bread, pastry and confectionery dealers, including bakehouses ..	123	122	126	122	122
Wet fish, poultry, game, etc., dealers	50	54	53	56	57
School kitchens ..	129	138	131	129	131
Wholesale food dealers ..	81	80	69	61	55
Mobile food shops ..	33	31	25	27	30
Self-service stores (other than supermarkets) ..	32	22	19	21	22
Supermarkets	48	41	40	37	26
Ice-cream manufacturers	11	12	14	14	13
Dairies	3	3	3	4	5
Miscellaneous	90	65	55	58	60
TOTAL	4,166	4,166	4,124	4,169	4,042

Premises registered under Section 16, Food and Drugs Act, 1955

Premises used for the—sale of ice cream	543
manufacture of ice-cream	11
preparation or manufacture of sausages or potted, pressed, pickled or preserved food	371
TOTAL	925

Prosecutions Instituted for Offences against the Food Hygiene (General) Regulations, 1960, and the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

(a)	Unsatisfactory conditions at premises used for the preparation of 'hot dogs' and on vehicles used for the sale of 'hot dogs'.	Owner convicted on 65 charges and fined a total of £190 plus £4 4s. 0d. costs.
(b)	Failure to maintain a 'hot dog' stall in compliance with the Regulations.	Owner convicted on 10 charges and fined a total of £11 plus £1 1s. 0d. costs.
(c)	Failure to maintain a barrow used for the sale of fruit in compliance with the Regulations.	Owner convicted on nine charges and fined a total of £13 plus £2 2s. 0d. costs.
(d)	Do.	Owner convicted on eight charges and fined a total of £35.
(e)	Do.	Owner convicted on seven charges and fined a total of £14 plus £2 2s. 0d. costs.
(f)	Do.	Owner convicted on eight charges and fined a total of £19 plus £3 3s. 0d. costs.
(g)	Do.	Owner convicted on 11 charges and fined a total of £28 plus £4 4s. 0d. costs.
(h)	Do.	Owner convicted on eight charges and fined a total of £40.
(i)	Do.	Owner convicted on nine charges and fined a total of £62 plus £5 5s. 0d. costs.
(j)	Do.	Owner convicted on ten charges and fined a total of £72 plus £5 5s. 0d. costs.
(k)	Failure to maintain a 'hot dog' stall in compliance with the Regulations.	Owner convicted on eight charges and fined a total of £47.
(l)	Do.	Owner convicted on eight charges and fined a total of £33 plus £3 3s. 0d. costs.
(m)	Do.	Owner convicted on four charges and fined a total of £40 plus £5 5s. 0d. costs.
(n)	Failure of an employee to keep himself and his 'hot dog' stall clean.	Employee convicted on six charges and fined a total of £27.
(o)	Unsatisfactory conditions at premises used for the preparation of 'hot dogs' and on stalls used for the sale of 'hot dogs'.	Owner convicted on 14 charges and fined a total of £190 plus £5 0s. 0d. costs.
	(In addition, the owner was disqualified from using the premises for two years in accordance with Section 14 of the Food and Drugs Act, 1955).	
(p)	Unsatisfactory conditions in the kitchen at a restaurant.	Joint owners were convicted on 34 charges and fined a total of £204 plus £6 0s. 0d. costs.
(q)	Failure to maintain a barrow used for the sale of fruit in compliance with the Regulations.	Owner convicted on four charges and fined a total of £14 plus £3 0s. 0d. costs.
(r)	Do.	Owner convicted on five charges and fined a total of £14.
(s)	Unsatisfactory condition at a butcher's shop.	Owner fined £20.

Carcases of Meat Inspected and Carcases Condemned

	Cattle excluding Cows	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*	*Total*
Number killed and inspected	11,898*	2,117	731	43,036	22,556	80,338
All diseases except tuberculosis and cysticerci:						
Whole carcases condemned ..	3	6	19	25	64	117
Carcases part (or organ) condemned ..	3,954	908	14	4,139	7,200	16,215
Percentage affected ..	33.25	43.17	4.51	9.67	32.20	—
Tuberculosis only:						
Whole carcases condemned ..	—	—	—	—	2	2
Carcases part (or organ) condemned ..	8	—	—	—	427	435
Percentage affected ..	0.06	—	—	—	1.86	—
Cysticercosis:						
Carcases part (or organ) condemned ..	8	—	—	—	—	8
Carcases submitted to treatment by refrigeration ..	8	—	—	—	—	8
Generalised and totally condemned ..	—	—	—	—	—	—

* Bulls—15 Bullocks—8,068 Heifers—3,815

Details of Unsound Food Surrendered

Food other than Meat	*In Stones*					
	1968	1967	1966	1965	1964	1963
Bacon ..	**113**	154	257	142	176	44
Butter ..	**—**	1	1	3	21	—
Canned goods ..	**9,255**	6,998	5,701	5,974	7,606	4,226
Cakes and pastry	**1,185**	758	1,133	338	136	606
Cheese ..	**59**	81	152	141	86	237
Chocolate and sweets ..	**9**	17	1	8	40	13
Coffee ..	**7**	30	5	21	—	2
Conserves ..	**83**	32	34	72	245	70
Cooked meat ..	**880**	812	462	77	108	195
Dried fruit ..	**12**	15	109	11	29	8
,, milk ..	**—**	9	—	—	—	4
Eggs—liquid ..	**2**	12	6	5	—	38
—shell ..	**6**	12	—	—	—	—
Fish	**1,106**	399	578	491	609	843
Fruit ..	**1,757**	2,317	1,600	1,759	1,090	1,401
Flour ..	**83**	41	—	9	—	7
Margarine ..	**2**	1	1	10	5	—
Miscellaneous ..	**607**	635	957	186	340	2,155
Poultry ..	**331**	119	120	681	52	139
Rabbits ..	**1**	23	—	2	12	54
Sausage ..	**709**	661	375	88	124	391
Shell fish ..	**918**	714	907	1,118	861	312
Sugar.. ..	**—**	1	1	2	32	9
Imitation cream	**—**	—	13	15	125	17
Vegetables ..	**7,359**	8,485	14,332	10,657	7,332	6,557
TOTAL ..	**24,484**	22,327	26,745	21,810	19,029	17,328

Meat	*Home-killed in stones*			*Imported in stones*		
	1968	1967	1966	**1968**	1967	1966
Beef	**1,221**	1,555	1,697	**711**	472	173
Mutton and Lamb ..	**694**	912	432	**269**	62	1,035
Pork ..	**2,270**	1,807	1,651	**102**	342	311
Veal	**65**	75	66	**—**	—	—
Offals.. ..	**10,395**	10,679	10,611	**236**	488	125
TOTAL ..	**14,645**	15,028	14,457	**1,318**	1,364	1,644

GRAND TOTAL SURRENDERED 1966: 16,101 stones = approx. 101 tons
,, ,, ,, 1967: 16,392 stones = approx. 102 tons
,, ,, ,, **1968: 15,963** stones = approx. **100** tons

Food and Drugs

SAMPLES EXAMINED BY CITY ANALYST

Item	*Genuine*			*Unsatisfactory*			*Totals*		
	Formal	*Informal*	*Total*	*Formal*	*Informal*	*Total*	*Formal*	*Informal*	*Total*
Milk, untreated	364	—	364	29	1	30	393	1	394
Milk, processed	76	—	76	3	1	4	79	1	80
Milk, canned, condensed or dried ..	—	7	7	—	1	1	—	8	8
Butter, cream, cheese and other dairy products ..	—	26	26	—	—	—	—	26	26
Ice cream and frozen lollies	—	48	48	—	—	—	—	48	48
Open meat products ..	—	19	19	1	2	3	1	21	22
Canned or preserved meats and meat products ..	—	59	59	—	3	3	—	62	62
Canned or prepacked fish and fish products ..	—	19	19	—	1	1	—	20	20
Soups ..	—	15	15	—	—	—	—	15	15
Oils and fats ..	—	4	4	—	—	—	—	4	4
Fresh fruits and vegetables ..	—	—	—	—	—	—	—	—	—
Canned or preserved fruits and vegetables	—	64	64	—	7	7	—	71	71
Sweets, sugar confectionery, etc.	—	18	18	—	—	—	—	18	18
Jams, conserves, fruit curds, jellies, etc.. .	—	28	28	—	—	—	—	28	28
Bread, biscuits, etc. ..	—	5	5	—	—	—	—	5	5
Flours and flour mixtures ..	—	23	23	—	1	1	—	24	24
Cakes and puddings ..	—	14	14	—	—	—	—	14	14
Canned or prepacked puddings ..	—	—	—	—	—	—	—	—	—
Cereals ..	—	13	13	—	2	2	—	15	15
Food flavourings and colourings	—	19	19	—	1	1	—	20	20
Food drinks and non-alcoholic beverages	—	27	27	—	3	3	—	30	30
Spices, sauces and condiments	—	49	49	—	1	1	—	50	50
Wines, spirits and other alcoholic beverages ..	—	6	6	—	—	—	—	6	6
Drugs (internal and external use) ..	—	4	4	—	—	—	—	4	4
Baking powders and raising preparations	—	3	3	—	—	—	—	3	3
Miscellaneous	—	5	5	—	—	—	—	5	5
TOTALS ..	440	475	915	33	24	57	473	499	972

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