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CITY OF NOTTINGHAM

ANNUAL REPORT

HEALTH SERVICES

1969

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

CITY OF NOTTINGHAM

Ninety-seventh Annual Report

of the

Health Services

1969

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

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HEALTH AND WELFARE COMMITTEE

THE LORD MAYOR:
COUNCILLOR O. S. WATKINSON, O.B.E.

CHAIRMAN:
COUNCILLOR A. G. RIBBONS

VICE-CHAIRMAN:
COUNCILLOR MRS. I. F. MATTHEWS, J.P.

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COUNCILLOR MRS. A. N. BARLOW
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COUNCILLOR F. WOOTTON
COUNCILLOR A. G. WRIGHT

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PHILIP M. VINE, M.A., LL.B.

MEDICAL OFFICER OF HEALTH:
WILFRID H. PARRY, M.D., D.P.H., D.T.M. & H.

SENIOR DEPARTMENTAL STAFF

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

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.
MARGARET W. SEYMOUR, M.B., Ch.B., D.P.H. from 6.1.69
CHRISTINA F. J. DUCKSBURY, M.B., Ch.B., D.P.H. from 1.6.69

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

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

Chief Ambulance Officer—
F. WILKINSON, F.I.A.O.

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. to 7.11.69

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., P.H.N.Adm. Cert.

Preface

To The Chairman and Members of the
Health and Welfare Committee

Ladies and Gentlemen,

I have pleasure in presenting my second Annual Report on the work of the Health Services Department for the year ended 31st December 1969. When one compares the decreasing population of the City with that of the main vital statistics, there is not a great deal of change with the previous year. The number of deaths remained fairly static at 3,874 for 1969 compared with 3,846 in 1968.

There has been a variety of interesting epidemiological investigations. Attention should be drawn to the risk run by holidaymakers who contract enteric infections abroad. There were a number of typhoid and salmonella infections amongst holidaymakers which could well have been avoided and which highlight the need for travel firms and agents to warn prospective clients of the health hazards linked with foreign travel. The Department of Health and Social Security have produced a first-class booklet of advice for holidaymakers intending to go abroad, and all public health departments are available to supplement this advice with regard to vaccination against smallpox, cholera, typhoid, paratyphoid and yellow fever. Mention is made of the important influenza outbreak that occurred in the City over Christmas and the earlier part of the New Year. Despite a very difficult period, both the City's local authority nursing services and hospitals deserve praise for the way in which they dealt with the situation. Reference is made to the finding of tuberculosis in Sneinton House and the difficulties encountered in persuading a recalcitrant patient to go for treatment. There is also an interesting account of the main findings of an original investigation of contact dermatitis following the use of enzyme detergents in a group of home helps.

Once again we have a short but succinct report on the increased incidence of venereal disease in Nottingham. The trend seems bound to continue upwards with the apparent changes in moral values, the regular use of the contraceptive pill and a more affluent teenage society, unless intensive health education can draw the attention of youngsters to the dangers of promiscuous living.

Details about the progress and programming of health centres in the City are given on page 35. At the time of writing this preface, two new health centres, Bestwood Park and Hyson Green (Mary Potter) Health Centres were opened by Mr. Richard Crossman, O.B.E., M.P., Secretary of State for Social Services, on May the 8th 1970. These excellent centres are a credit to the City and similar purpose-built health centres are programmed each year for the next 5 years. Already one can perceive an increasing interest from general practitioners and hospital services. It is interesting to observe that the general practitioners are now approaching the Health Department via the Executive Council, whereas a few years ago, the reverse

happened. We are fortunate to have an exceptionally good friend in Mr. R. Pollard, Clerk of the Executive Council, who is of great help in smoothing problems.

The implications of Section 60 of the Health Services and Public Health Act 1968 which amended the Nurseries and Child Minders Regulation Act of 1948 are dealt with in detail on page 48 in the section comprising the day care of children under 5 years of age. This new legislation has an important bearing upon the day care of children, and as a result there has been an upgrading in the basic requirements for nursery and child minders. Arising from the new recommendations the 7 day nurseries of the local authority were reviewed. Two were upgraded and the overall number of places in the City nurseries reduced from 269 to 230. Linked with this has been the first and second phases of the Urban Aid Programme designed by the Government to aid those areas with an immigrant problem. During 1969 we were able to obtain finance for a new 50 place day nursery in Radford, as well as appointing a Nursing Officer with specific responsibility for nurseries and child minders. At the time of writing, permission has been granted under Urban Aid for a new 50 place day nursery in Brierley Street to replace the old Queen's Drive Day Nursery. The Health and Welfare Committee in July 1969 agreed in principle to the provision of 6 further additional day nurseries, totalling 300 places, and it is intended in the Capital Building Programme to plan a new nursery at the rate of one per year from 1972 onwards.

The Chief Dental Officer has given a forward look into dental problems related to mothers and children. It is really appalling in this day and age that dental caries has the highest disease incidence in Britain. He draws attention to the dental need for fluoridation of water supplies as well as more positive health education related to the damge done by carbohydrates and sugary sweets.

In October 1969, the control of the Ambulance Service was transferred from the Transport Manager to the Medical Officer of Health. This had an immediate advantage in liaison meetings with hospital administrators and consultants. After initial difficulties, an ultrasonic vehicle washing machine was ordered together with four 20-seater coaches for day care cases. A detailed survey into the working of the ambulance department and its future training programme is planned.

Despite an overall national and local restriction on finance available to local authorities, the department made four important administrative advances as a result of a series of reorganisations utilizing modern management techniques. Details are given in the section on administration, page 113, and two of these involved important staff changes.

Reorganisation of the nursing services was imperative in parallel with the policy of health centre development. These reorganisations are now taking place and environmental health teams consisting of 2 health visitors, 2 midwives and 4 district nurses, under the team leadership of an Area Nursing Officer, have been appointed initially

for Hyson Green (Mary Potter) Health Centre and later for the Bestwood Park Health Centre. Negotiations are also taking place with other general practitioners in the City who have set up joint group medical practices to make similar teams available. Reorganisation of the public health inspectorate to increase its strength by one superintendent and 5 district inspectors was approved by the Finance and General Purposes Committee. This expansion was essential to cover increased slum clearance programmes planned for the City. Details are also given of the new medical examination arrangements for superannuation purposes. By means of a medical questionnaire much unnecessary medical time and costs were saved to the City as well as giving speedier decisions over the medical suitability of candidates for appointment. Linked with this scheme, the Finance and General Purposes Committee considered and approved in principle, a proposal for an occupational health service for City employees. It is hoped when the financial climate is more propitious that this scheme will be re-examined with a view to its implementation.

During 1969, both the public health inspectorate and the immunisation and vaccination section of the health services department moved into Huntingdon House from their respective quarters in Shakespeare Street and Mansfield Road. This came about as a result of H.M. Inspector of Mines and Quarries vacating his section of Huntingdon House in March 1969. Immediate benefits occurred both in the substantial financial saving to the City as well as a better integrated management of these services as a whole.

Dr. Henry Jaffé, who for some 41 years was in charge of the Ultra-Violet Ray Clinic, died suddenly on the 10th May 1969. This was the end of an era in which much pioneer work was carried out into the use of ultra-violet ray therapy in Nottingham.

In November 1969 Dr. Albert Martin, Deputy Medical Officer of Health, was appointed Medical Officer of Health, Principal School Medical Officer and Port Medical Officer to the County Borough of Sunderland. Dr. Martin had been Deputy Medical Officer of Health in Nottingham for 5 years and we offer sincere congratulations on his achievement. At this point of time we have not been able to appoint a successor due to lack of applicants for the post. This is a very serious state of affairs and one which is repeated in many other authorities.

Despite medical staff shortages, we were able to maintain existing clinic services for the care of mothers and young children during 1969, but we are now in a period of moving from one medical staff crisis to another. Despite repeated advertisements for Medical Officers in Department, we are fortunate if we get a single reply. Without the support of part-time medical officers existing services would have to be drastically curtailed or even closed. At the time of writing even part-time women medical officers are becoming scarce and the future looks very bleak.

The Social Services Act 1970, the Royal Commission Report on Local Government Reorganisation and the 2nd Green Paper on the

reorganisation of the National Health Service will have important and far-reaching effects on the pattern and development of health and social welfare services in this City. All three are interrelated and there will be important discussions and decisions to be taken by the respective committees in the near future.

Throughout 1969 the health department has been sustained and encouraged by the enthusiasm and support of the Health and Welfare Committee, in particular that of the Chairman and Vice-Chairman. As representative of the medical profession, I wish to record the department's congratulation to Alderman Dr. Ernest Want on his selection as Deputy Lord Mayor for 1970/71. This is a great honour and a tribute to his wisdom and hardwork in the City. As Chairman of the Health and Welfare Committee for the past 3 years and during the 18 months that I have been Medical Officer of Health, he gave his support and guidance unstintingly.

WILFRID H. PARRY,
MEDICAL OFFICER OF HEALTH.

HUNTINGDON HOUSE,
NOTTINGHAM,
NG1 3LZ

Vital Statistics

VITAL STATISTICS

	1969	1968
Population	303,090	305,050
Area in Acres	18,364	18,364
No. of Marriages	2,521	2,881

LIVE BIRTHS				
Legitimate	Males 2,338	Females 2,202 ..	4,540	5,023
Illegitimate	,, 468	,, 443 ..	911	921
,,	births expressed as a percentage of all births		17.0	15.49
Total No. of Births			5,451	5,944
Live Birth Rate per 1,000 of population ..			18.0	19.48
STILLBIRTHS				
Legitimate	Males 39	Females 32 ..	71	72
Illegitimate	,, 7	,, 11 ..	18	20
Total No. of Stillbirths			89	92
Stillbirth Rate per 1,000 live and stillbirths ..			16.0	15.24
Total No. of Live and Stillbirths			5,540	6,036
INFANT DEATHS			120	123
Infant Mortality Rate	Total		22.0	20.70
,, ,, ,,	legitimate births ..		23.0	19.71
,, ,, ,,	illegitimate births ..		19.0	26.06
Neonatal Mortality Rate—first four weeks of life			14.0	13.12
Early Neonatal Mortality Rate—first week of life			12.0	11.61
Perinatal Mortality Rate			27.0	26.67
MATERNAL DEATHS (see page 42)			1	1
Maternal Mortality Rate per 1,000 live and stillbirths..			.18	.17
DEATHS AT ALL AGES				
Males 1,990	Females 1,884		3,874	3,846
Death Rate per 1,000 of population ..			12.80	12.60

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	2	—	—	37	38	—	—	—	—	—
Congenital malformations ..	10	3	1	2	16	21	—	1	—	—	1
Birth injuries	7	—	—	—	7	8	—	—	—	—	—
Atelectasis..	1	1	—	—	2	2	—	—	—	—	—
Haemolytic disease of the newborn ..	2	—	—	—	2	2	—	—	—	—	—
Bronchitis..	—	—	—	—	—	6	2	—	—	—	2
Pneumonia, all forms ..	1	—	—	—	1	13	1	—	—	—	1
Other respiratory diseases and conditions	4	—	—	—	4	6	1	—	—	—	1
Gastro-intestinal infection including dysentery	—	1	—	—	1	7	1	2	—	—	3
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection	—	—	—	—	—	2	—	—	—	1	1
Leukaemia	—	—	—	—	—	1	—	—	—	—	—
Non-meningococcal meningitis	—	—	—	—	—	—	1	—	—	—	1
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasms	—	—	—	—	—	—	—	—	3	—	3
Abdominal emergencies	—	—	—	—	—	1	—	—	—	—	—
Accident *(a)* motor..	—	—	—	—	—	—	—	1	—	1	2
(b) other ..	—	—	—	—	—	—	1	1	—	1	3
Suffocation	—	—	—	—	—	—	—	—	—	—	—
Other conditions	3	—	—	1	4	12	3	1	1	1	6
TOTALS	63	7	1	3	74	119	10	6	4	4	24

*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
69 ..	**303,090**	**18.00**	**12.80**	**22**	**.18**

*Borough boundary extension

†City boundary extension

Analysis of Deaths

	1969	1968	1967	1966	1965
TOTAL DEATHS ..	3,874	3,846	3,556	3,938	3,656
Deaths under 1 year	120	123	113	170	165
,, 1—4 years ..	24	47	29	21	22
,, 5—44 years ..	175	391	147	184	175
,, 45—64 years ..	911	682	850	912	881
,, 65 and over ..	2,644	2,603	2,417	2,651	2,413
Causes of Deaths:					
Ischaemic heart disease	714	736	545	626	606
Vascular lesions of nervous system ..	495	525	470	520	521
*Malignant and lymphatic neoplasms ..	380	357	350	336	310
Defined and ill-defined diseases—various ..	323	288	326	354	318
Bronchitis	312	278	263	365	259
Other heart disease ..	278	272	360	387	407
Pneumonia	258	246	209	252	200
Malignant neoplasm, lung, bronchus ..	194	220	207	184	193
*Circulatory disease ..	165	165	187	200	185
Accidents, other than motor vehicle accidents	104	97	80	91	95
Malignant neoplasm, stomach	91	93	91	66	87
Hypertension with heart disease	88	71	57	75	66
Malignant neoplasm, breast	69	69	52	58	60
*Diseases of respiratory system	56	60	34	39	33
Motor vehicle accidents	36	50	56	48	33
Congenital malformations	41	45	27	47	32
Suicide	38	45	36	37	45
Malignant neoplasm, uterus	31	39	32	31	25
Ulcer of stomach and duodenum ..	36	39	31	32	30
Diabetes	39	28	29	37	30
Influenza	27	24	8	50	6
All other external causes	16	18	3	5	4
Leukaemia, aleukaemia	17	18	22	13	25
Tuberculosis, respiratory	6	13	10	11	12
Gastritis, enteritis and diarrhoea	8	11	24	29	21
Nephritis and nephrosis	19	11	19	17	22
Hyperplasia of prostate	12	8	8	11	12
Other infective and parasitic diseases ..	6	7	8	9	4
Tuberculosis, non-respiratory	9	5	4	3	5
Syphilitic disease ..	2	4	3	3	7
Meningococcal infection	3	3	—	1	1
Pregnancy, childbirth, abortion	1	1	3	—	—
Acute poliomyelitis ..	—	—	—	—	—
Diphtheria	—	—	—	—	—
Measles	—	—	2	—	2
Whooping cough ..	—	—	—	1	—

*Not given otherwise in table

Nottingham Crematorium

The total number of cremations was 4,611, an increase of 143 over 1968. The tables compare the figures for 1969 with those of previous years. The Medical Officer of Health is the Medical Referee and the Deputy Medical Officer of Health and a Senior medical officer are the Deputy Medical Referees.

	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%
1969 ..	**4,611**	+	**3.2%**	**2,395**	+	**4.9%**	**61.82%**

CREMATION AND RESIDENCE

Place of Residence	*Number of Cremations*				
	1969	1968	1967	1966	1965
City	**2,395**	2,282	2,118	2,209	2,028
County excluding West Bridgford ..	**1,623**	1,552	1,385	1,492	1,556
West Bridgford ..	**235**	268	247	251	224
Other areas	**358**	366	358	402	398
TOTAL	**4,611**	4,468	4,108	4,354	4,206

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

	1969	*1968*	*1967*	*1966*	*1965*
January ..	**2,175**	2,450	1,848	2,720	1,839
February ..	**1,957**	1,980	1,592	2,517	1,676
March ..	**2,028**	1,889	1,297	1,571	1,715
April ..	**1,451**	1,180	1,403	1,359	1,263
May ..	**1,311**	1,282	1,224	1,185	1,565
June ..	**1,242**	1,140	1,159	1,199	1,121
July ..	**1,219**	1,224	1,174	1,215	1,120
August ..	**1,146**	1,177	1,074	1,094	1,070
September ..	**1,373**	1,294	1,355	1,225	1,339
October ..	**1,493**	1,609	1,513	1,580	1,500
November ..	**1,509**	1,616	1,556	1,617	1,482
December ..	**1,992**	1,326	1,483	1,648	1,367

Population

The Registrar General's estimate of the population of the City of Nottingham was 303,090 on 30th June, 1969, a decrease of 1,960 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 5,451, a decrease of 493 over last year giving a rate of 18.0 per 1,000 population as compared with 19.48 for the previous year. The estimated birth rate for England and Wales for 1969 was 16.3 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
1955 ..	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	8.5
69 ..	**5,444**	**18.00**	**16.3**	**911**	**17.00**	**8.0**

Stillbirths

After adjustment for inward and outward transfers stillbirths numbered 89 producing a rate of 16.0 per 1,000 total births as compared with 92 with an equivalent rate of 15.24 in 1968. The comparable rate for England and Wales was 13.0 per 1,000 births. An analysis appears in the table on page 122.

Infant Mortality

Deaths of infants under one year numbered 120, the infant mortality rate being 22.0. The rate in 1968 was 20.70 per 1,000 live births. Of the 120 infant deaths, 17 were of illegitimate children, 14 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 1960-1969.

Infant Mortality — Nottingham and England & Wales 1960—1969

	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
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
1969 ..	**23.00**	**19.00**	**22.00**	**18.0**

Neonatal Mortality

There were 74 deaths of infants during the first four weeks of life, giving the neonatal mortality rate of 14.0 per 1,000 live births as compared with 13.12 in 1968. The rate for the country as a whole was 12.0 per 1,000. An analysis appears in the table on page 121.

Perinatal Mortality

Still births and deaths of infants under one week numbered 152 resulting in a perinatal mortality rate of 27.0 per 1,000 total births. In 1968 the rate was 26.67.

Maternal Mortality

One death was registered during the year the same as in 1968.

Deaths

There have been 3,874 deaths registered during the year. The death rate from all causes was 12.80 per 1,000 population as compared with a rate of 12.60 in 1968. Of the total deaths 68.25% were of persons aged 65 years and over. The death rate for England and Wales in 1969 was 11.9 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 1960-1969 are shown below.

Deaths by Separate Age Groups 1960—1969

Age	1960	1961	1962	1963	1964	1965	1966	1967	1968	**1969**
Under 1 year ..	133	161	154	164	144	165	170	113	123	**120**
1—4 years ..	22	17	17	23	24	22	21	29	24	**24**
5—44 years ..	199	199	173	185	205	175	184	147	165	**175**
45—64 years ..	824	913	850	848	859	881	912	850	931	**911**
65 and over ..	2,263	2,559	2,623	2,547	2,372	2,413	2,651	2,417	2,603	**2,644**
TOTAL DEATHS	3,441	3,849	3,817	3,767	3,604	3,656	3,938	3,556	3,846	**3,874**

Marriages

There were 2,521 marriages during the year, the marriage rate being 16.6 compared with a rate of 18.8 in 1968.

EPIDEMIOLOGY

BY

CHRISTINA F. J. DUCKSBURY, M.B., Ch.B., D.P.H.
Senior Medical Officer

Infectious Diseases

The table below shows the statutory notifications for 1969 and compares them with those of previous years.

Notifiable Diseases 1965-1969

Notifiable Disease	**1969**	*1968*	*1967*	*1966*	*1965*
Acute encephalitis:					
infective	**1**	4	3	11	2
post infectious ..	**10**	4	5	2	3
Acute meningitis ..	**19**	9	1	6	1
Acute poliomyelitis:					
paralytic	—	—	—	—	—
non-paralytic ..	—	—	1	—	—
Diphtheria	—	—	—	—	—
Dysentery	**60**	74	50	141	93
Food poisoning	**24**	23	30	36	8
Infective jaundice*(a)* ..	**44**	33	—	—	—
Leprosy*(b)*	—	1	1	—	—
Malaria	—	3	—	—	—
Measles	**330**	1,380	3,509	2,389	2,622
Ophthalmia neonatorum	—	3	3	1	6
Paratyphoid fever ..	**1**	—	—	1	—
Scarlet fever	**37**	88	148	133	191
Smallpox	—	—	—	—	—
Tuberculosis	**112**	121	140	128	145
Typhoid fever	**2**	1	—	—	1
Whooping cough ..	**28**	109	157	183	117

(a) Made notifiable in England and Wales in June 1968
(b) Made notifiable to Medical Officer of Health in March 1966

ACUTE ENCEPHALITIS

11 cases of acute encephalitis were notified during 1969. There were 3 deaths; a baby aged 6 months, a boy aged 6 years and a woman aged 22 years.

A woman of 27 contracted encephalitis following influenza, and the remaining 7 cases occurred after mumps in children whose ages ranged from 4 to 8 years. There was no known connection between cases.

ACUTE MENINGITIS

19 cases of acute meningitis were notified and of these 7 died; 4 were adults and 3 were children. Amongst the adults, an acute bacterial meningitis supervened in a youth of 19 suffering from chronic hydrocephaly. Two cases were associated with carcinoma and the fourth case followed chronic frontal sinusitis. Meningococcal

meningitis was responsible for the death of a boy aged 4 and pneumococcal meningitis for a boy of 12 years. In the case of a 17 month old infant, the causal organism was not identified.

12 other cases of meningitis occurred. Three were due to *Escherichia coli* in babies under 2 months of age. There were 5 cases of virus meningitis occurring in adults and children; in 1 of these, Echovirus type 9 was identified. 2 cases of pneumococcal meningitis were notified. A boy of 3 who was infected by *Neisseria meningitidis* and a baby of 9 months by *Haemophilus influenzae* were placed on the 'at risk' register for later hearing tests.

Acute Poliomyelitis

No cases of poliomyelitis have been reported in the city since 1967.

Brucellosis

In October 1969, a man aged 25 who worked as a slaughterman, experienced headache, extreme lassitude, vomiting, anorexia and loss of weight with the symptoms increasing in severity over a period of three weeks. The diagnosis of brucellosis was established at the General Hospital. The slaughterman's wife and 5 children were all well.

Enquiries into the consumption of milk as the possible source of infection proved negative. Pasteurised milk was bought at home, sterilised milk was drunk at work and no milk had been obtained from the animals in the lairage.

Examination of the recent records of the City Abattoir revealed only 1 animal known to be infected with *Brucella abortus* and this was a Friesian cow which had been sent as a casualty for slaughter 11 months previously, but which had not been handled by the slaughterman in question.

All casualty animals are authorised in by a Corporation meat inspector before admission to the lairage and all organs, in addition to carcasses, are examined in detail after slaughter by a Senior Meat Inspector. Slaughter is carried out with full hygienic precautions and sterilisation of equipment used.

As brucellosis is a known occupational hazard for abattoir workers, serological investigation of slaughtermen at risk from handling infected meat might have revealed further cases amongst them. If and when an effective brucella vaccine be developed, then such workers should be given the opportunity of its protection.

Diphtheria

No cases of diphtheria were notified during the year.

Dysentery

60 cases of dysentery were notified during the year and 43 of these were sporadic cases of *Shigella sonnei*. A small outbreak of 10 further cases was reported at Sycamore Road Day Nursery in the second week of December; 8 were children and 2 members of staff

were also involved. The onset of the Christmas vacation prevented further spread within the nursery. By the time the nursery was re-opened after Christmas, the outbreak had cleared.

7 cases of *Shigella flexneri* occurred and are of interest. The first arose from the chance isolation of *Sh. flexneri type 3A* organisms from the stools of a symptomless immigrant girl, aged 11. Later in the year, 6 isolations of *Sh. flexneri type 4* occurred of whom 4 were admitted to hospital. These cases were confined to 3 families with no close connection with each other, apart from living in the same area. Despite extensive investigations in these households, no further bacteriologically confirmed cases of flexner dysentery were traced.

Food Poisoning

There were no cases of staphyloccal food poisoning or any due to Clostridium welchii reported during the year.

24 isolations of salmonellosis from 18 households were identified during 1969:

Salmonella typhimurium

There were 5 sporadic cases amongst adults quite unconnected with each other and all of different phage types. 4 of these infections had been contracted while on holiday abroad in Spain, Switzerland or the Mediterranean. The fifth case occurred in a man from Pakistan where the source could not be identified.

Salmonella heidelberg

In July, 3 cases occurred in a family of 4. The index case was an infant of 2 years and cross infection occurred to the mother and to a baby of 7 months. The source was unknown and the hygiene in the house was poor.

A similar case occurred elsewhere in the city during the same week, but no connection or common factor could be established.

Despite thorough investigation of several promising leads, including pork pies, the original source of infection was not identified.

Salmonella heidelberg and Salmonella kinshasa

A family of four had been on local holiday in July taking day trips from their home to various places of interest around the city. During one of these day trips, the mother developed a clinical infection of *S. heidelberg* and it was later found that her daughter, aged 14, had contracted the same infection. It was believed that cross infection had occurred from her parent. A week later the husband independently picked up a *S. kinshasa* infection which quickly cleared with appropriate antibiotic therapy. Unfortunately, he infected his wife, already in a lowered state of resistance from the *S. heidelberg* infection. This supervening secondary infection with *S. kinshasa* persisted for two months.

Unnamed Salmonella: antigenic structure 0:4, 12: H: d—monophasic

2 cases occurred in a household of 11 members in infants aged 1 and 2½ years. The source was not identified, but the household was

far from hygienic and other family contacts failed to submit the specimens arranged, despite constant visiting.

Salmonella virchow

2 separate cases of *S. virchow* occurred at the end of July. The first was a child of 10 years recently returned from a caravan holiday. During this period a meal of barbecued chicken bought from a nearby restaurant was believed to be the source of infection. Symptoms of nausea and diarrhoea lasting 2 days developed some 12–24 hours after this meal. *S. virchow* was isolated from her stools.

The second case was a 73 year old woman. Neither case was connected in any way, except that the common source of infection appeared to be roasted chicken.

The preparation of chicken in this second case is of interest and importance. A frozen chicken had been bought and allowed to thaw out in its polythene bag overnight. The giblets were washed and cooked next day and the stock used for gravy. The giblets were discarded and the chicken cooked for 10 minutes in a pressure cooker, then roasted in the oven in tin-foil for 30 minutes. Part of the chicken was eaten hot the same day, and the remainder cold with salad on each of the two subsequent days. Following its initial roasting the chicken was stored in the drawer at the bottom of the oven, but the oven itself was not used during this period. On the third day, what was left of the carcass was once again put into the pressure cooker and cooked for an hour, after which the cooker was left closed to cool overnight. The following day the stock and the white meat from the carcass were used to make up a packet of soup and this constituted that day's lunch for the old lady and her husband. The husband had no symptoms, but the wife started vomiting at 11 p.m. that night, followed by severe watery diarrhoea at 2 a.m. which lasted for 48 hours, accompanied by fever. *S. virchow* was isolated from her stools. The symptoms subsided with treatment, but she was still experiencing 3–4 loose motions daily a week later.

The departure of this couple for a fortnight's holiday in Spain cut short further investigations.

Other sporadic cases

There were isolated cases of *S. panama, S. derby, S. thompson, S. kinshasa* and two further separate cases of *S. heidelberg*. Neither of the *S. kinshasa* or the *S. heidelberg* could be traced to the above mentioned outbreaks.

Infective Hepatitis

There were 44 cases of infective hepatitis reported during 1969 which was the first full calendar year for notification of this disease since it first became generally notifiable in England and Wales in June 1968. All these cases appeared to be a primary infective hepatitis with none that were secondary to some other infection such as glandular fever. Visiting revealed at least 12 other cases which had not been officially brought to notice.

The age of the person affected ranged from 3 to 58 years, with 19 of the 23 cases that occurred in the age group 15 years or less falling into the age range of 5–10 years. The remaining 21 cases were aged 16 years or more.

25 of the cases notified were apparently unconnected with each other except for two family outbreaks in each of which three members were consecutively affected. Two interesting cases occurred in girls aged 16 and 13 respectively who were admitted at separate times to the Girls Remand Home from other parts of the country. Each girl developed symptoms and signs of infective hepatitis within 2 to 3 days of admission to the remand home and each was transferred to the infectious diseases hospital for treatment. Careful enquiry eliminated the possibility of the illness in either case originating from the taking of drugs.

11 cases occurred in a housing estate where it appeared that the junior school might be the focus for the transmission of infection. An isolated case occurred in a child of 9 years of age at the beginning of March. 9 cases were notified from the middle of May to the middle of July and during this period 6 other unreported cases were discovered in the area, 2 of whom were teachers in the school. There were no more cases once the school had broken up for the holidays apart from a single sporadic case occurring in mid-December in an adult aged 36 years.

Another outbreak involving 8 reported cases occurred in a small district of the city over the period from the beginning of July to the end of November, where the primary school attended by the children was a common factor. The first known case occurred in a girl of 10 years of age who became ill at the beginning of July, and suffered a relapse 6 weeks later and altogether spent five months in bed. The source of her infection was uncertain. Her only known contact with a case was that of a 6 year old boy. He was the son of friends who broke their journey for an afternoon at this house in mid-April on their way from an army camp to a temporary residence elsewhere in Nottingham. This child had been vomiting during the afternoon and developed jaundice a day or two later. The girl's mother developed the illness at the end of September at the same time as one of the girl's friends who was an unreported case. Five other children at the same school and a neighbour in the same road were all notified cases during October and November.

There were no current blood donors identified amongst any of the 44 cases or their contacts.

Influenza

An epidemic of A2 influenza was observed in the City towards the latter end of 1969. Cases were first reported on 16th December. Regular checks with general practitioners, industry and hospital services revealed that throughout the holiday period family doctors were heavily involved with home visits and the peak demand for general medical services reached epidemic form immediately after Christmas. Surgeries were overflowing and home visits varied from 50 to a 100 daily for each practice.

The peak (7,507) for first claims for sickness as issued by the local office of the Department of Health and Social Security occurred on Friday, 2nd January, compared with 2,660 for the same period in 1968.

By the first week of January 1970 there was a falling off in home visits, although surgery attendances, especially for certification, continued at a high level.

After the Christmas and New Year period approximately 15–20 per cent of staff in industry were off work, and it was estimated that over the previous 3 weeks approximately 100,000 persons, or 1-in-3 of the population of Nottingham, had suffered an influenzal illness. By Monday, 5th January, a definite improvement was noted with the return to work of a number of people.

The hospitals experienced emergency admissions to medical wards at a higher level than usual for the winter period. This heavy strain on hospital resources was further aggravated by an increased sickness rate amongst nursing staff. By early January it was necessary to restrict hospital admissions to emergency cases.

Mortality statistics during the epidemic period revealed that 40 per cent were due to respiratory complications, mainly bronchitis and pneumonia. Most of these occurred in elderly people, although there were 4 under the age of 45.

Staphylococcal pneumonia supervening in an influenzal illness can be one of the most serious and often fulminating complications leading to death in patients of all ages who would otherwise be expected to overcome their infection. The Public Health Laboratory carried out examination of the bacteria infecting the lungs of those who had died from pneumonia during the last week of December. Staphylococci were isolated which were resistant to common antibiotics such as penicillin, ampicillin and tetracycline. This information was circulated amongst family doctors by the Health Department on 1st January with the suggested recommendation that Cloxacillin (Orbenin) was the drug of choice for the early treatment of cases where influenza was complicated by pneumonia.

Despite the fact that the Department of Health and Social Security stated that the influenzal epidemic was generally mild, although widespread, the general impression gained from observations in Nottingham was of an illness rather more severe than supposed or expected at the time. Serious complications supervened in many cases, and prolonged periods of debility were experienced by many victims after the acute phase of the illness had passed.

Leprosy

There is now only 1 case of leprosy in Nottingham, an Indian woman who was notified in 1968 and who is responding well to medication with Dapsone on alternate days. An Indian woman who was notified in 1967 returned to India in August 1969.

The children of a man whose brother is a notified case elsewhere attended the Chest Clinic and after negative Heaf tests were vaccinated with B.C.G.

Leptospirosis

This is now a notifiable disease, since October 1968, but no case has so far been reported in Nottingham.

Malaria

There were no cases of malaria notified during 1969.

Measles

The incidence of measles fell dramatically during 1969 when only 330 cases were notified. This reduction in numbers, first observed in 1968 when there were 1,380 notified cases, has continued and demonstrates the effectiveness of routine measles vaccination which is included in the normal immunisation programme for infants following the vaccination campaign of the summer of 1968. To anticipate the biennial epidemic which would be expected to occur in the autumn of 1970, plans are being made to offer vaccination to vulnerable groups other than infants in the early summer of 1970.

Rabies

This is not a notifiable disease in Britain as such, but a case would be included in the category of encephalomyelitis. Rabies was accorded widespread publicity in 1969 as a result of imported animals developing the disease after the previously accepted quarantine period of 6 months had expired.

It is of interest that the collie dog that died of rabies in July while still in quarantine at Folkestone, was owned by a Nottingham resident. The owner was interviewed at this Health Department in order to determine the advisability or otherwise of recommending a course of rabies vaccine. As there had been no contact with the infected animal during the ten days prior to the onset of its illness, it was decided, in consultation with the Rabies Virus Laboratory at Colindale, London, that vaccination was unnecessary. Subsequently the man was reported to be well up to the end of 1969.

It is interesting to note that in December 1969 the quarantine period for rabies in animals was extended from 6 months to 8, and in March 1970 was further increased to 12 months.

Smallpox

No cases of smallpox were notified during the year. In 1969, the Department of Health and Social Security appointed the Medical Officer of Health to the panel of smallpox consultants for the East Midlands Area.

Tuberculosis in the Men's Lodging Houses

Mention has been made in Dr. Crowther's contribution on tuberculosis of the number of cases occurring amongst residents at the two lodging houses in Nottingham.

Some of the difficulties which can be encountered in persuading a recalcitrant patient with infective tuberculosis are illustrated in the following account of the dealings with one individual during 1969.

Mr. G., aged 26, was first heard of in Nottingham in October 1968, when he stayed at Sneinton House; he attended the Chest Clinic where he was found on X-ray to have extensive tuberculosis with cavitation throughout both lungs and to have a sputum strongly positive for tubercle bacilli. He was admitted to hospital where he refused all treatment and after a week took his own discharge. He was located a few days later at Sneinton House and announced his intention of going to Manchester. The managers of both men's hostels in Nottingham were on the alert to exclude him from staying in the lodging houses as he was such an infectious case.

No more was heard of him till early June 1969 when it was reported that he was once more in Nottingham and had once more attended the Chest Clinic with findings similar to the previous ones. While in Manchester he had been in hospital but discharged himself after 3 days, and he did not substantiate his promises to enter hospital again in Nottingham. The hostel managers agreed to notify the department if he re-appeared and to book him in to enable a medical officer to interview him. Unfortunately his custom of departing at 5.30 a.m. made visits to the lodging house at 7.30 a.m. unsuccessful.

A more promising situation arose at the end of July when he arrived at the Salvation Army Hostel in the early evening and after much persuasion by the Superintendent and a supply of clean clothes, he agreed to be admitted to hospital for the treatment he so much needed. The medical officer escorting him to Ransom Hospital had covered 10 miles of the journey when it was found that the patient was climbing out of the car window. The next hour was spent tramping up and down the main road to Mansfield discussing with the patient the impossibility of his having had a clear chest X-ray in London 3 weeks before, and persuading him to decide between going on to the hospital or returning to the lodging house when his inclination was to sleep rough where he was. He finally agreed to return to Nottingham if he was dropped at the bus station, and this was done. However, by this time it was growing late, and while all concerned were at the Salvation Army Hostel somewhat despondently discussing the lack of success of the enterprise, the principal character appeared yet again and was again persuaded to enter Ransom Hospital and, shortly before midnight, this was finally accomplished without further incident.

A fortnight later it was learned that he had walked out of the hospital in the early hours of the morning and on being picked up and taken back by the police had formally discharged himself. On his way out he had uprooted a small sapling when the police car, also departing from the hospital, drew up beside him; a fight ensued which resulted in him being taken into custody for assaulting a policeman.

In the meantime, the Health Department had been exploring the possibility of taking legal action under the appropriate sections of the Public Health legislation which provide for compulsory removal and detention in hospital of cases of tuberculosis, where there is

serious risk of infection being spread and proper precautions to prevent this happening are not being or cannot be taken.

An application for compulsory admission was made and granted in the Magistrates' Court following the hearing of the case of assault. The patient was returned by ambulance to hospital where he stayed for 4 days, refused all treatment and meals, was offensive to the staff and finally walked out again. He has not been seen since.

Although all efforts to provide the necessary treatment for this highly infectious tuberculous case have proved unsuccessful, not all the men who stay at lodging houses are so recalcitrant to treatment or entering hospital as this man was, but there is a prevalent attitude of reluctance to have a chest X-ray and to accept what this may subsequently involve. Nevertheless, plans were formulated in October 1969 for the mobile mass radiography unit to X-ray as many of these men as possible in February 1970.

Typhoid and Paratyphoid Fevers

'Holiday Typhoid' and contacts of Enteric Fever

Numerous contacts of cases who had contracted typhoid or paratyphoid fever while on holiday abroad were notified by port medical officers or by other local authorities where cases had been identified during the 3 month period August–October. The countries involved were Spain, Italy and North Africa. Details of contacts were obtained from the travel agencies and visits made to those resident in Nottingham, and information forwarded to the appropriate medical officers of health when resident outside the city. 15 households and 25 individuals were involved in Nottingham and the screening of these people disclosed 1 case of typhoid and 1 of paratyphoid which are described below.

An additional household was visited where there had been a close contact with a paratyphoid outbreak in Teesside, but there was no isolation of enteric organisms in this family.

Typhoid Fever: Case 1

A child of 5 developed a fever (102°F) and mild diarrhoea on the 18th April, 18 days after arriving with her parents in Nottingham on 31st March from Kano, Nigeria. Her condition deteriorated and she was admitted 6 days later on the 24th April, to the Children's Hospital for investigation of her P.U.O. Temperature on admission was 105°F. Within the next 2 or 3 days, she passed 3 offensive stools and developed tenderness in the splenic area. No rash was seen. On the 29th April *S. typhi* phage type D.2 was isolated from blood culture, a diagnosis of typhoid made, and she was transferred to isolation hospital. Following appropriate treatment she made a good recovery and was discharged home on 29th May. The child's parents who had both had TAB vaccination, though the child had not, were both well and clear bacteriologically. No further cases developed amongst the family or hospital contacts.

It was learned that another case of typhoid with this same phage type had occurred in London in a man who had left Nigeria by the

same aircraft 4 weeks before this family. The common factors connecting these two cases consisted of the same flight number, although it was not known if the crew was the same on both occasions, and a hotel near the airport in Nigeria patronised by passengers and aircrews.

Typhoid Fever: Case 2

A female student of 18 spent a fortnight's package holiday in Spain with a school teacher friend from the 24th July to the 7th August. 3 weeks after her return she developed on the 27th August a fever and diarrhoea and was treated at home by her family doctor with ampicillin for 7 days. During this period she had evening pyrexias up to 103°F. On 8th September a typical typhoid rash appeared and lasted 3 days.

As a result of the recent publicity given to typhoid cases, the parents thought their daughter should be checked out bacteriologically and this was arranged by their general practitioner. 3 faecal specimens all showed the presence of *S. typhi* and the girl was admitted to isolation hospital on 20th September. She made a good recovery on appropriate treatment and was discharged home on 14th October. She had not had TAB vaccination and bacteriological examination of contacts revealed no further cases. The phage typing in this case showed a degenerate Vi strain similar to other cases found at their hotel in Spain.

Other Cases of Typhoid

2 other cases infected with *S. typhi* were identified while in hospital in Nottingham. All were normally resident outside the city. A further case was found to be excreting *S. typhi* who had come to live in Nottingham while still submitting stool specimens for bacteriological clearance.

Case 1

A retired miner aged 67 was admitted to the City Hospital on the 13th May for a routine cholecystectomy and exploration of the common bile duct. He had a 5 year history of colicky abdominal pains suggestive of gall-bladder disease. A week post-operatively the bile draining from the operation site was found to be heavily loaded with typhoid bacilli. The phage typing coincided with strains being isolated in Britain in the early 1920's. The man's illness resulting in this carrier state appeared to be a 6-week episode occuring during the influenza epidemic of 1919.

Case 2

A girl of 18 developed fever, abdominal pain and anorexia a fortnight after a package holiday in Spain from the 2nd to the 16th August. Her symptoms suggested appendicitis to her family doctor who arranged her admittance to the General Hospital where her appendix was removed. Post-operatively she ran a persistently high fever (103°F–104°F) which was treated with ampicillin for 10 days. Investigations then disclosed a very high serum titre of 1:2,560 for T."O". agglutinating antibodies. The patient had never

had T.A.B. vaccination. No typhoid organisms were isolated from blood, faeces or urine specimens and this may have been due to the post-operative ampicillin. A diagnosis of possible typhoid was made in retrospect on the history and blood serology.

Case 3

An emigrant to Australia who had returned to live in the Basford Rural District was notified as being a passenger on the M.V. *Angelina Lauro* where cases of *S. typhi* phage type D1 had been discovered after arrival. This woman had complained of a mild illness lasting 2 days, consisting of fever and aches and pains occurring 15 days after disembarking from the ship at Southampton on the 23rd October. *S. typhi phage type D1* was isolated from the second of 3 faecal specimens submitted for examination. On the 13th December she came to live in the city while further specimens were being examined, but a series spread over four months in all have revealed no further organisms. The other three members of this family were all clear.

A further interesting case was investigated of a man who had been found incidentally to be a typhoid carrier 8 years ago in 1961 and who had been satisfactorily treated at the isolation hospital. The case was brought forward again as he was hoping to take charge of licensed premises which would involve the handling of food. A series of 6 specimens each of faeces and urine were submitted at weekly intervals, and these, together with blood serology, were all satisfactory.

Paratyphoid Fever

A girl of 13 was notified as having been a passenger on the Mediterranean cruise ship s.s. *Isthmia* from the 16th to 29th September. 4 fellow passengers were subsequently found to be suffering from *S. paratyphi B var. dundee.* Bacteriological examination disclosed that this girl was excreting the same organism, although she had experienced only 1 day's period of mild diarrhoea while on board ship. She had not had T.A.B. vaccination. No other cases were found amongst her close contacts at home. She was admitted to isolation hospital on 23rd October and discharged home on 17th November as cured.

A woman who had spent a holiday in Casablanca as a member of a works incentive tour between 29th May and 14th June, suffered from malaise and fever on her return. She was admitted as a private patient to the General Hospital for investigation. *S. paratyphi B,* phage type taunton, were grown on routine stool specimens. Appropriate treatment cured her condition and she was discharged home to Arnold Urban District.

WHOOPING COUGH

There were 28 cases of whooping cough notified in 1969, all of which were children. 6 were under the age of 12 months, 17 occurred in children whose ages ranged from 1 to 4 years and 5 were 5 or 6 years of age. 10 of these cases had previously received a full course of

triple vaccine and a further case developed whooping cough at the time when the third injection was due. The illness was complicated by broncho-pneumonia and atalectasis in a 3 year old child who was admitted to hospital for treatment.

Nottingham was one of the 33 areas in Britain which took part in a survey instituted by a Public Health Laboratory Service Working Party, into the efficacy of pertussis vaccines during the period 1st November 1966 to 31st October 1967. During this period, 23 cases were notified in the City, but of these there were no isolations of Bordetella pertussis from the pernasal swabs submitted for examination. This was attributed to notification being delayed after the onset of the disease, and to antibiotic therapy being instituted before a pernasal swab was taken. A preliminary report by the Working Party was published in the *British Medical Journal* on 8th November 1969, in which it was suggested that pertussis vaccination is not very effective in protecting children who are contacts of cases. It was concluded that assessment of the efficacy of current preparations of pertussis vaccine required continuing surveillance.

Scabies

The incidence of scabies in Britain has increased over recent years and Nottingham has followed the same pattern as observed elsewhere. In the absence of a cleansing unit in the City, arrangements were made, in consultation with the dermatological department at the General Hospital, in May 1969 for domiciliary supervision of cases to be carried out by health visitors. During the year, 38 index cases were referred to this Department and follow-up home visits revealed 98 further cases. General practitioners arranged for all cases in a family to be treated simultaneously. Environmentally, it was found that in one third of the affected households, there was no bath or running hot water, but despite these difficulties, patients were on the whole co-operative and achieved successful treatment.

The School Health Service reported that 139 cases of scabies amongst school children had been dealt with during the year compared with 236 in 1968. This fall in numbers is matched by a similar decrease in cases attending the Skin Clinic where 136 cases were seen in 1968. These figures may be indicative of the cyclical incidence of scabies with a possible 10 year periodicity which has been suggested as a result of observations in Glasgow (Wilson, T. S., *Scabies and Pediculosis*, Medical Officer, 1969, *ii*, 125–127).

Health of Long-stay Immigrants

Immigrants arriving in this country are notified by the Medical Officers of air and sea ports to the Medical Officer of Health of their destination. This information includes the expected address and the report of a chest X-ray if this has been carried out at the port of arrival. In Nottingham, immigrants are visited on arrival by the tuberculosis visitors who encourage them to register with a general practitioner and arrange appointments for chest X-ray and Heaf

testing at the Chest Clinic where appropriate. These visits are made within a few days of the receipt of notification, and the screening is usually completed within two or three weeks after the immigrant's arrival in the country. Hospitals and the University have their own arrangements for dealing with the health requirements of their immigrant personnel. It is found that quite a number of incorrect addresses are given.

The following table shows the number of notifications received from port health authorities in 1969, together with the countries of origin and the number of successful visits made.

Country of origin	*Number of notifications received*	*Number of first successful visits*
Commonwealth countries:		
Carribean ..	82	72
India ..	106	84
Pakistan ..	154	135
Other Asian	12	10
African ..	22	15
Other ..	7	3
Non-Commonwealth countries:		
European ..	30	17
Other ..	12	5
TOTAL ..	425	341

The Commonwealth Immigrants Act of 1968 makes provision for stipulating a conditional entry of an immigrant where this is judged necessary on health grounds by the admitting port medical officer. The immigrant in such a case is required to report within a specified time to the Medical Officer of Health of his destination and to undergo any further medical examination or test that may be required.

Two notifications of conditional entry were received in 1969. One was a Jamaican boy aged 15 who was to report within 14 days for a chest X-ray because of clinical signs in his chest. He was contacted within a week of arrival in the normal programme of visiting, and when seen at the Chest Clinic his clinical signs had abated and his X-ray was clear. The other case was a Pakistani woman requested to report within three days because of the possibility of active tuberculosis. Visiting here was unsuccessful, but her husband eventually reported to the Department that his wife had gone straight from the airport to another town to join relatives there, and she was about to be admitted to hospital.

A further case of a Pakistani woman aged 24 had been refused entry at the airport in December 1968 but entered the country illegally five months later; she was located and admitted to hospital

within a fortnight of her arrival for treatment of an active pulmonary tuberculosis.

The following table shows the number of notifications of tuberculosis in the different groups of immigrants over the last five years, together with the number notified each year in the non-immigrant population. The figures in brackets indicate the number of notified cases which are transferred into the city from other areas.

	1969	*1968*	*1967*	*1966*	*1965*
IMMIGRANT NATIONALITY					
Asian ..	**19**	38	35	34	25
West Indian ..	**7**	1	1	5	3
European ..	—	10	2	5	—
African ..	**1**	—	—	—	—
Eirean ..	**1**	3	2	5	2
TOTAL ..	**28** (9)	52 (8)	40 (1)	49 (13)	30
NON-IMMIGRANT TOTAL ..	**66**	84	89	80	115

A further avenue of approach to promote the health of immigrants is afforded by the School Health Service when children receive their medical examination at school entry. At this inspection in addition to the general routine, arrangements are made for a stool specimen to be examined for any worm infestation. During 1969, there were 31 cases of hookworm (ankylostomiasis) discovered, of which 15 were accompanied by other infestation such as whipworm (trichuriasis), dwarf tapeworm (hymenolopsis nana) and roundworm (ascariasis). There were 18 other cases of single or combined worm infestations. All these conditions received the appropriate treatment, and a further faecal specimen submitted for examination at the routine follow-up medical inspections a year later. Whipworm is the only condition resistant to treatment unless there is an overwhelming infection when a clinical response is observed with the appropriate drug.

A further screening measure is carried out prior to dental anaesthesia for immigrant children to identify any cases of sickle cell anaemia or thalassaemia. There is one case of a Jamaican child with sickle cell anaemia receiving education in the special school for the physically handicapped.

On the 19th November, the Medical Officer of Health presented and read a paper on "The Problems of an Immigrant Population" to a meeting of the Section of General Practice of the Royal Society of Medicine in London.

CONTACT DERMATITIS AMONGST THE HOME HELPS FOLLOWING THE USE OF ENZYME DETERGENTS

In July 1969, attention was drawn by the Home Help Organiser to an unusual number of cases of dermatitis occurring amongst the

home helps. The condition appeared to be associated with the use of enzyme detergents of which free packets had recently been distributed to households in various areas in the city.

As a result of investigations, 12 cases of dermatitis were identified among the home helps and these ladies were referred to the Skin Clinic at the General Hospital where the diagnosis was confirmed. Six had used the detergent only once and symptoms of intense irritation and swelling of the hands followed by vesiculation and blistering developed within a few hours of its use. The other six cases developed the clinical features within 1—3 weeks after using an enzyme detergent several times.

A questionnaire issued to the 314 home helps in employment by the City at that time yielded a return of 310 (98.7%) completed questionnaires which revealed that 238 (76.9%) of the home helps had used these detergents, making the incidence of dermatitis 5% amongst their users. 21 other cases of dermatitis were disclosed, four of whom attributed their symptoms to enzyme detergents, 12 to conventional detergents, two to disinfectants and three to no known factor. Their symptoms were mild compared with the severe reaction observed in the 12 cases ascribed to using enzyme detergents.

Eight of these 12 women had sick leave totalling 45 weeks, whereas examination of sickness records over the five years prior to the introduction of enzyme detergents showed time off work due to dermatitis in five home helps totalled 15 weeks.

An account of the investigation of this group of cases was published in the *British Medical Journal*, 28th February 1970.

The implications of these observations for the average housewife would seem to be that enzyme detergents should be used with caution. Anyone with dermatitis is normally careful in using products but nine of these cases had never had any previous skin trouble of any sort. Gloves can be worn as a protective measure, and it would seem wise for anyone using an enzyme detergent and experiencing irritation of the hands, which seems to be the initial symptom, to avoid further contact of it with the skin as a precaution.

Tuberculosis

BY

J. S. CROWTHER, M.D., M.R.C.P.

Consultant Chest Physician

1969 is a notable year for Nottingham as the number of notified cases of pulmonary tuberculosis in the City fell below 100 for the first time and was 85. This shows a drop of 25 per cent compared with 1968 and indicates a big breakthrough; I had pointed out in my report last year that the yearly notifications had changed little between 1966 and 1968.

The present reduction is largely in immigrants, from 44 to 19. Only one of these immigrants had been in the country less than two years, which follows the usual pattern. Two factors lead me to believe that the figures should continue to fall. Firstly, the rate of immigration is diminishing and, secondly, the scheme whereby the port of entry notifies the local health authority of the arrival of a new immigrant so that tuberculin tests, B.C.G. vaccination where necessary, and X-rays can be offered immediately on arrival in Nottingham. This scheme has been in force now for four years. This means that many immigrants who are in the critical period, i.e. after being in the country for two to four years, are now immunised and the proportion thus protected will rise steadily every year.

The special 'Immigrant Clinic' is held on a Tuesday evening from 5.00 to 6.30 p.m. so that the whole family may attend together, as often the husband and father is the only one who speaks any English. Figures for this 'Immigrant Clinic' are as follows:

	1969	*1968*
Arrivals notified to Health Authority ..	**438**	577
Tuberculin Tests	**348**	415
Positive Reactors	**267**	303
Negative Reactors	**79**	90
Number vaccinated with B.C.G.	**71**	76
Number X-rayed	**319**	382
Number with abnormal X-rays kept under regular supervision	**9**	10

No active case of tuberculosis was detected on arrival in this area in any of the above.

Of the 66 indigent population notified, 44 were males, the majority being in the age group over 45. The 'hard core' of these are the elderly males, often antisocial, living in lodgings or hostels and unco-operative in treatment. For example, from the local authority hostel, Sneinton House, we have had ten new notifications, all fairly advanced and infectious cases, and one relapsed case due to unco-operation in treatment in the past. Another relapsed case lived at the Salvation Army Hostel.

Despite many attempts in the past few years to x-ray all lodgers at Sneinton House and the Salvation Army Hostel, either by arranging free transport to the static Mass X-ray Unit at Postern Street, or by taking the Mobile Unit to the door, the response has never reached even 50 per cent. Consequently, by the time a case is discovered and removed to hospital, he has almost certainly infected several others who, in turn, pass on infection before they, in turn, become so ill that they end up in hospital.

The following table gives details of all cases on the clinic register for 1969 and 1968:

	Men	*Women*	*Children*	*Total*	
				1969	*1968*
Respiratory	600	644	129	**1,373**	1,458
Non-Respiratory ..	36	92	26	**154**	161
New respiratory cases bacteriologically confirmed:					
Group I	18	10	—	**28**	30
Group II	15	5	1	**21**	26
Group III	6	—	—	**6**	7
TOTAL	39	15	1	**55**	63
New respiratory cases not bacteriologically confirmed:					
Group I	10	7	6	**23**	40
Group II	2	2	—	**4**	9
Group III	—	3	—	**3**	2
TOTAL	12	12	6	**30**	51
New non-respiratory cases	6	7	1	**14**	14

The efficacy of current drug treatment is shown by comparing the average stay of 35 weeks in hospital in 1954 and the 12 weeks in 1969. Furthermore, the majority of those who were at work just prior to diagnosis of active disease are now usually back at work within six months of commencing treatment.

Since last year, Rifampicin, a new and powerful anti-tuberculous drug, has become available and the Chest Clinic is co-operating with the Medical Research Council on a national trial of this and Ethambutol, another recent drug, and comparing it with the standard treatment of Streptomycin, P.A.S. and I.N.A.H.

Examination of Contacts

The Health Visitors attached to the Clinic try to trace all family and other contacts of new cases and the following table gives details:

	Total	
	1969	*1968*
Number of contacts investigated: New—1,008 Old— 904	**1,912**	2,076
Number found to be tuberculous	**5**	9
Percentage found to be tuberculous	**0.26**	0.43
Number of Contacts given B.C.G.	**397**	352
Number of home visits made by health visitors ..	**4,257**	4,269
Deaths from tuberculosis	**10**	13
Death rate per 1,000 population	**0.03**	0.04

In October 1969, on Dr. Parry's suggestion, the first meeting of the Tuberculosis Liaison Committee was held, comprising medical personnel from the Health Department and Chest Clinic and the Tuberculosis Health Visitors. It is planned to hold meetings quarterly to discuss any matters of mutual importance in the struggle to conquer tuberculosis.

Venereal Diseases

BY

JOHN B. BITTINER, T.D., M.B., Ch.B.
Consultant Venereologist

Plans for building a Department of Venereal Diseases in the Nottingham General Hospital have now been prepared. The move from the present site in Glasshouse Street to the General Hospital is expected to take place in 1972.

In 1969 there was a large increase in the number of new patients attending the Department, from 3,455 in 1968 to 4,064 in 1969, an increase of 609. These figures indicate trends and not true incidence, as venereal diseases are not notifiable. The revival of venereal disease in now world-wide and most countries are reporting serious increases.

STATISTICS

The following graphs show the annual incidence of some of the venereal or sexually transmitted diseases and the annual number of new referrals dealt with in the Department of Venereal Diseases in Nottingham. As in the 1968 report, the figures for the past five years are compared, where possible, with the year 1954, which had the lowest number since the war.

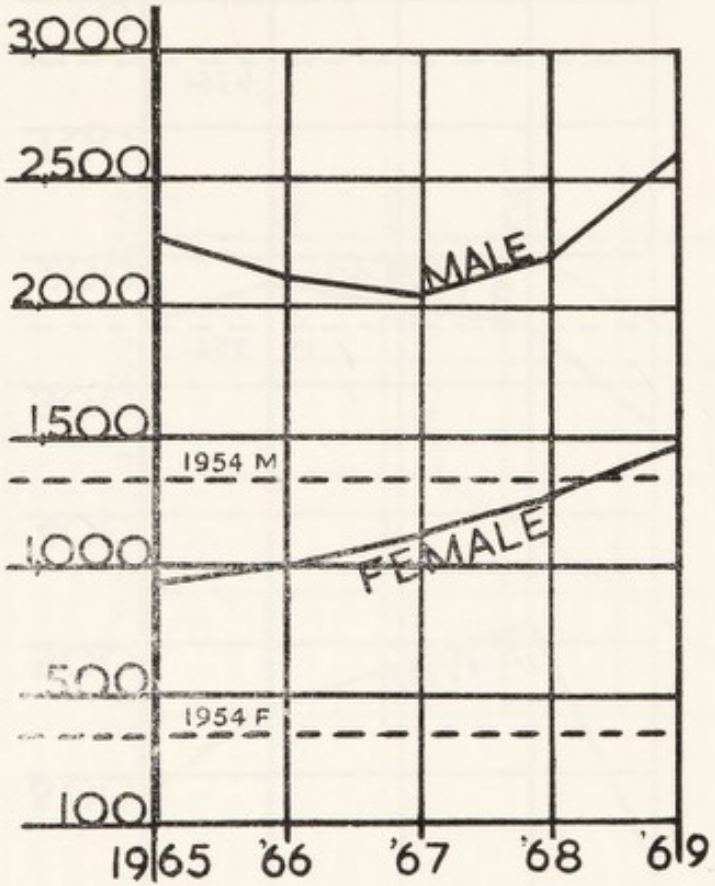
The trends are not satisfactory. Even the number of new cases of syphilis, which had been falling, has levelled off. For the first time since 1965 a case of congenital syphilis in a baby occurred.

Graph 1 shows the total new referrals for the years 1965–69, compared with 1954. Graphs 2 and 3 show the incidence of syphilis and gonorrhoea over the same period and again compared with 1954.

There was an increase in all types of sexually transmitted diseases (for example genital warts—see graph 5), but especially in gonorrhoea, which is now almost epidemic. The number of cases rose from 727 in 1968 to 983 in 1969, including five cases of gonococcal ophthalmia neonatorum. Young people, especially young girls (see graph 4) continued to be a major source for concern. Twenty-eight out of the 133 girls of 15 and under who attended had gonorrhoea.

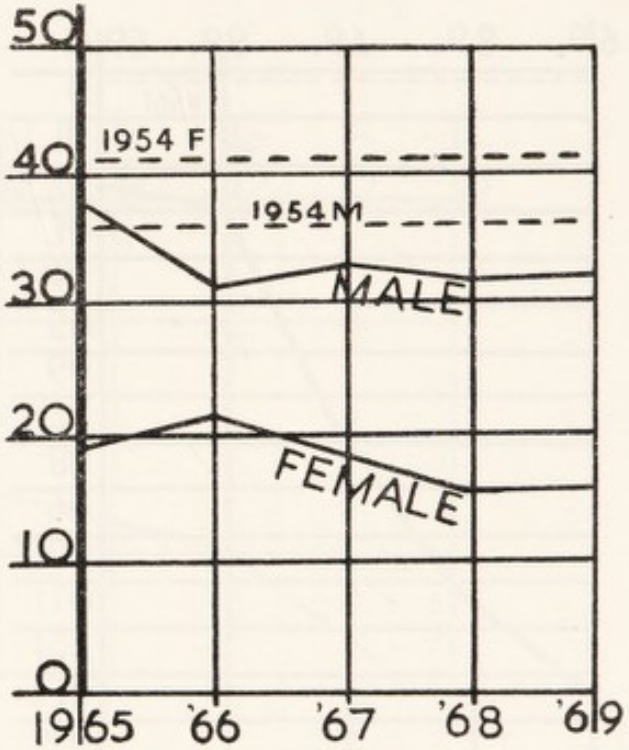
Contact tracing continues to be a difficult problem. Even when social workers are available, many do not care for this type of work. In many cases, however, contact tracing is the only method of persuading infected patients to attend. A combined effort in this aspect of the work by the City of Nottingham Health Services and the Department of Venereal Diseases is vital.

Total New Referrals 1965-69



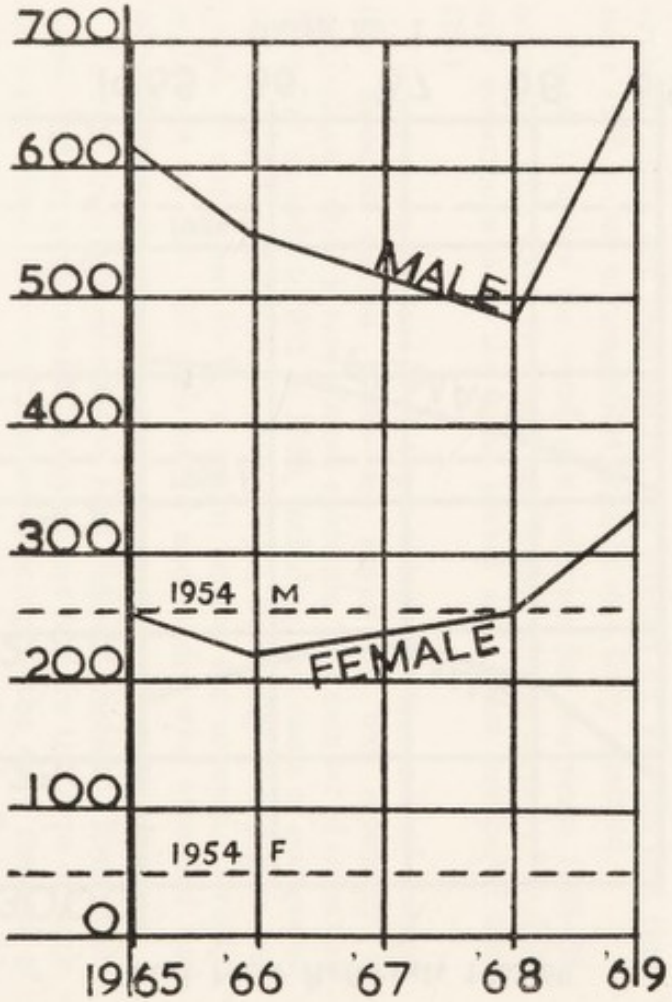
GRAPH NO. 1

Total New Cases of Syphilis 1965-69



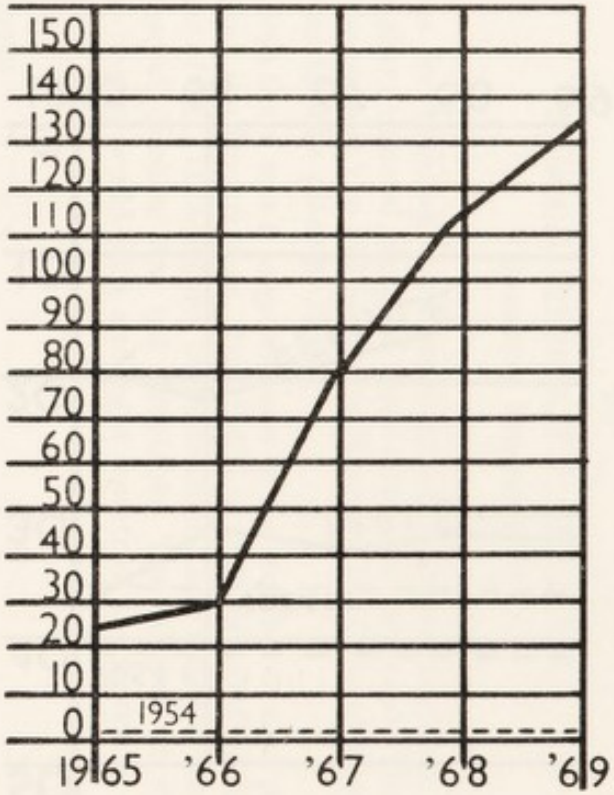
GRAPH NO. 2

Total New Cases of Gonorrhoea 1965-69



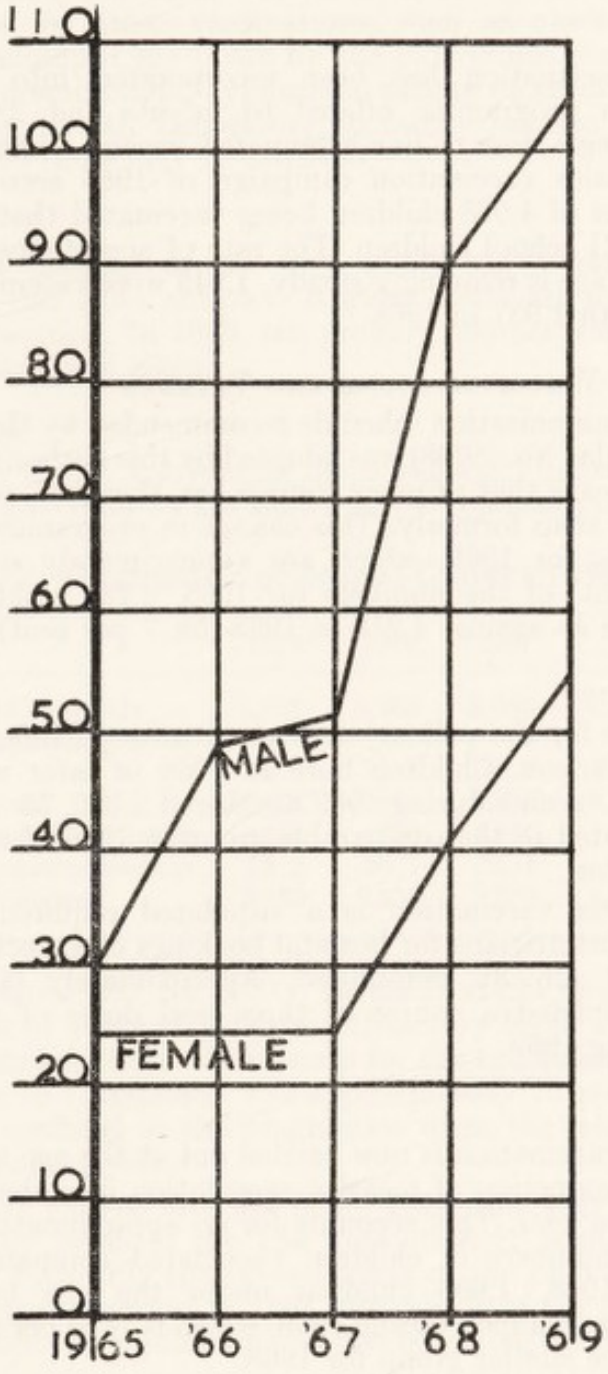
GRAPH NO. 3

Females—15 and under 1965-69



GRAPH NO. 4

Genital Warts 1965-69



Graph No. 5

Vaccination and Immunisation

Details of vaccination of children under 16 years of age against diphtheria, whooping-cough, tetanus, poliomyelitis, measles and smallpox for the year 1969 are given in the Appendix, pages 123 and 124.

Measles

Measles vaccination has been incorporated into the routine immunisation programme offered to infants and 2,902 children received a single dose of live attenuated vaccine during 1969. The summer measles vaccination campaign of 1968 accounts for the larger number of 4,068 children being vaccinated that year, which included 2,121 school children. The rate of acceptance for children under school age is remaining steady. 1,949 were vaccinated in 1969, compared with 1,931 in 1968.

Diphtheria, Whooping-cough and Tetanus

The new immunisation schedule recommended by the Ministry of Health (Circular No. 29/68) was adopted by this authority in October 1968. This means that primary courses are, therefore, completed six months later than formerly. This change in programme is reflected in the figures for 1969, which are approximately seven-twelfths (58.3 per cent) of the numbers for 1968. 2,469 children received triple vaccine as against 4,218 in 1968 (58.7 per cent).

Poliomyelitis

The figures for the poliomyelitis vaccination of infants exhibit a similar comparison. Children born in 1966 or later who received poliomyelitis vaccine during 1969 numbered 2,326, 55.2 per cent of 4,033 vaccinated in the comparable group in 1968 of children born in 1965 or later.

Poliomyelitis vaccination is a stipulated requirement by the consultant obstetricians for hospital bookings of expectant mothers who are not already immunised. Approximately 600 antenatal patients completed a course of three oral doses of poliomyelitis vaccine during 1969.

Smallpox

Smallpox vaccination is now carried out at the age of 15 months since the introduction of measles vaccination into the schedule at the age of one year. This accounts for an approximate 25 per cent decrease in numbers of children vaccinated compared with the figures for 1968. 1,606 children under the age of two were vaccinated for smallpox during 1969, which is 74.0 per cent of 2,171 children in the similar group for 1968.

Smallpox vaccination was offered to all members of the Health Department and 131 individuals availed themselves of this opportunity. Five of these were primary vaccinations with no untoward after-effects. One volunteer was not vaccinated on account of eczema.

In addition, 103 ambulance staff were vaccinated; 17 of these were primary vaccinations.

Yellow Fever

Travellers abroad whose countries of destination required yellow fever vaccination numbered 548 in 1969, as against 549 in 1968. Arrangements for other vaccinations, such as cholera, typhoid, tetanus and smallpox are made by the individuals concerned with their general practitioners. Typhus and plague vaccines are supplied by the Public Health Laboratory to family doctors on the rare occasions when these may be required.

Anthrax

There is a tannery in the City where the workers have an occupational risk from anthrax. Regular visits are made to offer anthrax vaccination. In 1969, ten primary courses were completed and 26 booster doses given.

Tuberculosis

Figures for B.C.G. vaccination of 13-year-old children in schools during the years 1965–69 are shown in the following table:

B.C.G. Vaccination of School-Children 1965-69

	1965	*1966*	*1967*	*1968*	**1969**
Number of 13 year olds ..	4,557	5,103	5,095	4,952	**4,720**
Percentage accepting Heaf test	73.5	71.3	74.9	73.9	**74.3**
Number tested ..	3,428	3,875	3,888	3,735	**3,707**
Number of positive reactors	468	924	1,280	282	**186**
Percentage positive reactors	15.2	26.7	36.1	8.4	**5.7**
Number vaccinated ..	2,639	2,533	2,263	3,053	**3,058**

The acceptance rate for B.C.G. vaccination has remained steady for a number of years at a fairly satisfactory level. The combined rate of absenteeism from the sessions for the tuberculin test and its reading prior to vaccination was approximately 15 per cent. These children are included in the programme when the school is visited again the following year.

The positive reactor rate has fallen again this year and was 5.7 per cent. Only seven of the 186 were strongly positive, which is satisfactory. Following the investigation of the high proportion of positive reactors observed in 1967, the review of the interpretation of the Heaf test has resulted in the rate becoming stabilised at a low level.

On the basis of a report* published by Newham Health Department, London, in September 1969, and the point of view

*"B.C.G. vaccination of tuberculin-positive (Heaf-test grade 1) children", *The Lancet* (1969) ii 537-539.

that Heaf 1 reactions do not signify a specific sensitivity to tuberculin and are, therefore, not indicative of a prior tuberculous infection, it was decided, in consultation with the Chest Physicians in October, to vaccinate Heaf 1 reactors, and to observe the reaction after six to eight weeks. Thirty-three children with Heaf 1 reactions were vaccinated in 1969 and the vaccination sites observed so far compare favourably with those of negative reactors.

This is now the fourth year in which no active tuberculosis has been revealed on the X-ray which is offered to positive reactors.

Further details of B.C.G. vaccination in 1969 are given in the Appendix, page 124.

HEALTH CENTRES

BY

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

Hyson Green (Mary Potter) Health Centre

An important development during the year was the erection of the Hyson Green (Mary Potter) Health Centre. Building, begun in July 1968, was completed in January 1970, and arrangements made for occupation in March 1970. This is Nottingham's third purpose-built health centre.

HISTORY

The possibility of establishing this centre was first considered in 1947, when proposals were being drawn up for implementing the National Health Service Act 1946. However, it was not until 1964, when a written expression of interest was received from the general practitioners concerned, that active planning discussions took place.

The initial requirement was for a suitable site readily accessible to the general public and preferably on a main thoroughfare. Such a site was available in the Court Street area of Gregory Boulevard, but the need for complete frontage on to the Boulevard necessitated a Compulsory Purchase Order for acquiring some adjacent properties. This was confirmed by the Ministry of Housing and Local Government in July 1966.

In the meantime, there was full enquiry of the various statutory and professional groups that might wish to use the centre, and detailed exploration into the functioning of those services that would be provided. Variation of both prospective users, and their requirements, caused some delay in reaching final agreement on a satisfactory sketch design. Nevertheless, in July 1967, a scheme and sketch plan had been approved in principle and a cost limit agreed by the then Ministry of Health. Loan sanction was obtained in June 1968.

GENERAL

The centre provides general medical practitioner services, together with the complete range of local health authority facilities for a population of approximately 30,000. It serves as the sole base for 11 family doctors and two community health teams, comprising health visitors, district nurses and midwives. There is administrative and clerical support with a full appointment scheme in operation. Apart from general medical and local authority dental consulting suites, there are treatment and health education facilities, and provision for various clinics, such as maternity, child health, immunisation, chiropody, cervical cytology and family planning. If necessary, in the future, some specialist consultant sessions could be accommodated.

THE BUILDING AND EQUIPMENT

It is a single-storey building planned around an internal court; photographs are shown between pages 90 and 91. The building incorporates a fully automatic telephone exchange, having seven external lines (capacity ten lines) and 25 internal extensions (capacity 49). The type of patient call system is an illuminated visual signal operated directly by the doctor.

ANCILLARY STAFFING

The staffing establishment for administrative, reception and secretarial purposes is as follows:

1 Administrative Assistant	Grade AP.2
1 Senior Clerk	Clerical 1 proceeding above the bar
7 Full-time clerks	Clerical 1 up to the bar
Plus equivalent of 2 full-time clerks in part-time personnel	

COST

Land, including compulsory acquisition of properties	£32,000
Building, including caretaker's residence ..	£79,000
Furniture and equipment	£12,300

CHARGES

In accordance with the financial arrangements set out in Ministry of Health Circular 7/67, dated 21st April 1967, the following charges have been agreed between the local health authority and the local executive council:

(a) Charge for accommodation and general rates	£325 plus rates per annum per suite
Charge for ancillary staff	£792. 10s. 10d. per annum per suite
Charge for services	£293. 10s. 0d. per annum per suite
(e.g. heating, lighting, cleaning, internal repairs and decorations, furniture and equipment, telephones)	

Bulwell Health Centre

Extensive re-development is taking place in Bulwell and the scheme for a health centre there is now approaching the building stage.

In July 1966 a firm intention to practise from a health centre was received from local general practitioners. A suitable site on Main Street was agreed in July 1967, and by October of the same year a preliminary brief for costing purposes had been prepared for the City Architect. Financial provision was made in the City Council's capital programme for 1970. A detailed schedule of accommodation was

available in October 1968, the sketch plan had been approved by the Department of Health and Social Security in August 1969, and building is planned to start in November 1970.

This centre will provide general practitioner facilities for three separate medical practices, comprising eight doctors who will use the centre as their principal surgery. In addition, provision is made for local health authority clinics and dental services. It is anticipated that in time many of the medical functions in local authority clinics will be carried out by general practitioners and that the suites provided for local health authority purposes will be used by additional general practitioners coming to serve an expanding population which will ultimately reach 28,000. The centre will serve as a base for health visitors, district nurses, and midwives.

The functional emphasis is to enable development of a multi-disciplinary health team to provide all necessary community health services to the public in an efficient and satisfying manner.

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

and

Margaret W. Seymour, M.B., Ch.B., D.P.H.
Senior Medical Officer

Through the past fifty stormy years there has emerged the necessity of re-appraisal, from time to time, of the services for the care of mothers and young children. The overall outlook has changed from provision for one section of society to care of the community as a whole.

Notification of Births

It is a statutory duty that every birth within the city be notified to the Medical Officer of Health within thirty-six hours to ensure, through his health visitors, that every mother may have the offer of advice and support and every child, that of observation, even in the absence of need. Total births number 9,992 in 1969 as compared with 10,132 in 1968; of these 9,824 were born alive and 168 were still born. These figures included 5,451 live births and 89 still births to city mothers, the remainder being born to mothers resident outside the city. Hospital confinements of Nottingham mothers increased to 69.7% compared with 67.1% in 1968. Details appear in the table on page 125.

The number of women confined in hospital who were discharged early for nursing at home was 2,166, or 58.5% of hospital confinements, an increase of 11.8% on the 1968 figure; 749 of these were discharged after 48 hours in hospital. The figure includes 2,058 mothers booked for hospital delivery and early discharge; 102 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 623 mothers to be delivered in hospital from a total of 751 requests; 29.2% of those accepted were immigrants, a decrease of 1.5% on 1968.

Illegitimate Pregnancies

Of the 5,451 live births to city mothers, 911 or 16.71% were illegitimate, compared with 15.5% in 1968.

Year	*% total births*
1964	13.5
1965	14.5
1966	14.5
1967	15.8
1968	15.5
1969	**16.7**

The availability of abortion and the wider use of contraceptives have not reduced illegitimacy, the increase can only be attributed to the promiscuity of a permissive society.

All expectant mothers applying on social grounds for confinement in hospital attended the health services department, where the unmarried ones among them were seen by a social worker or a senior health visitor. Advice concerning ante-natal care, the confinement and the care of the baby were given at these interviews. In all 132 were interviewed of whom 64 were under the age of twenty years, but none were under the age of sixteen. 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, 29 expectant mothers were interviewed by the Board's welfare workers, and in 23 cases the Corporation accepted financial responsibility for their maintenance in mother and baby homes as well as 6 under supervision of the Catholic Children's Society. As in former years, 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	**1969**	1968	1967	1966	1965	1964
Under 15	—	1	—	—	2	—
15 and 16	**6**	11	11	4	5	15
17 and 18	**9**	18	8	4	11	25
19 and 20	**6**	11	15	7	9	10
Over 20	**8**	8	6	16	15	11

ANTE-NATAL CLINICS

Despite a decrease in the number of domiciliary confinements, there was a slight decrease on 1968 in the number of mothers who booked their general practitioner for confinement at home.

Year	*G.P. booked*	*Home confinements*	%
1968	1,985	2,043	97.2
1969	**1,688**	**1,716**	**97.9**

Most of the general practitioners carried out their own ante-natal care, with a resultant fall in attendance at local authority ante-natal clinics.

In all 809 sessions were held. These clinics fall into two categories:

(a) Those conducted by a local authority medical officer, numbering 273, at which there were 536 attendances, including hospital booked cases, and those due for home confinement by agreement with their general practitioner.

(b) Those conducted by domiciliary midwives alone, numbering 609, at which there were 12,409 attendances, comprising domiciliary cases where the family doctor was booked for home confinement, by agreement with him.

With the advent of the general practitioner obstetrician and the recommendation that all confinements should take place in hospital and early return home, the local authority has no further part to play in the care of expectant mothers. Its obligation to provide a midwifery service has become obsolete.

Ante-Natal Care

As well as general practitioner obstetrician supervision, the following 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 1969, fifteen expectant mothers were referred for examination, and none were referred for further examination.

Blood Examination

It is essential to every expectant mother that her blood group and rhesus factor be ascertained and recorded. It is also necessary to discover, as soon as possible, evidence of anaemia and/or venereal disease; both these can be cured with appropriate treatment in the early stages. 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 1969 samples were examined as follows:

Grouping and rhesus factor (ante-natal and post-natal)	1,139
Wassermann and Kahn reactions	2,533
Haemoglobin estimation	2,812
Other tests	254

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 the pregnancy and hospital confinement was considered to be essential, so that if necessary, at the time of birth, special treatment could be given to the baby.

The number of women who attended ante-natal clinics, either for supervision or only for blood tests, and who were found to be isoimmunised numbered 13; all had live children.

A total of 149 rhesus negative mothers were considered to be "at risk"of isoimmunisation, as a result of which only 13 were found to be so and received a protective injection of anti-D immunoglobulin.

Test 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 2,567 expectant mothers referred by general practitioners only for blood examination, one was found to have syphilis. She responded to treatment and had a live healthy child.

Haemoglobin Examination

This test shows whether a pregnant woman is anaemic or not and so is an index of her general health. Any anaemia should be corrected early in pregnancy, with consequent benefit to the woman herself, and also to prevent possible complications to her and to the foetus at the time of delivery. These examinations are repeated at the 32nd to 34th week of pregnancy, and later if necessary. If the result is found at any time to be 10 mgm. per 100 ml. 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. 59 were treated. Further details are given on page 55.

Outcome of Pregnancy

During the year 1,718 home confinements of patients who had attended local authority clinics for ante-natal care resulted in 1,707 live births and 11 still births, and there were 11 sets of twins. Of the 1,707 live births, 12 died in the first week of life, and 2 within the first four weeks of life.

Still births and deaths during the first week of life are classified as peri-natal deaths. There were 86 still births to city mothers and 62 infants died during the first week of life giving a peri-natal mortality rate of 26.76 per 1,000 total births as compared with 26.67 in 1968.

Primary factors in causation	*Total*	*Premature infants*
Ante-natal causes:		
Toxaemia including haemorrhage ..	5	5
A.P.H. without toxaemia	20	16
Rh. incompatibility	8	7
Intra-natal causes:		
Injury	11	5
Anoxia	12	5
Intra-uterine death	13	6
Congenital malformation	19	10
Prematurity only	20	20
Respiratory distress syndrome	11	9
Other causes	13	4
Placental insufficiency	16	14
All causes	148	101

Maternal Deaths

There was one maternal death during the year; the cause was certified as follows:

23.9.69	28 years. para 4	I *a*	Amniotic fluid embolism
		b	Normal pregnancy and delivery. Coroner's p.m.

Post-Natal Clinics

Post-natal clinics were combined with ante-natal clinics. When post-natal women attend local authority clinics, they receive a brief general and more detailed local examination including the taking of a cervical smear. During the year 26 patients attended and there were no return cases.

Family Planning Clinics

In October the Nottingham Women's Welfare was wound up after 25 years service to women wishing to plan their families; the body was registered as a charity by a new committee under the name of Midlands (Family Planning) Association Limited practising in the same premises in Broad Street, and without a break in continuity of practice. In local authority premises 324 new patients attended for advice and 771 at the Association's clinic in the General Dispensary.

The Family Planning Association acquired No. 14 Regent Street as a permanent clinic which was opened on 2nd October by Lady Medawar, Chairman of the Association, after which it relinquished premises at the General Hospital.

The Association held 95 sessions at the John Ryle Health Centre and 176 at its own premises, at which a total of 581 attended, comprising 1,981 patient visits. Also, the weekly clinic at Sneinton Welfare Centre was continued; 132 patients attended and there were 384 patient visits.

Child Health Clinics

The basic purpose of a child health clinic is to assess the growth and development of a child from a week or two after birth until the child reaches the age of five years.

During these early years each child passes through several stages of development known as milestones, e.g. sitting up unsupported, walking, talking, and as these are reached within certain age limits in the normal child, any delay in reaching each successive developmental stage, or perhaps not reaching a particular stage at all, is of significance.

In order to facilitate the recording of the development of a child, in January 1969 the local health authority adopted the record card designed and sponsored by the Society of Medical Officers of Health, which is a consultative record for children 0-5 years of age, for joint use by the doctor and the health visitor. This record card

provides a uniformity with other areas of the country where it is in use, and enables a complete, compact record for any particular child to be immediately available. There is a close liaison between the clinic staff and the child's own general practitioner with advice from a consultant paediatrician if this is considered to be necessary.

Special screening tests are used at the appropriate age to detect deafness and eye defects. The present test for phenylketonuria involving the use of phenistix and a nappie freshly soaked with urine, which was done on 5,642 children in 1969, between the ages of 4 and 6 weeks will be superseded in July 1970, by the Guthrie test. This test is done in a Regional laboratory on the baby's blood obtained by heel stab, and is carried out much earlier than the phenistix test, the time for the Guthrie test being at or near the 6th day after delivery, when an abnormal level of phenylalanine can be detected in the blood in positive cases. Since the Guthrie test is done so early in the child's life it will probably, in subsequent years, be carried out by a midwife in the home rather than by a health visitor in a child health clinic. All tests for phenylketonuria done in 1969 were negative.

There is a shortage of medical staff for duties in child health clinics, but here in Nottingham the shortage of permanent medical staff has to a large extent been temporarily alleviated by the valuable help given by local general practitioners, who are employed in the child health clinics on a sessional part-time basis.

In May 1969 a new child health clinic was started once a month at St. Barnabas' Church Hall, Lenton Abbey. During the remainder of 1969 approximately 15-20 mothers have attended each monthly clinic and there are no plans to hold a clinic more frequently in the near future.

Congenital Malformations

Congenital abnormalities are detected at or near birth and then confirmed and continued to be observed by the health visitor and medical officer. During 1969, 76 children were notified with 94 malformations; the majority as in previous years being associated with limb deformities.

	1969	1968	1967	1966	1965
Central nervous system	19	26	21	50	36
Eye, ear	2	6	2	3	1
Alimentary system	20	12	23	13	27
Heart and great vessels	5	4	10	8	17
Respiratory system	—	1	1	2	—
Uro-genital system	6	5	6	9	9
Limbs	35	48	54	55	34
Other skeletal	1	2	2	4	3
Other symptoms	2	11	21	33	24
Other malformations	4	10	6	9	9
Totals	94	125	146	186	160

'At Risk' Register

During 1969, as in previous years, a continual watch has been kept on those children in whom some factor might interfere with normal development. These factors could have a genetic basis or arise in the ante-natal period, or be caused at or around the time of birth. Those children who are classified as being 'at risk' are under regular review by the health department's medical officers and health visitors. Information is also obtained from the consultant paediatricians' hospital discharge letters and from liaison with the general practitioner.

During 1969 there has been an increased effort by a senior medical officer of the department to assess each child on the 'at risk' register and to decide as soon as possible, having regard to the age of the child and the facts regarding his development, whether his name can be removed completely from any register, or whether he should be transferred to the register of handicapped children. This policy is reflected in the number of children on the 'at risk' register on the 31st December 1969, which was 315 compared with 441 at the end of 1968. However, as will be seen below, as a result of the assessments of children on the 'at risk' register, the number of children on the handicapped register increased from 180 at the end of 1968 to 310 at the 31st December 1969.

An advantage of a critical assessment of each child on the 'at risk' register is that if a child is assessed as being handicapped, and is over the age of 2 years, then the information is given to the Principal School Medical Officer with a view to deciding what special educational facilities are required, both for the individual child when he attains the age of 5 years, and as a guide to the number of places in special schools of various types which will be needed in the future.

Categories of Children 'At Risk'

Category	*Number on Register at 31st Dec. 1969*
Congenital abnormality ..	32
Family history of defect ..	10
Complication of pregnancy ..	94
„ „ labour ..	13
Post-natal factors	40
Symptomatic group	126
Total	315

REGISTER OF HANDICAPPED CHILDREN

Category	*Number on Register at 31st Dec. 1969*
Mentally Subnormal	57
Developmental	58
Cerebral palsy	25
Cardiac	45
Eye defects	14
Orthopaedic	30
Deafness	12
Epileptic	11
Other	58
TOTAL	310

At the present time much concern is being shown regarding the child with multiple handicaps. In the table of handicapped children each child is only represented once, but it is obviously difficult to put a child into such a classification who is, for example, blind, deaf and mentally subnormal. At the 31st December 1969 there were 9 children below the age of five years each with multiple severe handicaps.

DEAFNESS

Screening tests for defective hearing are carried out at the age of 7 months by the health visitors either in the child health clinics or in the home. At the 31st December 1969, 23 full-time and 2 part-time health visitors had been trained in the Ewing method of ascertainment, whilst 9 health visitors were due to be trained in early 1970, the training course being held every 2 years.

A total of 3,213 tests were carried out in 1969 as compared with 3,122 in 1968.

19 children were referred for further investigation, of whom 13 were considered to have normal hearing, 4 had some degree of deafness and at the end of the year 2 were still under investigation.

CERVICAL CYTOLOGY

During 1969, the service for the taking of cervical smears continued. This is a measure designed to detect early malignant changes in the cells of the cervix. The scheme also provided for the examination of pelvic organs as well as breasts and gave the patient an opportunity to discuss any anxieties concerning her health. 124 morning sessions were held in conjunction with ante-natal clinics at three Welfare Centres and 45 evening sessions were held monthly at four Welfare Centres for those unable to attend in the daytime. During the year 2,705 smears were taken, as compared with 2,598 smears in 1968.

The small increase was due to an increase in the number of return cases, particularly those women using oral contraceptives. Despite the fact that no appointment was required it was a matter of concern that those women most 'at risk' because of age, size of family or social class were those who availed themselves least of the service. Health Visitors continued to remind mothers of the advisability of being examined but to no effect. Only a minority of general practitioners in Nottingham included cervical screening for either of their ante-natal or post-natal patients, or of those women who were not pregnant.

The result of smears taken in 1969, compared with 1968 and 1967 were as follows:

	1969	1968	1967
Negative smears	2,705	2,573	2,917
Positive smears	20	25	31
No. of positive smears per 1,000 smears ..	7.1	10.0	9.5

In May a request was received from the personnel officers of the two G.P.O. telephone exchanges in the city to examine members of their staff at their place of employment. A team consisting of a senior medical officer, a clinic nurse and a clerk visited the exchanges; the results were as follows:

	No. examined
G.P.O. Castle Exchange, Broad Street	30
G.P.O. Archer Exchange, Brook Street	48

One positive case was found at the Brook Street exchange; she was referred for further examination. No positive cases were found among those examined at Broad Street.

This request was followed in August by one for similar facilities to be made available to the female staff at the Government Buildings, Chalfont Drive. 194 women were examined of whom 191 had negative smears and 3 were found to be positive. The latter were referred to their general practitioner for further investigation.

Health Education

Visual aids and other material for use in health education was chiefly prepared by the health education assistant until her absence, due to sickness, from October 1969 for the rest of the year.

Health education goes on continuously during consultations between members of the public and departmental staff attached to welfare centres, clinics and day nurseries. Informal talks are also given to expectant mothers at relaxation classes.

During 1969, as in previous years, there have been window displays 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.

Health educational posters and displays feature prominently in child health clinics and in health centres and it is hoped that the scope of health education generally will expand during 1970.

Welfare Foods

Welfare foods were available for sale at centres attended by mothers and young children, and at the main distribution centre in Mansfield Road. There was again a decrease in sales, particularly of National Dried Milk but this was offset to some extent by an increase in the sales of certain proprietary dried milks which are also available at the centres.

Amounts distributed	1969	1968	1967	1966
National dried milk ..	**19,619**	27,908	33,250	40,147
Orange juice ..	**48,263**	48,243	54,149	54,703
Cod liver oil	**3,406**	3,934	4,175	4,202
Vitamin tablets ..	**3,067**	3,436	3,838	4,176

THE DAY CARE OF CHILDREN UNDER FIVE YEARS OF AGE

BY

MARGARET W. SEYMOUR, M.B., Ch.B., D.P.H.
Senior Medical Officer

The year 1969 has been an eventful one as regards the provision of day care for the child under five years of age. These events can in the main be attributed to two policies which were put forward by central government. These are, firstly, the Health Services and Public Health Act 1968, Section 60, which contained a number of amendments to the Nurseries and Child Minders Regulation Act 1948, and, secondly, in October 1968 certain 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 of the country with special social need. The latter circular explained the first phase of the urban programme and was concerned with urban aid. This first phase was followed in February 1969 by the second phase, which was dealt with in a joint circular from the Home Office (Circular 34/69), Department of Education and Science (Circular 2/69), and Department of Health and Social Security (Circular 2/69). How these urban aid programmes influenced the day care of children under five in 1969 and will exert further influence in the years to come is considered in more detail below.

THE HEALTH SERVICES AND PUBLIC HEALTH ACT 1968, SECTION 60

This Act came into effect on 1st November 1968 and amended the Nurseries and Child Minders Regulation Act 1948. A period of three months' grace was allowed following publicity regarding the legislation and this period expired on the 31st January 1969. The legislative changes were as follows:

(a) a period of '2 hours in the day' has been substituted for 'a substantial part of the day' as the minimum period of care for which registration of premises is required;

(b) persons who, in their own homes and for reward, look after one or more children under the age of five, to whom they are not related, for two hours or more in any day, must now register with the local health authority (the previous Act applied to those persons who, for reward, took in two or more children from more than one household);

(c) the maximum punishment has been increased to a fine of £50 for a first offence and, for subsequent offences, the penalty would be imprisonment of up to three months and/or a fine not exceeding £100;

(d) the local health authority may refuse registration of *premises* because of the condition of the premises or equipment, or for any reason connected with the situation, construction or size of the premises, or with other persons in the premises;

(e) the local health authority may refuse registration of a *person* on account of the condition of the premises or of the equipment in the premises, or of the situation, construction or size of the premises;

(f) an application for registration of premises or persons is valid only if it contains for each person employed or to be employed, or a person over the age of 16 years who normally lives on the premises, a statement whether for any reason she would be disqualified from taking foster children without the local health authority's consent, or an Order has been made removing a child from her care. It is an offence, punishable by a fine of up to £100 or imprisonment of up to six months, or both, knowingly or recklessly to make a false statement;

(g) in determining the maximum number of children to be received in the home, the authority shall have regard to the number of other children who, from time to time, may be in the home. Previously, other children, for instance the applicant's own children, were not included in this maximum number;

(h) in registering a person, the authority can impose some of the requirements concerning standards of care which formerly could be made only in respect of registered premises;

(i) in registering premises, requirements can be made about their safety in addition to the previous requirements concerning maintenance and equipment; and

(j) the previous power for an authorised person to enter and inspect registered premises is now extended to premises of registered persons.

The Ministry of Health Circular 37/68 offered guidance to local health authorities on the standards of day care for children under five. This reinforced the general principles set out in Circular 5/65, dated April 1965. As stated in Circular 37/68:

> "The need for day care may arise from one or more of a variety of circumstances in which the child or family need help. Priority is normally given to children with only one parent (e.g. the unsupported mother living with her child) who has no option but to go to work and who cannot arrange for the child to be looked after satisfactorily."

Other children who may need day care include those:

(a) who need temporary day care on account of the mother's illness;

(b) whose mothers are unable to look after them adequately because they are incapable of giving young children the care they need;

(c) for whom day care might prevent the breakdown of the mother or the break-up of the family;

(d) whose home conditions constitute a hazard to their health and welfare; and

(e) whose health and welfare are seriously affected by a lack of opportunity for playing with others. It is sometimes also appropriate to admit selected handicapped children to a day nursery where they can be observed on a day-to-day basis in a suitably stimulating environment.

The enclosure to Circular 37/68 is a memorandum of guidance for local health authorities on the standards for the day care of pre-school children and covers a wide variety of aspects from accommodation and staffing in relation to full day care, play groups and child minding, to toys and play materials for young children.

The standards of accommodation and care recommended by the Ministry for the purpose of registration of day nurseries and child-minders under the provision of the Nurseries and Child Minders Regulation Act 1948, as amended by the Health Services and Public Health Act 1968, Section 60, were adopted by the Health and Welfare Committee on the 4th February 1969.

The Urban Programme—First and Second Phases

The joint circular of October 1968 defined areas of special social need and proposed in the first phase of the urban programme to initiate a programme of expenditure mainly on education, housing, health and welfare in these areas. These areas 'are districts which bear the marks of multiple depreciation, which may show itself, for example, by way of notable deficiencies in the physical environment, particularly in housing; overcrowding of houses; family sizes above the average; persistent unemployment; a high proportion of children in trouble or in need of care; or a combination of these. A substantial degree of immigrant settlement would also be an important factor, though not the only factor, in determining the existence of special social need.' Certain urban areas, totalling 34 in number, of which Nottingham was one, had this circular addressed to them because they clearly contained areas of special social need. This first circular was limited to expenditure in the field of nursery provision and child care, and it was considered that day nurseries could make 'a significant contribution in areas of acute social need by providing for these pre-school children who have a special health or welfare need for care during the day. These would include the children of unsupported mothers, children who need temporary care because their mothers are ill, and children whose health and welfare may be affected by home conditions such as gross overcrowding or lack of opportunity to play with others.'

The first phase of the urban programme also included expenditure on additional staff, equipment, etc., for day nurseries provided under the programme.

The second phase of the urban programme (February 1969) was not confined to the 34 authorities to which the earlier circular was sent, nor was expenditure limited to the field of nursery provision and child care.

As a result of the urban programme phase 1 in November 1968, a report was sent to the Department of Health and Social Security, after adoption by the Health and Welfare Committee, requesting the expansion and replacement of two of the city day nurseries.

However, central events were moving rapidly and with the advent of the second phase of the urban programme new recommendations

were adopted by the Health and Welfare Committee in March 1969, that in addition to the applications under phase 1, which were still being considered by the Government, applications under phase 2 should be made for:

(a) a nursing officer appointment with duties in connection with the supervision and inspection of day nurseries, playgroups and daily minders; and

(b) an additional day nursery, with 50 places, to be provided on a site which was already cleared, and situated in a part of the city where the need for day care in a day nursery was acute.

Early in March 1969 these proposals were put to the Department of Health and Social Security, and, in May, Government approval was given for the erection of this new day nursery under urban aid. The prototype plan of the Department of Health and Social Security for day nurseries was adopted. Building of this new day nursery is scheduled to begin in March 1970.

In July 1969 Government approval was given to the appointment of a playgroup adviser under urban aid, and a nursing officer took up the supervision and inspection of day nurseries, playgroups and child minders early in November 1969.

The Local Health Authority Day Nurseries

The seven day nurseries in Nottingham until mid-1969 offered a total of 269 places, with the children's ages ranging from two months to five years. However, taking into account the more recent recommendations from the Ministry on standards of accommodation and space needed per child, the number of places in 1969 was reduced to 230. The total attendances for the year were 49,203 and the average daily attendance 208, the nurseries being open 236 days. Details of the attendances are given in the table on page 128. Owing to the reduction in the number of places, these figures are not strictly comparable with those of last year, but they show no wide differences.

Throughout the year, attempts have been made to get children admitted to the day nurseries who were in the defined priority groups. As a result, in 1969 there was an increase in admissions where one parent alone was supporting the family (for example unmarried mother, or father looking after the child alone) from 58 per cent in 1968 to 79 per cent in 1969. The admissions of children from professional families were reduced from 15 to seven per cent. Instances of insufficient family income were reduced from 19 to 12 per cent, whilst instances of bad housing conditions remained at two per cent.

Approximately five per cent of the children were admitted for mainly medical reasons, for example mental and physical handicaps, and it is felt that in the future the number of handicapped children in day nurseries, and particularly as new purpose-built buildings are erected, could well be increased. Perhaps a part-time basis would be more suited to this type of child.

There was an increase in day nursery charges during 1969. There was a small increase in April and a larger increase in October, so that from 1st October the maximum daily charge was £1 and the minimum 2s. 3d. More factors, however, have been taken into account in assessing the daily charge and, whereas in 1968 there were 101 reduced charges in cases of hardship, in 1969 there were 208.

During 1969 there were 12 staff resignations and 12 staff appointments. The number of working days lost due to staff sickness was much increased in 1969, being 1,040 days, as against 256 in 1968. These lost days were all due to illnesses of a minor nature, although around Christmas 1969 there was an epidemic of influenza which had a marked effect on these figures.

In early December 1969 there was an outbreak of sonne dysentery at Sycamore Road day nursery. The organism was first found in two members of staff who had diarrhoea and was subsequently confirmed in eight of the children, after all members of staff and children had submitted faecal specimens to the Public Health laboratory. The outbreak was dealt with by prompt removal from the nursery of the affected persons followed by prompt treatment by the general practitioners with an appropriate antibiotic. Closure of the nursery was considered but was deferred as the normal Christmas holiday closure occurred at the same time. No previously affected persons were admitted after the holidays until they had produced three negative faecal specimens. By 6th January 1970 the outbreak was over.

Another development during 1969 has been the establishment of a regular monthly meeting between the senior medical officer supervising day nurseries, the superintendent nursing officer, and after November 1969 the nursing officer with duties in connection with day nurseries, appointed under the urban programme, together with the matrons of the day nurseries. At these meetings there have been discussions of a wide variety of topics affecting day nurseries, and the sharing of ideas and information through the group has made the meetings well worthwhile.

Private Day Nurseries, Play Groups, and Child Minders

At the end of 1968 there were three child minders, three private nurseries, one hospital nursery and 16 pre-school play groups registered with the Authority. Much work has been done during 1969 to bring these registrations up to the new required standards, particularly in relationship to numbers of children, qualifications of staff, facilities and accommodation available, and during 1969 a further 100 child minders were registered who conform to the necessary standards. By the end of 1969 a total of 163 children were being looked after daily by 103 registered child minders.

A further five play groups were registered during 1969, giving a total of 21 play groups with 488 places registered.

No new private nurseries were registered in 1969. Although there were several enquiries the necessary standards were not attained. The three private day nurseries registered prior to 1969 have a total

of 109 places, and there is one hospital day nursery of 20 places. Therefore, by the end of 1969, 780 children under the age of five years were reçeiving either full-time or part-time day care outside their own homes, in addition to those children attending nursery schools under the Education Committee.

The Future Planning of Day Nurseries

As stated previously, under the urban programme a new 50-place nursery is to be built early in 1970. Also, as short-term planning under urban aid, two of the existing day nurseries are hoped to be replaced. These three new buildings together should produce a further 86 places.

Early in 1969 a survey was carried out amongst all the health visitors to determine the number of mothers of children under five years of age who were at home but in the priority groups, and how many of them would take up nursery places if these were available. Based on the results of this survey it was recommended to the Health and Welfare Committee in July 1969 that, in addition to the provision of 86 new nursery places as part of short-term planning, six further additional day nurseries, totalling 300 places, should be planned at the rate of one day nursery per year from 1972 onwards. The Health and Welfare Committee agreed to adopt this recommendation.

In summary, the facilities for the day care of children under five years of age outside their own homes are undergoing considerable expansion and change, but a close watch is being kept to ensure that the necessary standards are being adhered to. This, then, is the picture at the close of 1969.

No doubt the annual report for 1970 will contain more facts concerning developments in this interesting field.

Establishments for Massage or Special Treatment

These establishments are required to be registered under the Nottingham Corporation Act 1952 and to have the licence renewed annually. The provisions of the Act are designed to ensure the proper conduct of the establishments, satisfactory premises and apparatus, and suitable qualifications of the person concerned to operate any equipment that is installed.

The treatments covered by this Act consist of heat therapy administered by chiropodists, physiotherapists and osteopaths, and various beauty and slimming processes, including electrical massage and sauna baths.

In 1969, 16 establishments renewed their licences, of which one had come under new management while continuing the same treatment, and one further establishment was licensed to operate.

Nursing Agencies

There have been two nursing agencies operating in Nottingham for many years, but the owner of one decided to close down at the end of 1969. A further agency opened during the year, for which the licence so far has not been renewed.

There are quite a number of nurses, many of them married women, who are glad of occasional sessions nursing on a private basis and a lack is felt from the scarcity of nursing agencies.

Nursing Homes

There are two nursing homes registered with the Corporation, which cater for medical and geriatric cases, and between them 37 beds are provided. Both were inspected during the year by a senior medical officer and found to be satisfactory for the type of patient accommodated.

DENTAL SERVICES

BY

NORMAN H. WHITEHOUSE, B.Ch.D., L.D.S.

Chief Dental Officer

During 1969, there was little change in the pattern of the local authority services provided for expectant and nursing mothers and pre-school children. A slight increase occurred in the number of pre-school children inspected but, significantly, of those seen, 84 per cent attended as emergencies. It is obvious that mothers, generally speaking, are not seeking dental treatment for their younger children, but are deferring the problem until they go to school. On the other hand, there is no doubt that if there was a sudden increase in the dental awareness of parents, the general practitioner and local authority services would be unable to meet the demand.

In order that we may view the problem in perspective, it is necessary that we should consider the volume of treatment required. As long ago as 1963, it was estimated that 12 million teeth become carious annually in children alone and that this is equivalent to one tooth decaying every two-and-a-half seconds in the United Kingdom. Little or nothing is known of the distribution of dental disease in the adult population, though some light will be thrown on the situation when the results of the National Dental Survey are published in 1970. It has further been postulated that our children need some 11,000 dentists working full-time to cope with this level of disease by conventional methods. Seen within the framework of national dental manpower resources, it is apparent that the future dental health of the nation must lie in the development of preventive dentistry.

It is easy to understand, therefore, why Nottingham, in common with most major cities, has been unable to stem the progress of a disease which has become a national epidemic.

That dental caries can be prevented almost completely is neither widely known nor understood. One need only examine the reduction in the level of caries which occurred during the second world war, when supplies of sugar and its products were restricted, for a timely lesson to be learned. The most simple and effective method of reduction is for parents to control the intake of sweet, sticky foods, accompanied by the practice of rigid oral hygiene. For too long we have, as parents, addicted our children to sugar from birth, a practice which has caused misery to successive generations and a great deal of unnecessary expense to the nation. It is difficult to combat the expensive and successful advertising campaigns which are waged by the confectionery manufacturers to boost their sales and even more so to overcome the attitude heard so often that to control the consumption of sweets is tantamount to deprivation.

However, there is no doubt that a great deal can be achieved by dental health education and it was with this in mind that, early in

1969, it was arranged that a dental auxiliary should attend welfare clinics whenever possible and speak personally to parents regarding dental health. To discourage the use of 'sugar dummies' and other comforters of this nature which have for years been the source of rampant caries in infants was of paramount importance.

The pre-school group of children is the only one which is not easily accessible for educational purposes and further ways of directly influencing parental attitudes are under investigation. Co-operation within the Health Department at all levels will be required, but none more so than with health visitors and midwives, who have the greatest personal contact with the family as a whole. Parents must be persuaded that dental treatment is a vital component of general health and that regular attendance and inspection is necessary from at least the child's third birthday.

Dental health education can only provide part of the answer, since there will always be a proportion of the population to whom dentistry will remain a grim necessity during times of pain. To help this section of the community, other preventive measures must be considered which do not rely on the participation of the individual. In the autumn of 1969, the Health Committee considered just such a measure embodied in the 'Eleven-year Report on the Fluoridation Studies in the United Kingdom', which was issued by the Department of Health and Social Security. An alternative scheme, which was suggested at that meeting, is still under investigation and will, no doubt, be further discussed during 1970.

Nationally, however, the report showed conclusively that fluoridation produces a substantial reduction in the amount of dental decay and that the results in the United Kingdom are in line with those obtained in similar studies throughout the world. Fluoride has a continual preventive effect and reduces the rate of progress as well as the amount of dental disease. From results in the study areas, it is possible to project a potential national reduction of the need to fill over one million permanent teeth in children up to ten years old and likewise of the need to fill over two-and-a-half million deciduous teeth in very young children. The report confirmed the safety of the procedure and concluded that fluoridation of water supplies at a level of one p.p.m. F is a highly effective way of reducing dental caries, a view which was endorsed by the World Health Organisation during October.

A recent survey in a major British city which fluoridated during 1964 has demonstrated a 50 per cent reduction in the level of decay amongst its three-year-old children. I wish that I, in my report for 1969, could make a similar claim for Nottingham.

The slow progress of building at the Hyson Green (Mary Potter) Health Centre has proved a great disappointment. In these days, when there is a chronic shortage of professional staff, it was most disheartening to have to turn away would-be recruits due to the delay. However, I welcome the opportunity to expand the service, both at Hyson Green and in the other health centres which are planned.

It is hoped that during 1970 the new facilities may be used for the latest anaesthetic techniques enabling treatment to be carried out on patients who have, in the past, often received only basic dentistry. The local authority dental services have a vital role to play in the provision of treatment to special groups and it is my intention to develop this as and when possible.

The staff are particularly looking forward at Hyson Green to forming part of a health team, a concept which in dentistry, as in all other professions concerned with health, must surely be our aim for the 70s.

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*	
	1969	1968	**1969**	1968
Number of visits for treatment during year:				
First visit	**273**	323	**59**	93
Subsequent visits	**52**	68	**134**	143
TOTAL VISITS	**325**	391	**193**	236
Number of additional courses of treatment other than the first course commenced during the year	**2**	2	**1**	2
Treatment provided during the year:				
Number of fillings	**54**	19	**34**	47
Teeth filled	**48**	19	**31**	45
Teeth extracted	**505**	621	**169**	246
General anaesthetics given	**234**	307	**33**	81
Emergency visits by patients	**229**	301	**22**	64
Patients x-rayed	**6**	3	**7**	11
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	**9**	5	**29**	22
Teeth otherwise conserved	—	1	—	—
Teeth root filled	—	—	—	—
Inlays	—	—	—	—
Crowns	—	—	—	—
Number of courses of treatment completed during the year	**87**	108	**32**	46

PART B—PROSTHETICS

	1969	1968
Patients supplied with full upper or full lower (first time)	**10**	8
Patients supplied with other dentures	**11**	12
Number of dentures supplied	**29**	25

Part C—Anaesthetics

	1969	1968
General anaesthetics administered by dental officers	**19**	**44**

Part D—Inspections

	Children 0–4 (incl.)		*Expectant and nursing mothers*	
	1969	1968	**1969**	1968
Number of patients given first inspections during year	A **230**	120	D **36**	23
Number of patients in A and D above who required treatment	B **225**	114	E **33**	23
Number of patients in B and E above who were offered treatment ..	C **221**	113	F **32**	23

Part E—Sessions

	1969	1968
Number of dental officer sessions: (equivalent complete half-days) devoted to maternity and child welfare patients:		
For treatment	**39**	50
For health education	**20**	—

MIDWIFERY SERVICES

BY

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

STAFF

On 6th February 1969, Miss Alexander retired after approximately thirty years' service, the latter years specializing in the care of premature babies. Four full-time midwives resigned during the year to take posts in other branches of nursing.

Mrs. E. Thompson the Assistant Supervisor of Midwives commenced duties in January 1969. Three full-time midwives were appointed during the year, one in March and two in July. Under the urban-aid scheme one part-time midwife changed to full-time duties then one part-time midwife was appointed in October.

Sickness increased to a total of 898 days compared with 679 days in 1968 and one midwife was granted four months' maternity leave.

STATISTICS

During the year, midwives attended 1,724 confinements, compared with 2,047 in 1968. General medical practitioners were booked for 1,688 of these confinements, compared with 1,985 in 1968 and were present at the delivery of 87 cases compared with 115 in 1968.

Midwives' ante-natal clinics were held weekly at 11 health centres and welfare clinics. There were 12,409 attendances at 609 sessions, compared with 14,079 attendances at 576 sessions in 1968. 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, 739 mothers attended a total of 396 classes, compared with 808 attending 414 classes in 1968.

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

The following is a summary of the visits made by midwives during 1969 compared with 1968:

	1969	1968
Home visits during the ante-natal period . .	**13,605**	14,029
Home visits during the post-natal period . .	**38,529**	40,391
Social emergency investigations	**917**	778
Other visits, mainly mothers booked for hospital delivery and early discharge	**9,137**	9,905
Visits to mothers confined in hospital and discharged home before the 10th day	**2,166**	1,801

Medical Aid Calls

There were 1,614 calls to doctors of which 1,561 were to their own booked cases, and 53 were made under the Emergency Medical Services, including the Emergency Treatment Service. In 1968, there were 1,466 calls to doctors of which 1,379 were their own booked cases and 87 were made under the Emergency Medical Services, including the Emergency Treatment Service. The reasons and numbers are as follows:

	1969	1968
Ruptured perineum	588	685
Prolonged labour	101	84
Foetal distress	82	74
Ante-partum haemorrhage ..	45	52
Premature labour	61	47
Other reasons	491	524
Infants	246	158

Maternity Emergency Service

There was a decrease in the calls to the mobile obstetric unit based at the City Hospital. 23 calls were made during the year, compared with 27 during 1968.

Use of the Obstetric Unit

Retained placenta	13
Post-partum haemorrhage	2
Ante-partum haemorrhage	2
B.B.A. and retained placenta	1
Retained placenta and episiotomy	1
Retained placenta and post-partum haemorrhage ..	1
Post delivery fits	1
Eclamptic fit	1
Raised blood pressure	1
Total	23

Domiciliary Care of Premature Babies

This service was continued during 1969 and the number of premature babies born at home increased. The following is a comparison of the figures for 1968 and 1969.

	1969	1968
Premature babies born at home..	80	55
Subsequently removed to hospital	31	38
Discharged from hospital for domiciliary care ..	260	282
Visits paid during the year	3,706	4,416

Transport Facilities

Thirty-four full-time members of the midwifery staff were classified as essential car users, and nine part-time members as casual car users.

Arrangements were continued for all student midwives to hire taxis to and from confinements.

Central Sterile Supply

In co-operation with the Adult Training 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.

Disposable Equipment

With further additions during 1969, the midwives now use disposable gowns, caps, masks, gloves, syringes, mucous extractors and umbilical cord clamps. Having this equipment helps to maintain as high a standard as is possible when working in the domiciliary field.

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 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

Four midwives attended statutory courses, and two attended parentcraft courses during the year. One midwife was granted three months leave of absence to attend the approved course in district nurse training and was successful in the examination.

Many midwives took advantage of the invitations from the maternity staff at the City Hospital and the General Practitioner Group to attend their post-graduate lectures held at regular intervals during the year.

In association with the Firs Maternity Hospital 12 approved district teaching midwives assisted in the training of 36 student midwives in preparation for the certificate of State Certified Midwife. During the year 31 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, 41 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

	1969	1968
Domiciliary Service ..	43	43
City Hospital	39	37
Firs Maternity Hospital ..	14	15
Women's Hospital ..	27	33
Highbury Hospital ..	19	18

HEALTH VISITING

BY

Miss Mary Holdroyd,
S.R.N., S.C.M., B.T.A., H.V., P.H.N. Admin. Cert.
Acting Superintendent Health Visitor

Miss M. Edwards, Superintendent Nursing Officer, supervised the health visiting service for the greater part of the year covered by this report. She retired in November 1969, after having held the appointment for ten years. Miss Edwards was always interested in the future developments of the nursing services, and during the final year talked to nursing officers of the Department of Employment and Productivity on 'Future trends and developments within the local authority services'.

The main emphasis of the health visitor's work lies in home visiting, for, as a visitor to the home, her role is threefold. She is a health educator; detector of physical, emotional and social problems; and gives support to families in need.

Home Visits

The number of home visits made by the health visitor decreased from 116,962 in 1968 to 107,331 in 1969. This was due to a shortage of staff early in the year, and a reduction in the ancillary and clerical help.

Details of visits are given in the table on page 126. Home visiting is now more selective, special attention being paid to children 'at risk', those on the handicapped register, and social problems. Due to the increase in scabies, health visitors paid 'follow up' visits to advise on treatment, and the prevention of the spread of infection. In November one health visitor undertook the work of contact tracing, and follow-up visits, in connection with venereal disease; this being an extension of the work previously undertaken by health department social workers.

Staff

The work of the health visiting section increased, due to implementation of the playgroups and child minders regulations, contained in the Health Services and Public Health Act of 1968, which came into force on the 1st November 1968.

Applications for registration of playgroups and child minders were dealt with by the deputy superintendent health visitor and a senior health visitor under the co-ordination of a senior medical officer. A nursing officer was appointed for this work in November under the Urban Aid programme. The senior health visitor was promoted to acting deputy superintendent health visitor. Five full-time, and one part-time, health visitors resigned, one of them to take a senior appointment with another authority.

Five health visitors joined the staff from the Nottingham and Nottinghamshire Training School (session 1968–69) and two full-time

and one-part-time health visitors were appointed. By the 31st December 1969 there remained 31 full-time health visitors, including four centre superintendents, and four fieldwork instructors, together with three health visitors employed on a part-time basis. Clinic nurses continued to assist at ante-natal, child health, and cervical cytology clinics.

There was a slight decrease in sickness amongst the staff, accounting for 243 working days compared with 261 in 1968. The influenza epidemic which commenced in December 1969 did not seem to affect the sickness rate, which was mainly accounted for by the common cold.

Transport

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

Refresher Courses

Two health visitors attended a refresher course at St. Katherine's College, Liverpool, and three others the winter school at St. Gabriel's College, Camberwell. The Council for the Training of Health Visitors recommended that the training for the work of field work instructors should be extended to six weeks, and existing field work instructors should be given a further period of two weeks' training. To conform with this, one field work instructor attended a course at St. Katherine's College, Liverpool, and two others commenced the course at St. Gabriel's College, Camberwell, at the end of the year. All these courses were arranged by the Health Visitors' Association.

Ascertainment of Deafness

Screening tests were carried out by health visitors on a total of 3,213 children in 1969 compared with 3,122 in the previous year. Of the total 342 (9.3 per cent) were regarded as being at special risk compared with 321 (10.3 per cent) the previous year.

Nineteen children were referred for further investigation due to unsatisfactory responses, of these 13 were considered to have normal hearing, four were found to have some significant hearing loss, and the remaining two were still under consideration at the end of the year.

Phenylketonuria

In 1969 a total of 5,642 children were screened for Phenylketonuria by the Phenistix urine test, and no positive results were found. In 1970 the responsibility may pass to the midwives, when the Guthrie (heel stab) blood test will be carried out on the sixth day after birth.

Co-operation with General Practitioners

During the year there has been increased liaison between general practitioners and health visitors, especially in areas where new health centres are established and proposed. Requests continued to be

received from family doctors for the assistance of health visitors on a case-to-case basis.

A scheme to co-ordinate the nursing services was approved towards the end of the year, full details of which appear on page 116.

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 after-care of children being discharged, and to both the General and City Hospitals for consultation on the supervision of diabetics. Co-operation with the social workers at the City Hospital and Sherwood Hospital continued, but was extended to include joint visits by the health visitor and district nurse. The problems of the patients to be discharged were discussed, and their after-care referred to the appropriate field worker.

Co-ordination with other Bodies

The superintendent nursing officer served on the Area Nurse Training Committee for the Sheffield Regional Hospital Board during the early part of the year, and continued to serve on the Family Welfare and Executive Committee of the Nottingham Council of Social Service. Health visitors attended the co-ordinating committee on social problem families and attended meetings of the community groups in most areas of the city.

Visitors to the Department

Visits to child health clinics and individual homes were arranged for 284 students from Nottingham and Nottinghamshire Joint Training Course for Health Visitors, home nurses studying for the National Examination for District Nurse Training, students from the General, City and Children's Hospitals, and pupil nurses from Highbury Hospital. Visitors also came from the University of Nottingham, Nottingham Regional College of Technology, Waverley College of Further Education, the University of Surrey and various secondary modern schools within the city.

Child Health Centres

A monthly child health clinic was opened at St. Barnabas' Church Hall, Lenton Abbey, on Wednesday, 7th May 1969.

Child health clinics were attended by 56.5 per cent of children born in 1969, a decrease of 8.1 per cent on 1968, although the overall attendances at child health clinics were increased from 45,798 in 1968 to 46,999 in 1969. There was a decrease in the number of toddler clinics from 289 in 1968 to 239 in 1969, resulting in a decrease in attendances; this was due to the merging of some infant and toddler clinics the previous year.

At the end of the year there were 29 child health clinics and five toddler clinics weekly. Full details of attendances at clinics appear on page 127.

Ante-Natal Clinics

The attendances at ante-natal clinics continued to fall, due to increasing obstetric care by hospitals and general practitioners. Ante-natal clinics were held monthly at Aspley and Ernest Purser Centres and twice monthly at Basford, Bulwell, Edwards Lane and John Ryle centres.

At Radford centre a weekly session combined with cytology was held, and at Sneinton centre there were six sessions per month, four of which were combined with cytology.

Consultant Clinics

The consultant paediatrician attended Ernest Purser Child Health Centre weekly, and saw 20 new cases in a total of 135 consultations.

Tuberculosis and B.C.G. Vaccination

The Chest Centre at Forest Dene is staffed by a senior tuberculosis visitor, three tuberculosis visitors, and for two sessions weekly, a member of the general health visiting staff.

During the year 4,257 home visits were made to 812 tuberculous households, including all newly notified cases. Arrangements were made for the examination of contacts at special sessions at the Chest Centre. Heaf testing was performed on 435 new child contacts, and 397 (including new-born infants) were vaccinated. The tuberculosis visitors followed up, and gave advice to all new immigrants, who were reported to be living in the city, with the result that Heaf tests were carried out on 348 immigrants, and B.C.G. vaccination given to 71.

The clinical work at the Chest Centre necessitated 952 attendances by tuberculosis visitors.

Congenital Abnormalities 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; or from the reports of clinic medical officers and paediatricians. The health visitor makes progress reports at six-monthly intervals to a senior medical officer, see page 43.

Care of the Aged

The health visitors continued to visit elderly persons known to them, as well as new cases referred by general practitioners, social workers, voluntary organisations, relatives and friends. Special attention was paid to people living alone, especially during sudden spells of cold weather, and the influenza epidemic, when hypothermia presented a problem. Co-operation and help from statutory and voluntary agencies prevented deterioration amongst some of the aged.

There have been a number of requests for help from relatives living in other parts of the country, who have been concerned about their elderly people living alone.

During the year, close co-operation has been maintained with Sherwood Hospital in caring for the aged.

Health Education

Mothercraft talks have been given regularly in conjunction with relaxation classes for expectant mothers and consist of a joint programme arranged by health visitors and midwives. Health visitors gave talks and encouraged discussion in the child health centres on various topics, emphasis being given to such subjects as immunisation and vaccination, the prevention of infection and safety in the home.

The deputy superintendent health visitor and other members of the health visiting section gave talks to various groups, for example old people's clubs, church groups and secondary modern schools.

Research Project and Motherless Families

The Department of Applied Social Science, University of Nottingham, have undertaken this research project, financed by the Department of Health and Social Security. The project will last three years and health visitors have been asked for their co-operation in bringing to the attention of the department motherless families known to them.

In-Service Training

The Medical Officer of Health gave two interesting talks to the health visiting staff on the 'Future of health visiting' and 'Smallpox'; the latter, given in his capacity as Ministry Consultant on Smallpox to the East Midlands area, was illustrated by colour slides. All health visitors were given the opportunity to see previews of films related to their work. Invitations were extended to staff to attend a number of post-graduate lectures at the General Hospital which were of special interest and much appreciated.

Health Visitors' Training Course

This course begins in October each year. It is a full-time course of study lasting 12 months, the tutor being Miss D. T. Hogg, S.R.N., S.C.M., H.V. Students successful in the examination, which is held in two parts in June and September are recommended to the Council for the Training of Health Visitors for the award of the Health Visitor Certificate. In the year under review 17 students sat the examination and 16 students were awarded the Council's certificate.

Our thanks are due to the many people who take part in the lecture and field work programme and in particular to the health visitor field work instructors whose importance in practical training cannot be over-estimated.

Nineteen students joined the 1969–70 session in October. Of these, three are sponsored by Nottingham City, nine by Nottinghamshire County Council, and seven by other local authorities; one student withdrew after two weeks.

Other Training Courses

The acting superintendent health visitor gave lectures to the nursing students at the hospital training schools in the City. Co-operation continued with training nursery nurses at Waverley College of Further Education.

HOME NURSING SERVICE

BY

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

Once again the reduced visits and number of new patients visited was a reflection of reduced working hours. In addition to low establishment, long-term sickness and maternity leave of several nurses affected the amount of care possible to patients. The position was further aggravated by lack of suitable mechanised transport as the scooters provided by the local authority had become too old to be serviceable. The distances, the weather and bulk of equipment carried can only be adequately covered by motor car transport.

In spite of much of the equipment now on loan being old in standard and design, every effort was made to make it useable, thereby allowing again an increased turnover of use. The increasing use of disposable equipment continued, and it is anticipated that the use of incontinent pads and sheets will multiply rapidly as their availability increases.

Staff

4 appointments were made and 7 nurses terminated. Leave of absence for sickness amounted to 1,383 days, maternity leave to 232 days and compassionate leave 31 days. This leave of absence is equivalent to 6½ nurses.

Transport

47 nurses were eligible for car allowances for their own cars as either essential or casual users. 11 scooters and 1 mini van were provided by the Corporation for the use of nurses and 3 nurses claimed allowances for using their own scooters. In addition to this, 6 nurses used their own cars without an allowance.

Training

4 nurses commenced training during 1969 and in addition 10 students were sponsored for training by other authorities. 13 nurses were successful in the examination in January 1969 for the National Certificate of the Department of Health and Social Security.

During the year 2 nurses have carried out a pilot scheme of working from a Health Centre, both different in approach and result.

The new Health Centre at Bestwood Park which has a treatment room for the use of the district nurse in that area has proved to be disappointing if assessed by the amount of patients using it for treatment, its geographical position being the main reason. Bestwood is hilly and most of the patients in this area treated by the district nurse are elderly and, therefore, not able to travel from home to the

centre. Those patients that are ambulant either attend a doctor's or work's surgery. A few patients resident at the hostel nearby attend when the weather conditions permit, but for the greater part of the year, they are absentees. Patients having Mersalyl injections, are too breathless to travel, or too far distant from home to have diuretics at a centre, similarly, many patients are very tired and easily exhausted when due for injections of Cytamen (Vit. B12) or iron preparations. Another contributory factor for the failure of greater use of the treatment room is the present absence of doctor/nurse attachment. This could well be improved when plans for environmental health teams are implemented in 1970.

The other scheme still in its infancy of trial and error appears to be more successful in the form of a doctor/nurse attachment at the Ernest Purser Welfare Centre in the Meadows area of the City. Here the doctor made the suggestion for the scheme to be tried, he himself making every effort to familiarise himself with schemes working in other cities and urban areas. Whilst there is not a special treatment room for the use of the district nurse, the doctor now has a surgery at the centre and already had a very good liaison with the local authority nurses before moving his surgery to the centre in January 1969. The catchment area is different, being flat and in the centre of a dense population housed in small terraces compared with Bestwood Park. Wheelchair conveyance to the centre is possible. Nurses have regular daily contact with the doctor and are able to carry out considerable follow-up visits in the homes; the value of these duties being dependent on regular discussion with the doctor at his surgery.

The Pye Radio Service

Towards the end of 1968 two sets were issued to male nurses and three sets to the nurses doing late evening duties. At first all were very hesitant to use them having always relied on personal contact with the nursing administrators at the office, especially for the late nurses. There was a natural distrust that they may not hear their number called or that they would not understand messages over the radio-telephone. After a few days practice, all five nurses became used to listening for their own number, but then the administrator on duty made the human failing of forgetting the sets were in use. As few calls were made, the male nurse on day duty would often forget to charge the set or forget to bring it with him from home. Special efforts were made to make fuller use of the sets and after more experience on both sides, with the exception of one male nurse, all felt happier about the use of the sets. This set was taken from the male nurse and passed to the male assistant superintendent who found it invaluable in his field assessment work. Later an extra set was shared by the two female assistant superintendents. This pilot experimental use of radio-telephones for District Nurses has proved of great value. It is hoped that as the service expands this form of communication will be more widely used.

Auxiliary Staff

The Sitter-in-Service continued to expand to the extent of finances permitted but many requests were made for necessitous care beyond that possible to be given—only rigid assessment prevented allocation of finance being used within the first four months of the financial year. The staff experienced a considerable amount of hardship and misery especially amongst the aged, through unfulfilled needs. The position of the single or widowed daughter or widower son deprived of rest, recreation or income in order to care for an aged relative, was still encountered. Auxiliary staff also carried out duties as bath attendants to offset a further neglect of the elderly.

The help given by the Marie Curie Service to patients with a diagnosis of cancer greatly assisted the auxiliary service and we were grateful to be able to give welfare care to patients with special needs. Arrangements were made for six patients to be admitted to nursing homes with expenses paid by the Marie Curie Memorial Foundation Service. Also two patients were admitted to Solihull Nursing Home for similar reasons.

We were grateful to 5 voluntary organisations whose generosity made it possible for a member of the nursing staff to return to duties by their purchase of a three-wheel car to enable her to have motorised travel to her duties and thereby also carry her equipment. Without the car it would have been impossible for the nurse to resume duties.

PREVENTION OF ILLNESS

Care and After-care

BY

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

Senior Medical Officer

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 care of illness and for the care of the elderly.

Care of Older People

With the increasing number of elderly people in the community 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 much needed rest for an over-taxed family.

During the year 197 elderly patients were admitted to the joint Assessment and Early Treatment Unit at St. Francis Hospital for accurate diagnosis as compared with 231 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.

Nuffield House

Throughout the past fifteen years since its inception the success of Nuffield House has been largely due to the active part taken by the old people themselves in the life of the club. Besides being occupied with various handicrafts, they take every opportunity of helping each other. There they can enjoy companionship of their contemporaries, a life which is often lacking in a wider community.

Attendance

The average daily attendance throughout the year was 40, equal to the original number of places. There were 55 new members admitted, of whom 43 were women and 12 men. The number of members on the register at the end of the year was 133. Of new admissions, 5 came for less than one week, 3 were admitted to hospital and did not return to Nuffield House on discharge, 7 were admitted to residential accommodation, 6 were admitted to a geriatric hospital, while 3 went into hospital and returned to Nuffield House after a short stay. The reason why 15 members ceased to attend after several months was unknown; 14 members died during the year.

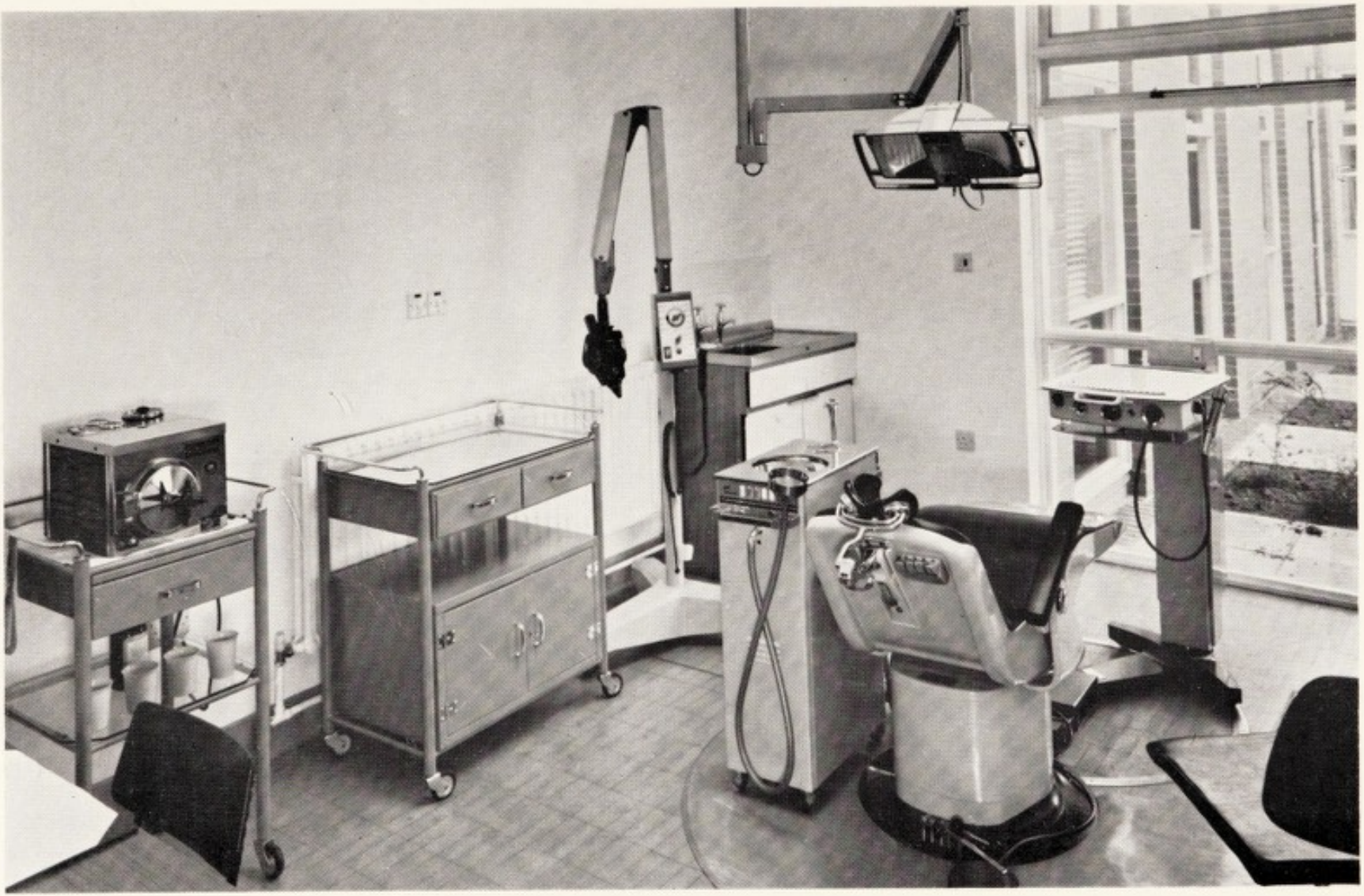
By courtesy of the Nottingham Guardian Journal

AN INFORMAL MOMENT AT THE OPENING OF THE JUNIOR TRAINING CENTRE

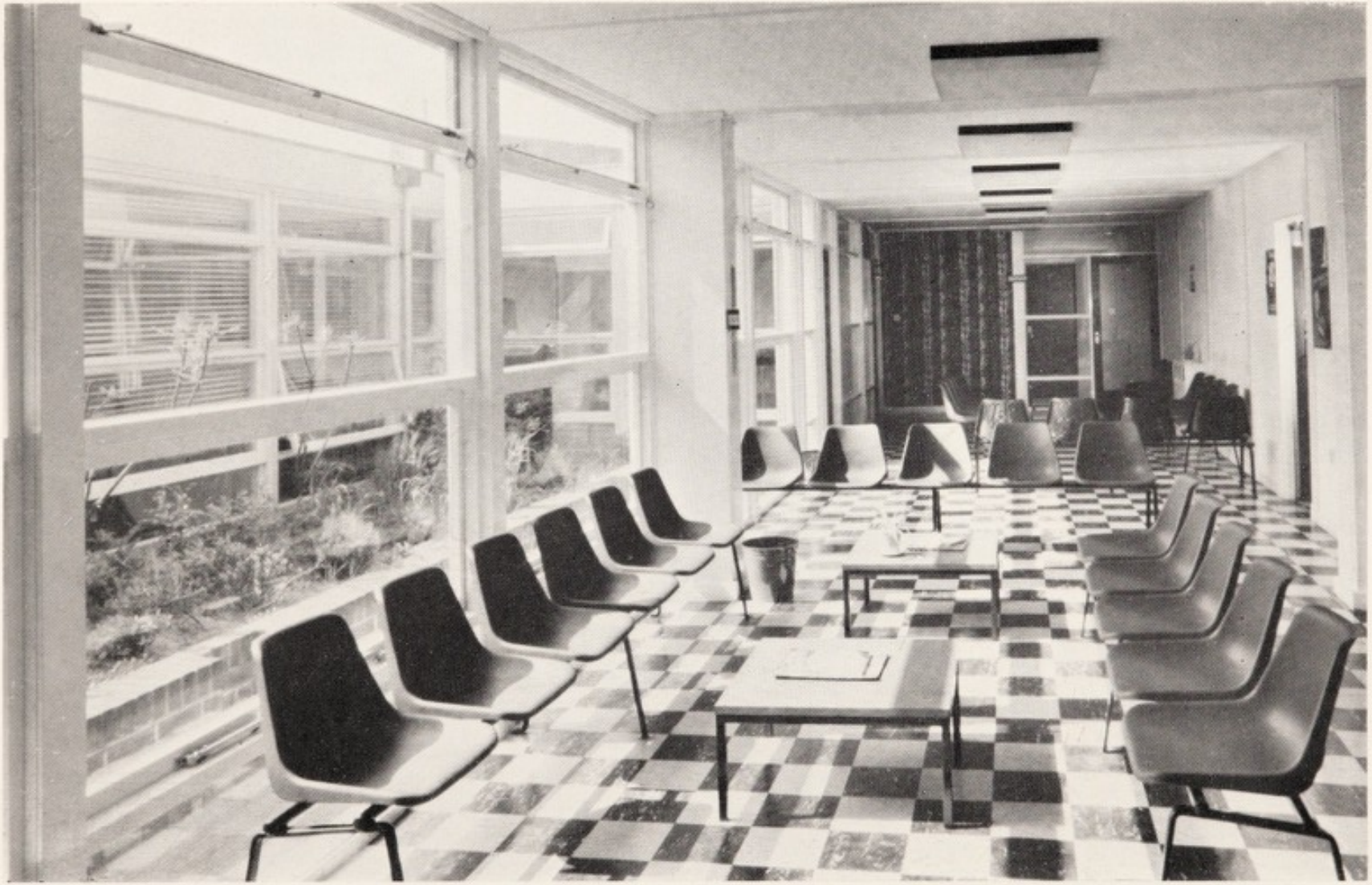
HYSON GREEN (MARY POTTER) HEALTH CENTRE—EXTERIOR VIEW

HYSON GREEN (MARY POTTER) HEALTH CENTRE—RECEPTION AREA

Hyson Green (Mary Potter) Health Centre—Filing Area



HYSON GREEN (MARY POTTER) HEALTH CENTRE—DENTAL SURGERY



Bestwood Park Health Centre—Waiting Area

Bestwood Park Health Centre—Health Education Area

COLLAPSE OF SCAFFOLDING—ALBANY HOTEL

STAFF

There has been no change in the staff during the year.

TRANSPORT

This was covered by the Corporation's bus and one was hired. These arrangements were adequate and continued to work smoothly.

Case conferences were held from time to time. They were most helpful as a link between the health department and mental health service, and St. Francis Hospital. The frequent visits of Dr. Lindsay Hurst, consultant psychiatrist to this hospital have been of great assistance and were much appreciated.

Chiropody

The continuance of both national and local stringencies affected adversely the chiropody service during 1969 and recommendations 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 decreased by 51 from 4,771 in 1968 to 4,720 in 1969 and treatments increased by 1,346 from 24,705 in 1968 to 26,051 in 1969. The average number of treatments per patient showed an increase from 5.1 in 1968 to 5.5 in 1969. In the priority groups there were 26,051 treatments, of which 3,639 (for elderly and handicapped persons) were carried out at home and 517 in old peoples' homes. Two expectant mothers were treated during the year. New patients were recommended by general practitioners, medical officers, health visitors, home nurses, midwives and by members of the Women's Royal Voluntary Service.

The Ultra Violet Ray Clinic

It was in 1927 that the late Sir Julien Cahn, impressed with the results obtained by ultra violet irradiation in many forms of disease, asked Dr. Henry N. Jaffé, his son-in-law and a general practitioner, to organise, equip and control an ultra violet ray clinic in the city of Nottingham at his expense to be run free of charge for necessitous patients resident in the city and referred by their family doctor. Paying patients were received from the city and county.

This venture was highly successful and, one year later in 1928, the clinic was offered to, and accepted by, the Health Committee of the city of Nottingham for the benefit of their citizens. The late Dr. D. C. R. Rigby, Radiologist at the General Hospital, was appointed joint Medical Officer in Charge. Following his death in 1945 Dr. Jaffé was in sole charge, assisted first by Dr. Sophie K. Stuart until 1959 and latterly by Dr. L. Ann Wilson, Senior Medical Officer, and for the past seven years the nurse-in-charge, Miss Irene Hopkinson.

In the 41 years' life of the clinic, 21,562 patients were seen and 376,613 treatments given. The main conditions to receive treatment were rickets and vitamin deficiency in children, bone deficiencies, localised infections, skin diseases, the allergies, including hay fever and asthma, and the many forms of rheumatism of tissue and joint.

Following the inception of the National Health Service in 1948, local general practitioners tended to refer their patients to hospital, gaining the advantage of investigation as well as treatment, so that attendance at the ultra violet ray clinic dwindled steadily, particularly during the past few years.

Dr. Jaffé, aged 71, intended to retire on 31st March 1969, but before this could take effect he died on 11th March, following a short illness. His death terminated an era and the clinic finally closed on 10th May 1969.

GENERAL SOCIAL WELFARE

BY

MRS. H. E. RUDDELL, Dip.Soc.Stud.

AND

MRS. S. CRUMPTON, B.A., Dip.Soc.Stud.

The casework undertaken by the health department's two social workers covers a broad sphere of financial and emotional problems resulting when ill-health affects one or more members of a family. Efforts are made in so far as it is possible, to treat the family as a unit, and there may be many underlying problems before the original cause for referral can be helped.

The following are among the main groups visited:

(a) Patients suffering from cancer are assisted financially by the National Society for Cancer Relief, through the Medical Officer of Health, and are visited regularly by social workers. In many instances supportive visiting of the immediate relative may be necessary for quite a time after the death of a patient.

(b) Referrals are received from Forest Dene chest clinic for supportive and material help for patients suffering from tuberculosis and other chest conditions.

(c) The social problem group can often be categorised along with group *(b)* and they form a large proportion of the social workers' caseload.

(d) Social reports are made on the home circumstances of those applications requesting a recommendation for medical priority in rehousing.

(e) The Health and Welfare Committee's allocation for the provision of convalescent holidays under section 28 of the National Health Act 1948. Long-term supportive visiting of a small proportion of these applicants is undertaken where necessary.

This small but vitally important social work section is normally staffed by one of its two members during office hours, to deal with any queries and to see members of the public who may request advice or help. In many instances individuals prefer to retain a certain degree of anonymity and seek advice without a home visit being paid.

Social Work with Patients in Receipt of National Society for Cancer Relief

For many years the social workers have administered the weekly payments made by the National Society for Cancer Relief to patients under the care of Nottingham Corporation. These grants, usually of £1 per week, continue until the patient recovers sufficiently to return to work or until his death. Annual reports are submitted to the Society on the medical and social change or condition of each patient.

Referrals for financial help are made largely by the Home Nursing Service, but are also received from health visitors and other social agencies in the city. Only one general practitioner has requested help for a patient, and it would appear that the medical profession are not aware of the help that can be obtained. Efforts are being made to improve this situation.

Twenty-seven patients were being helped by the N.S.C.R., through this Department, at the beginning of 1969. A further 26 new patients were referred during the year, and by 31st December 28 patients were in receipt of help, making a total of 53 patients which had been helped by the N.S.C.R.

The N.S.C.R. also help with special grants for bedding or fuel. On four occasions they have paid outstanding bills, and on one occasion a holiday arranged by a patient to visit his relatives in Ireland was paid for by this Society.

Patients are visited regularly by a social worker, usually at intervals of a fortnight or a month, but on several occasions daily if the social need arises. The financial help received from the N.S.C.R. does not affect their sickness benefit or supplementary pension, and is mainly used for extra nourishment. Fares to visit patients in hospital are paid to relatives on application to the Society.

Tuberculosis and the Social Problem Group

An increase has again been apparent in the number of notifications of persons suffering from tuberculosis. Of a total of 123 notifications, 85 were classed as respiratory, 13 as meninges, and 25 other forms were categorised.

Referrals from Forest Dene decreased slightly this year; details of these are included in the accompanying tables. Two patients were assisted with fares to Ransom hospital, and the Care Committee approved the continuance of cheap milk for one patient. Patients were visited in their homes or seen at this Department according to their need and wishes. Continuing support was necessary for many patients now discharged from the Chest Clinic, but whose social circumstances have not improved.

The co-ordinating committee of statutory and voluntary social services, established to consider problem families, met on 25 occasions during the year, when 184 case conferences took place on 146 families. Of these cases, 100 were considered for the first time, and they were referred by 12 different agencies, as follows:

Children's Department	8
Department of Health and Social Security	1
Education Department	6
Health Department	2
Housing Department	2
Housing Rents Office (City Treasury)	59
Medical Social Workers (Hospitals)	3
N.S.P.C.C.	4
Probation Department	6
School Health Service	2
Town Clerk's Office	1
Welfare Services Department	6
	100

These figures show a sharp increase in comparison with 1968, with an increase of 40 families being referred for the first time. It is interesting to note that 59 per cent were referred by the Housing Rents office, an increase of 50 per cent on the figures for 1968. Referrals from other social agencies would seem to have risen by between one and three per cent, and so have remained fairly constant.

Type of Assistance	*Cases Brought Forward*	*New Cases*	*Total*
Milk at reduced rate	1	1	1
Referrals to Department of Health and Social Security	20	19	39
Provision of bedding	5	4	9
Loan of nursing equipment	1	1	2
Domestic { Home Help Service .. other help .. .. }	3	4	7
Financial and general advice	12	15	27
Housing (T.B.)	—	13	13
Clothing provided	12	20	32
Child care arranged	1	1	2
Employment arrangements	3	4	7
Training arrangements	—	—	—
Convalescence	3	3	6
Referrals to other social agencies ..	13	3	16

The following examples illustrate the close liaison with other social agencies. These brief case notes typify some of the day-to-day problems referred to the Health Department's social workers.

Case I

Father, aged 45, suffered from bronchitis for many years. As his condition deteriorated his wife was able to devote less time to her four children. An anonymous letter was received by this Department complaining of her neglect, and supervision has been necessary to maintain the balance of family relationships.

Case II

An eight-year-old child, suffering from leukaemia, was referred to this Department by the Home Nursing Service because his father and step-mother were not able to afford the extra nourishment he required. A grant of £1 per week was obtained from the National Society for Cancer Relief, and supervision has been maintained to ensure that the family receive all necessary support.

Case III

Mother, aged 35, of two children was deserted by her husband two years ago. This patient was referred by the school welfare officer after the 18-month-old daughter died. She had severe reactive depression, and arrangements were made for the older child to be cared for while the mother had a recuperative holiday.

Case IV

Father, aged 45, with a family of six young children, had inoperable cancer of the stomach. Considerable debts had been accrued before this family were referred by the Home Nursing Service. With the help of the National Society for Cancer Relief and the Department of Health and Social Security, these debts were cleared before the father died.

Case V

Mother, aged 21, with one child, and expecting a second baby, was referred by her general practitioner. She was living in bad housing conditions, and there was a real danger of a break-up in her marriage. She requested a termination of pregnancy. Support was given until the family could be rehoused, and it is pleasing to be able to report that there was a considerable improvement in the family circumstances. Twins were born as the mother finally decided to proceed with her pregnancy.

Case VI

Mother, aged 35, with one child, became incapacitated through bronchitis and asthma. A chest physician referred her to this Department, as it was believed that financial worries were impeding her response to treatment. Supportive visiting and financial advice reduced the current tension, and within a few months she was able to return to work.

Case VII

Father, aged 39, developed inoperable cancer of the colon. Before his illness he and his wife had both worked and they and their children had enjoyed a comfortable standard of living. Reduction in this caused rejection and upset amongst the children, who were too young to be told of the serious nature of their father's illness. Financial help was obtained, and constant supervision has been maintained.

Case VIII

Mother, aged 42, lost the second of her three children after a long illness. Subsequently, for some months she would not enter the bedroom and would awake at night looking for the child. Her general practitioner requested rehousing. Support was given to the family until alternative accommodation could be provided. This prevented the break-up of the marriage.

Case IX

Mother, aged 25, with two young children and separated from her husband pending a divorce, arrived in Nottingham from the South of England to look for a former boy friend whom she believed to be working in Nottingham. She had neither money nor possessions. This case was referred by the N.S.P.C.C. officer, and efforts were made to support the mother and children until she decided of her own accord to return to her previous home.

Case X

Father, aged 26, developed pulmonary tuberculosis. At the time of his notification the marriage was on the point of breakdown, and eventually the wife left him, taking their only child, aged two. Considerable guilt feelings were felt by both parties, yet neither would seek a reconciliation. This couple, who were referred by the Chest Clinic, have been visited regularly in an effort to support them, both financially and emotionally, in the hope that a reconciliation may be effected.

Requests for Priority Rehousing on grounds of Ill-health

Requests for priority rehousing on medical grounds increased substantially during this year; there were 485 requests during 1969, an increase of 53 over the figures for the previous year. Of these requests, 138 were recommended by the Medical Officer of Health, and subsequently approved by the Housing Committee, which represented an increase of 55. Recommendations were made on behalf of tenants of privately owned property who would not under normal circumstances be eligible to be rehoused by the Corporation or to register on the housing waiting list. Applications, normally, were accompanied by a recommendation from a hospital consultant, or their medical practitioner; some were from other Corporation Departments, including the Housing Department, from Members of the Council, and Members of Parliament. These cases were concerned with infirmity, old age and a variety of medical conditions, including nervous and mental disorders, heart and chest conditions, limb amputation, blindness, and post-operative complications.

Table I, on page 132, illustrates the nature of the illness or disability of those who were recommended for priority rehousing, and demonstrates the number of elderly people suffering from respiratory, rheumatic and cardiovascular complaints, which formed the majority of recommendations to the Housing Committee. During the year social workers visited a total of 284 houses and on each occasion prepared a full social report on the home circumstances. Where applications were received from tenants already under the control of the Corporation, these were referred to the Housing Manager and were visited, where necessary, by housing visitors. Where it was not possible to help elderly people who wished to move nearer their families and so increase the amount of support necessary to retain their independence, they were advised to register on the Corporation Housing Department waiting list for rehousing of the elderly. The waiting period for this list is currently two years.

All complaints of dampness and structural deficiencies were referred to the Chief Public Health Inspector for investigation. Instances of overcrowding were likewise referred. Table 2, on page 132, illustrates the areas which would appear to have the most pressing housing problems, and it is interesting to note the reduction in applications received from Bulwell, St. Ann's and the central area of the city, whereas the Meadows has shown a sharp increase.

Convalescence

There was a considerable decrease in the number of applications to this Department for convalescence. Out of a total of 95 requests, which was 36 less than the previous year, 31 were approved.

The Health and Welfare Committee paid the total cost of the maintenance of six patients at independent homes, and contributed to the cost of a recuperative holiday, and travelling expenses, for four patients. Four patients paid the entire cost of their maintenance and travelling expenses; the remaining 17 patients were sent to the Sheffield Regional Hospital Board homes at Skegness and Matlock; three patients spent a period of time at Langwith Lodge.

Patients were mainly referred through their general practitioner, the remainder being referred by health visitors or other social agencies. A similar pattern of requests to recent years was found in these referrals, with the majority of both male and female applicants in the age-group 60–69. Details are given in the tables on pages 133 and 134. Arrangements were made for two married couples to go away together, and both benefited from their convalescence. No applications were received from persons over the age of 75 or under the age of 25. One case was referred to the Nottingham Council for Social Service, in which instance an elderly patient wanted to take her grandchild to a boarding house at a seaside resort on the south coast, where she had spent time in her youth.

Liaison with W.R.V.S.

Close liaison exists between the health department and the W.R.V.S.; 671 patients were referred in 1969 for help with clothing. These referrals were made by health visitors and social workers. The Home Help Service, Home Nursing Service, health visitors and social workers referred a total of 161 patients for delivery of meals-on-wheels on two days a week. Figures provided by the County Borough Organiser of the W.R.V.S. are given below.

Meals-on-Wheels

The total number of meals provided in 1969 by the W.R.V.S. was 65,000, an increase of 26.6 per cent on the previous year. This comprises 53,000 meals supplied to housebound people and included those supplied to the Occupational Centre of the Welfare Services Department. 12,200 were also supplied to the 13 Luncheon Clubs which the W.R.V.S. run in the city.

Old People's Visiting Scheme

Twenty-six members of the W.R.V.S. regularly visited 30 elderly persons in their homes and visiting of ten patients now in long-term care at Highbury Hospital continued.

Clothing Store

In 1969 the W.R.V.S. distributed 6,768 garments to 1,384 people who were in need of clothing. This is a slight decrease on 1968, when

7,050 garments were issued to 1,513 people. 2,000 garments were made by the W.R.V.S. working party, which meets on one afternoon a week at Huntingdon House.

Trolley Shops in Old People's Homes

The trolley shop service continued to operate in 11 Old People's Homes in the city. There is a great deal of demand for this very popular service, which functioned in each home once a week, and sold toilet requisites, cigarettes, confectionery and fruit. Residents were, therefore, able to make their own small purchases, an opportunity which would otherwise not be available to them.

Library-on-Wheels

The Library Service also continued with the taking of books obtained from the Central Library to Bilborough and Bestwood and to old people's homes and flatlets.

W.R.V.S. Schemes for Holidays for Tired Mothers

We were able to arrange a holiday for two mothers at a W.R.V.S. home at Felixstowe. This scheme is designed to help mothers who are over-strained and exhausted by family cares.

HOME HELP SERVICE

BY

MRS. L. HENSHAW
Home Help Organiser

In spite of the economic restraint on the service the year's work has kept the staff very busy. To keep within the estimates it has been necessary to watch carefully the priorities of the various categories of people requiring help. Staff changes occurred during the year; four clerks left and were replaced. Two case-workers appointed stayed for very short periods, one left for health reasons after three months and the other after two months when she left the district. This put additional strain on district organisers who endeavoured to cover the work. The post of deputy organiser was vacant for six months of the year, causing some pressure at the central office. By the end of the year all vacancies were filled, although one case-worker had not commenced duty.

District organisers and case-workers, excluding those in training, made 11,127 home visits, made up of 2,920 initial visits, 2,936 to review financial circumstances (mostly by the case-workers), 4,505 to deal with queries and the remaining 766 to check time-keeping, standards of work and general administration. In addition I visited personally during the early part of the year all cases having daily help and was satisfied in almost every case that the amount of help given was necessary. The four senior helpers supplemented this number of home visits and, therefore, assisted the staff in keeping the administration running smoothly.

Re-casting of district boundaries became necessary during the year, the main cause being the demolition in the St. Ann's Well Road area; this was completed by the end of October, giving each district a load of approximately 500 cases. It was not, however, possible to create the same balance with helpers available for each district and efforts are still being made to level out. Without a more even balance one district organiser can obviously be more generous in her allowance of help than another.

At the end of the year the number of helpers had fallen to 310 and the available weekly hours to 6,925. With a case load of 1,950 this allowed an average of only three-and-a-half hours each week, not enough to care for some of the elderly and chronic sick. It often imposed a hardship on the helper expected to see to the essentials in the homes she attended and may have been a contributive factor to resignations from the service.

Sickness of helpers during the year accounted for 18,556 hours with pay. This was an average of weekly absenteeism of 357 hours, five per cent of the 7,000 allowed. In addition helpers were off sick without pay and for domestic reasons. The service was consequently depleted well below the expected standard by these absences.

The waiting list at the beginning of the year was 210 cases, at the lowest it fell to 133, but, by the end of the year, due partly to the

influenza epidemic and absence from duty of helpers, it rose to 445, the highest I have known it to be during my seven years as organiser. All figures during the year showed a reduction when compared with the previous year. Requests for help totalled 1,537 and, of these, 1,042 were received from hospitals, general practitioners, home nurses, health visitors, midwives and other statutory and voluntary services, the remaining 495 being personal requests from either relatives, neighbours or the person who needed help. Of these enquiries, 62.7 per cent were provided with help, 3.5 per cent were not applicable to the service, and 33.8 per cent either managed without or arranged private help. In addition to 929 new cases, 1,951 cases assisted in the previous year continued to need help; this total of 2,880 cases was a reduction of 50 compared with 1968. In spite of this reduction, the percentage of people over pensionable age who received help rose from almost 88 to 90 per cent.

There was a reduction in cases assisted in all categories, chronic and acute illness fell to 213, maternity cases to 60, social cases to ten, mental illness to three, blind to three, and no cases of tuberculosis. Some time was spent in the cleaning of neglected homes, usually whilst the occupant was in hospital. One home in particular had reached a stage of extreme neglect and two male helpers assisted by the patient's sister and myself spent 33 hours effecting something like order. Help continued after the patient's discharge from hospital, but, in spite of all efforts, this man seemed unwilling to improve his standards.

Conference

I had the opportunity to attend a one-day conference at Shrewsbury in July and found the subjects discussed very interesting and informative.

Future

The publication of the Seebohm Report on Social Services and the Royal Commission on Local Government in England, together with the Green Paper on the National Health Service, will bring about changes for the Home Help Service. The uncertainty of these changes has during the past year concerned the staff. It is anticipated that future re-organisation into unitary authorities and area health boards will allow expansion of the service so as to extend the boundaries of community care.

Finance

A wage award of 3¾d. per hour for manual workers took effect from 30th September. This brought home help's wages to 5s. 5¾d. per hour with senior and emergency helpers being paid a plus rate of 6d. and 3d. per hour respectively. The wages of male helpers, four in number by the end of the year, rose to 7s. 6d. per hour. In accordance with usual practice the full cost charge increased from 5s. 8d. to 6s. 0d. per hour from 24th November. Some people responsible for this charge cancelled help as a result of this increase.

Income from the service amounted to £7,560, compared with £6,923 in the previous year.

Changes in pensions and other benefits under the Department of Health and Social Security effective from the beginning of November brought about changes in the scale of allowances and necessitated a review of all cases. Those involving cost were given priority, whilst other cases were reviewed as soon as possible after the operative date.

Number of Helpers at 31st December

	1969	1968	1967	1966	1965	1964	1963
Full-time ..	**43**	38	71	64	78	90	106
Part-time ..	**264**	310	315	301	309	315	325
Casual ..	**3**	1	7	4	4	7	15
TOTAL ..	**310**	349	393	369	391	412	446

Hours worked

Weekly average	**7,000**	8,000	8,400	8,250	8,500	9,400	10,450

Result of Applications

	1963	1964	1965	1966	1967	1968	**1969**
Help supplied..	1,048	965	1,020	1,098	1,092	1,114	**929**
Awaiting help..	31	18	13	21	33	27	**15**
Advance maternity bookings	31	34	32	30	26	36	**20**
Not qualifying	36	55	45	46	27	42	**54**
Cancelled or arranged own help ..	483	564	515	564	492	465	**519**
TOTAL ..	1,629	1,636	1,625	1,759	1,670	1,684	**1,537**

ANALYSIS OF CASES ASSISTED AND PAYMENTS MADE

	Part cost	*Full cost*	*Nil*	*Total*
Old Age Pensioners:				
Chronic illness ..	126	306	2,149	2,581
Acute illness ..	—	5	5	10
Others:				
Chronic illness ..	14	38	105	157
Blind	—	—	3	3
Acute illness ..	6	27	23	56
Maternity	6	53	1	60
Tuberculosis ..	—	—	—	—
Social cases	2	—	8	10
Mental disorder ..	1	—	2	3
TOTAL	155	429	2,296	2,880*

*Includes 1,951 cases brought forward to 1969

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 ..	144,435	6,923
***69/70**	**149,790**	**7,560**

*Approximate actual

MENTAL HEALTH SERVICE

BY

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

SUBNORMALITY

Despite the development of training centres it is open to question whether the needs of the subnormal have been sufficiently enquired into and adequately provided; it sometimes seems that in the tremendous developments of work for the mentally ill over the past few years the problem of subnormality has not received sufficient attention. This is particularly so in the case of the severely subnormal adult.

The essential difference between an educationally subnormal child and a severely subnormal one is that the child leaving a special school on attaining the age of 16 can reasonably be expected to settle down in some form of employment whereas it is exceptional for the child attaining the age of 16 in a Junior Training Centre to be able to do so. This being so, the future of the severely subnormal adult needs careful planning to enable him to live a happy, contented and so far as possible productive life and at the same time to avoid the dangers of delinquency that can so easily develop with a person of limited intelligence and unlimited time for wrong-doing. It is well worthwhile, therefore, to consider carefully what is necessary. The needs would seem to fall under several headings: training, employment, organised recreation, social care and support, and, eventually, accommodation. These needs are interlocking to form a composite whole, but must be considered separately to see what each entails.

Continued and expanded training after the Junior Training Centre stage is absolutely essential. This training should cover three main headings: the educational training received in the Junior Training Centre should be continually revised and extended to the limit of the trainee's ability to absorb educational skills; there should be training in work habits and the teaching of skills likely to be of use in a work situation; and there is very great need for extensive training in self care for eventual independent living. The latter is probably the most important aspect of training. The goal of regular gainful employment for the severely subnormal is only likely to be reached in a small percentage of cases. On the other hand, a much greater number are likely to find themselves in the fullness of time without parents and probably, therefore, without a family home. Where there are no friends or relatives willing to make accommodation available when the parents pass away the severely subnormal person must then either go into lodgings or into a hostel. In either situation they will need to be able to do much more for themselves than ever before; particularly where, as in so many cases, they have had over-protective parents who out of mistaken pity and sympathy have indeed restricted the subnormal in his natural attempts to attain independence.

Work habits can best be taught by simulating a factory situation. A time clock, for instance, in the entrance and the necessity to 'clock in' and 'clock out' on coming and going enables the severely subnormal person eventually to enter a real factory in a business-like and understanding manner. Out-work from local factories can be sought for the purpose of actually doing real factory work along factory lines but it is most important to remember that the centre is a training establishment. It is important not to give too much weight to production or turn-over. The centre does not exist as a kind of sub-standard factory and industrial methods should only be used for teaching purposes at this stage.

Employment can be provided in one of two ways. Some, but only a small percentage, of those who have had some lengthy period of training may be able to obtain employment in the industrial field. For the others, there is an urgent need for some type of employment centre to be established by the local health authority. This must be a special type of centre. The definition of sheltered workshop as given by the Ministry of Employment and Productivity has standards too high for the great majority of severely subnormal adults. On the other hand, it is imperative that the training centre shall not be a permanent holding establishment; there must be somewhere to which the finished product can be passed.

It is inevitable, no matter what standard has been reached, that each individual will eventually have acquired all the knowledge and skill he is capable of. At that stage he must move to a different environment. It is no help to the subnormal to remain in the training atmosphere when he has ceased to be able to develop further and the presence of such individuals clogs the training machine. Hence the need for an establishment where the skills that have been acquired can be put full-time to a useful purpose and there is no doubt that with the goodwill of local industry and of the local health authority and the ingenuity of the staff an establishment could be built up where subnormals of every type and grade could be gainfully occupied even though some would be able only to fetch and to carry.

The need for accommodation arises when a severely subnormal person can no longer live at home—or indeed no longer has a home in which to live. This basic need can be met in one of two ways. He can be admitted to a local authority hostel or lodgings can be found for him. There is debate as to which of these two methods is the better. It seems on balance, however, that ideally good home-like lodgings are to be preferred to an authority-established hostel, which would have great difficulty in avoiding some degree of institutionalism. A special lodgings scheme needs to be devised. It is essential that one of the social workers of the local health authority should be 'lodgings officer'. Suitable lodgings need to be sought by advertisement and need not always be commercial lodgings. There are undoubtedly a great many middle-aged people who have spare accommodation in their homes since the departure of sons and daughters, and a concerted effort should be made to gain the sympathy of a percentage of such people to undertake a vital piece

of social benevolence by making the accommodation available to one or more severely subnormal persons. The lodgings officer would have to assess the quality of such lodgings and maintain a register which would enable his colleagues to know where accommodation was available and the type of subnormal who would best fit in the particular environment. Obviously those offering the lodgings would need to be paid at the usual rate for lodgings for the area, but it must be borne in mind that they are going to be asked to do rather more than a commercial landlady would do for normal lodgers. Whilst one cannot expect the landlady to act in a fully parental manner, they would be asked to undertake a supervisory role and for this there should be an agreed fee over and above the price of the lodgings. This would be a much cheaper way of dealing with the problem than building a number of hostels and there is one interesting fact which deserves mention. Wherever authorities have declared the intention of establishing a hostel, whether by converting an existing property or by purpose building, there has usually been an outcry from property owners and residents in the area. There has now been a fair amount of experience in placing subnormals in lodgings until, in fact, a number of the lodging houses have, in effect, become mental health hostels, although still privately owned, and there has never been the slightest remark in the neighbourhood about such establishments. It would seem, therefore, that the goodwill of the public can best be obtained by gradually infiltrating the severely subnormal into privately owned lodgings. This is not to say, however, that in each district at least one local authority hostel will be required where those can be placed for whom suitable lodgings cannot be found and those who need further training and practice in self-care before they could go into a private house.

Adult Training Centre

The existing Adult Training Centre at Bestwood Road continues to do good work under adverse circumstances. The buildings are old, unsuitable and seriously over-crowded, but despite these handicaps the staff make every endeavour to operate the centre according to the principles enumerated above.

The house at one time occupied by the Superintendent of the Centre has now been taken over and is exclusively used for domestic training on a broad front. Each day 12 of the trainees report to the house to a member of staff who has a special interest in developing the self-reliance of subnormals and who has devised an excellent curriculum for training them in self-care and in necessary domestic activities. During the course of the day personal hygiene receives close attention; those who require teaching on how to bath themselves are given a lesson and those who can manage on their own but lack facilities at home are afforded the opportunity of taking a bath at the centre. Care and grooming of the hair is part of this section of the training, and care of clothes follows. Both men and women are taught how to make use of an automatic washing machine, of the same type that they will encounter in a launderette, and the general idea is to fit them to be able to make use of commercial

launderettes when the time arises for them to have to attend to these matters themselves.

The general care of the home is demonstrated and practised and eventually a meal is prepared by the trainees themselves and consumed in the house. This activity is greatly enjoyed and with repetition eventually becomes an added skill for the subnormal who reaches a point where he or she would be quite capable of preparing simple meals for themselves if the necessity arose, including choosing and buying the necessary ingredients for the meal. The early indications from the further development of this work are most encouraging and it seems more than likely that in the fullness of time this will prove to be the most valuable part of the training centre's activities.

Practice in industrial work continues. Good relations have been established with several local firms, particularly box manufacturers, and in fact more work than the centre wishes to undertake could easily be obtained. It has been the practice only to take in industrial work the performance of which had some training value to the subnormals and never to take on contracts which had firm dates which it would be difficult to meet without staff intervention. Except for some checking of quantities, it can be said that all the industrial production of the centre is in fact produced by the subnormal trainees, and that the staff are present strictly in an instructional capacity and do not themselves take any part in the tasks. In addition to a considerable proportion of box-making, there are other jobs coming in from printers, such as elasticating show-cards and similar quite profitable activities. The roll-a-story project which has previously been described continues in slowly increasing quantity as the printer slowly overcomes the many teething problems which have been encountered with the newly installed machines. The rolling machines in the training centre have worked well since first being switched on and have given no trouble at all and as soon as the main contractor resolves all his difficulties production at the centre will boom.

Midwives' sterile kits continue to be packed and the women take great interest in this work, with its allied activity of packing sterile dressings for one of the local general hospitals. Gardening at two levels continues to be vigorously followed, at one level training the men to be able to give some help in the family garden at home, and the second stage to learn some simple green-house processes and more advanced gardening techniques with the hope that employment in a market garden will eventually be a possibility.

A training centre of this type not only has to train but to some extent also to entertain. There are periods of organised recreation, both indoor and outdoor, arranged for everyone who attends. However, whilst some of the high-grade trainees can partake in some social activities outside the training centre, for instance youth clubs and in some cases clubs specially organised for their benefit, there are a good many of the less able trainees who have almost no opportunity for social enjoyment outside the training centre

premises. For these, therefore, additional recreational features are worked into the timetable, it being felt that the opportunity for enjoyable recreation is probably as important to them as training in work skills.

Junior Training Centre

The purpose-built Junior Training Centre at Harvey Road opened for the autumn term of 1968. Like all newly enlarged organisations there had to be a 'bedding in' period whilst teething troubles were resolved and smooth working methods established. Not only was this new centre larger than anything the City had previously but for the first time separate classrooms for each teacher with a small group were provided as against the previous method of larger groups with two teachers working with the children. New staff also had to be engaged and in the general shortage of trained and experienced teachers of the mentally handicapped, the new recruits were all trainees and needed a period of time before they began to be of value to the centre.

The first full year of operation was 1969. Most of the teething troubles had been settled in the preceding term and a steady year's work was undertaken. The children blossomed in their new bright surroundings and the staff, too, gained much from the improved environment. Of all the additional facilities provided, none gave greater joy than the gymnasium. In the early days it was with the greatest difficulty that teachers could persuade children to come away from the apparatus to other activities and throughout the year gymnastic exercises of every kind were a particular feature of the curriculum. It was very fortunate that we had been able to secure the services of a trained physical education teacher and his work contributed greatly to the success of the centre during the year.

At the year-end there were 192 names on the register, which equalled the minimum number of places available in the centre. During the year, however, there were times when the register had numbered over 200. Whilst something under 200 is felt to be the maximum number of places that will need to be provided for juniors in the City their transfer at the age of 16 to the Adult Training Centre was not always immediately possible owing to a bottle-neck occurring at the Adult Training Centre. The latter centre is becoming more and more over-crowded and, therefore, less able to take 16-year-olds from the Junior Centre. As the department's plans gradually come to fruition, in the provision of a new Adult Training and Employment Centre, it is believed that the Junior Centre will be able to maintain a register of between 190 and 200 with easy and immediate movement forward for the over-16s, so relieving overcrowding.

Mental Illness

The number of cases referred to mental welfare officers for admission to hospital again showed a decline from 818 in 1968 to 665 for 1969. As the mental hospital admissions continue at the

usual rate it can be assumed that increasing use is being made by general practitioners of the availability of psychiatric consultation from the hospital who are able more and more to admit their patients by informal means. This reduction, of course, represents the milder cases of mental illness. The difficult cases requiring compulsory admission continue to be referred to the mental welfare officer and this work calls for a very high degree of skill and is never without its dangers, as is well illustrated by an incident in the early summer of 1969.

A mental welfare officer received a call from the police at about 6.30 a.m. on a morning in early summer. A woman had complained that she had been locked in the house all night by her husband, who had had a relapse of the mental illness from which he had previously suffered. On returning to the house with the policeman, the man had seized the baby and threatened to kill it if anyone attempted to come near him. Eventually he managed to get all the children into the room with him and there they remained. The police, consultant psychiatrist and the mental welfare officer spent the whole day trying to persuade this man to leave the house. It was four o'clock in the afternoon before it was possible to get the children away from him one by one and then rush the house. Not too soon, as he had set fire to the house. At his subsequent trial he was found unfit to plead and was committed to the state hospital during Her Majesty's pleasure. This was an extreme case, but every call to a mental welfare officer, particularly during the night, is fraught with the possibilities of considerable danger and not infrequently the risk of injury.

The amount of social work required by those recovering from mental illness has grown considerably and the establishment of mental welfare officers is now too small to be able to cope adequately with all the problems raised. The staff has been strengthened by the return of one mental welfare officer from a course of social work training, and the recruitment of another qualified mental welfare officer who for matrimonial reasons required a post in the Nottingham area. The latter appointment involved the loss temporarily of one welfare assistant post, and did not add as much to the strength of the department as might have been. Nottingham has a force of eight mental welfare officers but the Department of Health and Social Security recommend one such officer per 20,000 of population, and on this reckoning Nottingham would need 16 mental welfare officers to give adequate cover.

The problems arising in after-care are many but can chiefly be grouped under three headings: home, employment and social contact. Employment is the most urgent need for many of those whose job has finished at the onset of illness. The Department of Employment and Productivity is very helpful and the best of relationships have been established with the disablement resettlement officers. Occasionally mental welfare officers are able to find work through previous contacts with a firm, but here their inability to cultivate small areas as thoroughly as they would like cuts down

the opportunity in this direction. Accommodation presents a problem on occasions, but there has generally been great good fortune in finding landladies willing and able to accept recovered mental patients and it is rarely that it is quite impossible to find any particular person a satisfactory place to live. The mental welfare officers receive many calls for advice and during the year just passed 2,564 calls were paid to them in the office, either by patients or their relatives to ask for help or advice, which is always freely given. During normal office hours there is always someone available to interview any caller, although efforts are made to ensure that people call before 10 a.m. in order that they are able to see the mental welfare officer who has knowledge of the case to be discussed. Apart from those who come forward spontaneously to see the mental welfare officer, these officers in the course of their duties paid 9,731 home visits during the year to ensure that patients have settled well and have no immediate problems.

STAFF

Mr. N. J. T. Butler, mental welfare officer, gained his Certificate in Social Work at Nottingham Regional College of Technology and returned to duty in August 1969. Mrs. C. F. Thorp, who gained a Certificate in Social Work whilst employed in the Borough of Hastings, was appointed as a mental welfare officer and took up her duties in September. For the first time in two years the establishment of mental welfare officers was filled.

At the Junior Training Centre Mrs. A. Dudley and Mrs. H. Edwards returned to duty after two years' absence studying at Nottingham Regional College of Technology, where both gained the Diploma of the Training Council for Mentally Handicapped Children.

At the Adult Training Centre Mr. A. T. Whittaker returned after a one-year course at Hull, where he gained the Certificate of the Training Council for Teaching Mentally Handicapped Adults. Mr. Whittaker's return brought the number of Diploma holders in the Adult Centre to three.

The senior clerk, Mrs. G. Cochrane, became seriously ill in February and following major surgery was still absent at the year's end.

AMBULANCE SERVICE

BY

F. WILKINSON, F.I.A.O.
Chief Ambulance Officer

It was decided by the Corporation in October of this year to transfer the administration of the service from the Transport Manager to the Medical Officer of Health. This service was one of the few in the country not under a medical officer. It was considered that with this transfer the Medical Officer of Health could give guidance to the Chief Ambulance Officer on such matters as training of staff, vehicles and equipment, conditions of service relating to all personnel, and, in particular, attend with the Chief Ambulance Officer at any liaison meetings with hospitals, whereby their future policies would affect the service.

The service has been under pressure for some time and during the limited period the Medical Officer of Health has been in charge, he has been able to secure the placing of orders for four 20-seater coaches and five ambulance men. Additional to establishment, these coaches will mainly be used for transport of 'day care' patients. Also being considered is the acquisition of an ultra-sonic vehicle-washing machine. This will relieve drivers of this duty and should in the evening period provide more coverage for operational duties.

Once again there has been an increase in patients carried. These increases may be curbed if a more stringent vetting of ambulance authorisation were to be carried out by main hospitals.

VEHICLES

Four replacement vehicles were ordered in April 1969, and delivery is not expected until the spring of 1970. Four 20-seater coaches were also ordered in December 1969—these are additional vehicles to the present fleet of 35. It has been decided to standardise on Bedford chassis in future planning.

PATIENTS—MILEAGE

There has been an increase of 9,666 (4.74 per cent over 1968) in the number of patients carried and an increase of 2,568 in miles operated during 1969. The highest number of patients carried was 870, this being the highest ever carried in one day.

LONG-DISTANCE JOURNEYS

Five hundred and five out-of-town journeys were made, including 235 to Derby and 182 to Sheffield.

EMERGENCY CALLS

There were 10,215 cases during the year, compared with 9,563 the previous year. The highest number of cases carried on any one day was 75. Of a number of major incidents, there were three worthy of

mention, namely: Dakins warehouse fire, Talbot Street, Nottingham, the Committee were informed of a commendation letter from the Fire Chief to the Chief Ambulance Officer; the Albany Hotel scaffolding collapse; and finally the M.1 motorway multiple road traffic accident, which again was brought to the Committee's notice, appreciation being recorded.

Open Day to Public

As in previous years, the Beechdale Station was open to the public, again resulting in numerous requests for parties to visit the premises. Local schools also paid several visits and instruction in life saving was arranged for various organisations.

Ambulance Service Training

As per Ministry recommendation, a training officer was appointed in October 1969, and Staff Officer P. G. Mann, who had been carrying out these duties for two years, was appointed.

Premises

It is proposed to extend the control room at headquarters and draw up a draft plan for extensions to the stores, training school and canteen facilities. Additional vehicle coverage will also be explored.

Summary of Work

Date	*Fleet*	*Driver Attendants*	*Patients*	*Mileage*
1949	22	60	54,297	301,426
1955	27	63	93,405	389,311
1956	29	70	95,551	397,636
1961	30	76	147,843	510,018
1966	32	85	190,760	638,589
1968	33	89	203,959	700,926
1969	**35**	**95**	**213,625**	**703,494**

Work Load During 1969

	Patients	*Mileage*
Emergencies	10,215	57,910
Admissions	11,458	90,872
Discharges	12,623	82,280
Out-patients	179,057	456,415
Unclassified	272	3,171
Non-service	—	12,846
Total	213,625	703,494

PUBLIC HEALTH INSPECTION

BY

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

Chief Public Health Inspector

General

There was no improvement in the staffing position in the department, but a report referred to elsewhere sets out proposals which, if implemented, should bring about a long-awaited improvement during the next year.

The number of complaints of all kinds showed a marked increase over recent years; the most significant increases were in respect of infestations by mice and nuisances arising from accumulations of refuse. A summary of the complaints and the action taken to deal with them are shown on pages 136 and 137.

During September 1969 the exhumation of 61 human remains from part of the disused burial ground in Mount Street, New Basford, was carried out so that the land could be redeveloped. An inspector supervised the work of removal of the remains and their re-interment at the Southern Cemetery.

A strike by the city refuse collectors in October gave cause for some concern. During the first two weeks of the strike the public generally responded well to the instructions issued on how to deal with, and to store, their household refuse with the minimum of nuisance. The third week, however, coincided with a school mid-term holiday and, whilst some boys very commendably collected refuse and took it to an official tip, many others deposited large quantities of offensive material on open land near to houses. Conditions arising from these actions in some parts of the city were so insanitary that the Medical Officer of Health issued a warning that a serious hazard to the health of nearby residents and to the children handling the refuse would occur if the strike was prolonged and no emergency action was taken to deal with the problem. It was fortunate that, as these intolerable conditions were reached, the strike was settled and the speed with which the Cleansing Superintendent dealt with the offensive unauthorised dumps was appreciated. Public health inspectors were kept very busy dealing with the considerable number of accumulations of refuse dumped into empty property and in common passages.

Public awareness of noise was further reflected in the greater number and wide variety of complaints which reached the department. The most common source of noise nuisances was industrial processes and their auxiliary equipment; however, managements were generally prepared to spend considerable sums of money to mitigate annoyance to residential areas. The increasing popularity of launderettes meant that from time to time some of these establishments were situated within rows of existing property, thus introducing a use for which the buildings were not designed. In

some cases this resulted in noise and vibration interfering with the comfort of the occupants of adjoining premises. Considerable improvement was achieved by the insulation of walls, and mounting of motors and other equipment on insulating pads, but the position was aggravated by the long hours such premises were open for business.

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

Measures against Rodent and Insect Pests

The position with regard to rodent control continued to give cause for concern. Although there was only a small increase in the number of rat infestations, the number of premises treated for mice rose for the sixth year in succession to the highest total recorded. This was more than twice the average of the past 18 years, and over three times the number received in 1963, which was the lowest of recent years (see graph on page 138). Most of the problems occurred in business premises or terraced houses in older parts of the city where mice could move freely between floors and ceilings from one building to the next. Unless adjoining infestations are treated simultaneously, complete clearance cannot be achieved, and some of the infestations have been extremely heavy.

An example of the amount of damage that can be caused by mice was demonstrated early in the year when complaints were received about a sweet shop that had been abandoned by the occupier, although the shop was fully stocked. During the months they had remained undisturbed, mice had multiplied to such an extent that they were spreading to neighbouring premises in spite of the amount of food available to them. The open-topped display counter was littered with damaged packets, most of which were completely emptied of contents, and packets and boxes of sweets and chocolates on the shelves and in the rear stock room were either damaged or so heavily fouled as to be quite unsaleable. Only the contents of glass jars could be salvaged. After preliminary control measures to prevent any further dispersal of the infestation, the premises were cleared and 18 cwt. of sweets and chocolates had to be destroyed.

The number of premises treated for insect pests showed little change, but two incidents deserve special mention. *Paracollinella fontinalis* is a tiny, insignificant fly, vast numbers of which occurred in a new public house on the outskirts of the city. The entrance hall, bars and an enclosed broom cupboard were all infested and, although the tenant had been clearing them frequently by the use of fly sprays, their numbers continued to increase. This species had been the subject of an investigation by the department on four previous occasions and in each case soil near defective drains had been waterlogged several months earlier. Enquiry in this case revealed that nearby drains had been choked during the summer. When an access cover in the floor of the broom cupboard was removed, it was found that there had been seepage from a defective joint. The water

had soaked away after the drain had been cleared but the remaining sludge had provided ideal conditions for the flies to breed. Treatment of this material resulted in an immediate cure.

Dermestes frischin, a beetle that thrives on dried animal matter rather than on fresh meat products, heavily infested a small, well-kept provision shop. There were no unswept corners or crevices where fragments of bacon, etc., could accumulate and dry out, and no gaps behind fixtures where scraps might fall and remain inaccessible. A tray of mouse bait gave a clue to the problem. The premises had been treated for mice some months previously and the bait had been retained as a precaution against re-infestation. Mice usually store scraps in places where they could not fall by accident. When the panel in front of the refrigerator motor was removed a large collection of meat and other scraps was disclosed which had been carried there by mice. The meat had dried out and was heavily infested with both larvae and mature beetles. No further trouble was experienced after this had been removed and destroyed.

A list of insects received in the department for identification will be found on page 139.

Rodent and Insect Control	**1969**	1968	1967	1966	1965	1964
Properties surveyed ..	**4,990**	4,996	5,118	5,060	4,834	5,209
Infestations dealt with:						
rats	**1,666**	1,472	1,629	1,744	1,821	1,654
mice	**1,669**	1,617	1,222	917	377	614
insects	**737**	987	946	846	1,015	1,208
Total Visits ..	**13,328**	11,177	12,731	12,394	13,852	15,326

Sewerage

The annual programme for the replacement of defective sewers continued with work in Burford Road and Wiverton Road.

The improvement of the River Leen continued and is now completed up to Alfreton Road.

The number of cesspools remained about the same as in previous years—namely 55, these being in isolated locations throughout the city.

Sewage Purification

Although the drainage area served by the sewage works remained unchanged at 53,533 acres, there was a decrease in the estimated population to 456,392 persons. The average daily flow of sewage and

industrial effluent was 36.3 million gallons, fluctuating between a minimum of 20.9 million gallons and a maximum of 63.9 million gallons.

The preliminary processes continued in a satisfactory manner and these resulted in 4,995 tons of wet grit being removed to tip along with 1,066 tons of wet rags and paper from sewage and sludge screening.

The increased strength of the crude sewage resulted in the aeration plant producing inferior-quality effluents. The work involved in increasing the aeration capacity of the works was commenced during the year. Of necessity, this involved shutting down a section of the works and also mitigated against the production of good-quality effluents.

A total of 15,435 tons of mixed primary sewage sludge and surplus activated sludge solid matter was pumped to the digestion plant, of which 4,793 tons was gasified to produce 190,158,410 cubic feet of gas. Most of this gas was used as fuel for engines driving generators, thereby producing electrical energy for use on the works.

These fermentation processes proceeded without any major difficulty.

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 were examined both prior to and following such treatment. During the year 160 samples were taken and *eschericha coli* was absent in all treated water put into supply. In addition samples were taken weekly, 1,001 in all, from the various sources for bacteriological examination by the public health laboratory.

During the year 196 samples were taken at random from dwelling houses in all parts of the city. This total includes eight repeat samples taken after unsatisfactory reports on the initial samples. In each of these cases, the fault was found to be associated with the taps in the houses concerned, and the repeat samples were all satisfactory.

Chemical analyses were made bi-monthly and a table of typical results is shown on page 140.

The number of houses supplied in the city on 31st March 1969 was 102,442, 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 11 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 11 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

Only one knackery is licensed for the slaughter of animals, the flesh of which was not intended for human consumption. The premises, situated at the Eastcroft, London Road, are of modern construction. Frequent visits were made throughout the year, when it was found that the business was satisfactorily conducted. A total of 30 samples of meat and two drain swabs were taken and submitted to the Public Health Laboratory for examination. Three samples of veal were reported as being positive for *Salmonella dublin,* and investigations showed that each of the animals were sent in for slaughter as suspected cases of salmonella infection by veterinary surgeons.

The Meat (Sterilization) Regulations 1969 came into operation on the 1st November, and after that date all meat was sterilised by heat before leaving the knackery.

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

Since the closure of the Reception Centre several years ago, the Baths and Parks Committee have made facilities for the bathing of verminous persons available at one of their smaller public baths outside normal hours. During the year, this facility was supplemented, whereby men could be referred to Sneinton House for suitable treatment, and the willingness of the Estates Committee to allow this arrangement was appreciated. Approximately 50 men were so dealt with at Sneinton House, which number includes men referred for treatment by the Salvation Army Hostel, the police and the Health Department, in addition to those occurring in lodgers at Sneinton House itself.

Rag Flock and Other Filling Materials Act, 1951

The number of upholsterers' premises registered in accordance with the Act rose slightly during the year to a total of 21, but the premises licensed to store rag flock remained at two. A total of 38 samples of various filling materials was taken for submission to a prescribed analyst and nine samples failed to comply with the Rag Flock and Other Filling Materials Regulations 1961. Five of these were the subject of letters from the Chief Public Health Inspector to the manufacturer or supplier. A group of four samples of cotton felt having varying amounts of excess trash content resulted in a warning letter from the Town Clerk and Chief Executive Officer being sent to the manufacturer concerned.

Fertilisers and Feeding Stuffs Act, 1926
Fertilisers and Feeding Stuffs Regulations, 1968

A total of 25 samples of fertilisers and feeding stuffs was taken, only one of which was found to be unsatisfactory (see page 141). A sample of basic slag had a slight variation in the degree of fineness and the sellers were advised of this.

A sample of a liquid fertiliser was found to have a deposit of crystals (not soluble in the concentrated fertiliser) which might have resulted in dilutions prepared by the user having unbalanced active constituents. The sellers were advised and withdrew their remaining stocks from sale.

Pharmacy and Poisons Act, 1933

This Act permits the sale of poisons in Part II of the Poisons List by persons whose names and premises are entered in the local authority's list. There were nine approved applications during the year, and 20 premises were removed from the list as they had ceased to operate under the Act. There was also one transfer of address. One letter was sent and several advisory visits were made to listed sellers with regard to minor infringements, in addition to the normal supervisory visiting.

At the request of the police department a quantity of a first schedule poison, damaged by a fire on city premises, was removed by an inspector for supervised destruction.

Shops Act, 1950
Shops (Early Closing Days) Act, 1965

A total of 146 notices was sent out drawing attention to infringements of the above Acts; 174 notices in respect of these and outstanding notices from 1968 were complied with.

A prosecution under Section 47 of the Shops Act 1950 was taken against the owner of a fishing tackle shop for opening his shop on a Sunday for the sale of maggots; the Court gave the defendant a conditional discharge for 12 months.

The Consumer Protection Act, 1961
The Toys (Safety) Regulations, 1967

Following a report from another local authority that the red paint film on certain musical money boxes contained 51,000 p.p.m. of lead, instead of the statutory limit of 5,000 p.p.m., inquiries were made of the local wholesaler, and suitable arrangements made so that any of these toys still held by retailers be returned to the manufacturer.

On another occasion it was reported that a local wholesaler was selling toy 'arithmetic blocks' which, on analysis, had been shown to contain in the paint film used an average of 15,000 p.p.m. of lead. These toy blocks had apparently been made in China and the local wholesaler withdrew all his existing stocks and those of his retailers. These toys were returned to the main importer and distributor in London.

Other toys sampled during the year proved, on analysis, to be satisfactory for lead content.

The Nightdresses (Safety) Regulations, 1969

Advice was given to two manufacturers of nightdresses in connection with the requirements of the Regulations.

The Heating Appliances (Fireguards) Act, 1952

During the year it was confirmed that, on occasion, a local firm dealing in waste reclamation products, had sold oil heaters, gas fires and electric fires that did not comply with the Regulations. The firm readily agreed to destroy any such fires coming into their possession in the future, and to sell these as scrap only.

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, shops and other premises covered by the Act were being complied with.

A total of 1,676 inspections was made of premises, and 393 notices were served drawing attention to various infringements, of which (including notices outstanding from the previous year) 525 were complied with by the end of the year.

The Act requires notification of any accident which causes loss of life or disables a person for more than three days from attending his usual work. No deaths were reported, but notifications of 155 accidents were received. An analysis of these accidents is shown on pages 141 and 142, together with other statistical information concerning the Act.

It was suggested by certain occupiers, and observations appeared to substantiate the suggestion, that the influence of the selective employment tax had caused a reduction in staff or, in some instances, the removal of other premises from the need to comply with the Act where the employer elected to become self-employed. This, no doubt, lead to more efficient use of labour but it also lead, in many instances, to a deterioration, amongst other things, in the quality of cleaning carried out on premises. This factor was particularly noticeable and was, of course, of more importance in food premises. Admittedly, under the Food Hygiene Regulations the responsibility is placed on the person carrying on the food business to ensure a satisfactory standard of cleanliness, but the decision made in many cases, to reduce the number of staff mitigated against the previous high standard of cleanliness being maintained.

The increasing use of fluorescent strip lighting generally resulted in obtaining a standard above the minimum recommended. Certain difficulties arose in persuading occupiers of boutiques and similar shops to provide better lighting than the subdued lighting often provided in such shops in an attempt to achieve 'atmosphere'. In these circumstances satisfactory lighting has been insisted upon at particular points of danger, for example staircases, together with additional lighting capable of being switched on for cleaning purposes.

Difficulties continued to arise in some instances where sanitary and washing facilities were shared with the employees of other shops or offices, or with members of the public. This was generally due to the misuse of the wash-hand basin or of the disappearance of soap, towels and nailbrushes. Although these problems were partly resolved by employees maintaining their own toilet requisites, it seems likely that in the course of time the increasing demand for higher standards of hygiene will insist that separate provisions will have to be made to replace the 'sharing' provisions of existing legislation.

During inspection of internal passages and staircases, it was sometimes noted that doors which had, for security reasons, been fitted with locks and bolts, were found to be locked at times when they should have been unfastened so as to offer a means of escape in case of fire. In other instances wooden doors exposed to the elements had become so swollen as to be difficult or impossible to open.

In some premises where the provision of natural ventilation had been originally accepted as being satisfactory, the later provision of burglar alarms sometimes resulted in such natural means of ventilation as windows and fanlights becoming ineffective. In the event of a suitable alternative by the use of natural ventilation not being available, mechanical means of ventilation had to be provided.

Diseases of Animals Act, 1950

There were no cases of anthrax, foot-and-mouth disease or swine fever reported in the city during the year. The following is a brief summary of the work carried out in connection with the various Orders made under the Act:

Number of Licences issued under the Regulation of Movement of Swine Order, 1959	2,541 involving 37,399 animals.
Number of Licences received under the Importation of Animals Act, 1955, etc.	3, involving 30 animals.
Number of Licences received from Local Authorities	687, involving 7,481 animals.
Number of poultry exposed for sale in the Nottingham Cattle Market under the Live Poultry (Restrictions) Order, 1957.	31,672.
Total number of visits to premises in connection with the Act.	603.

The Transit of Animals (Amendment) Order 1931 regulates the construction, cleaning and disinfection of transport vehicles, and overcrowding and records of stock carried, whilst the Movement of Animals (Records) Order 1960–61 requires records to be kept of animals taken on and off premises. No irregularities or breach of these Orders were found.

Diseases of Animals (Waste Food) Order, 1957

Certain premises, on which are kept pigs or poultry and where waste food, consisting of meat, bones, offal, etc., or waste food which had been in contact with such meat, is received, must have satisfactory plant for boiling the waste food before it is fed to the animals or poultry. Twelve premises which had equipment which satisfied the requirements of the Order were licensed, and 68 visits were made to ensure that the conditions of the Licences were being complied with.

The Pet Animals Act, 1951

This Act makes it an offence for any person to keep a pet shop unless the local authority are satisfied that the arrangements for the keeping of animals on the premises are such that will maintain the well-being of the animals. Licences to keep a pet shop were granted in 19 cases, and 70 inspections were made to find out whether the conditions under which the Licences were granted were being fulfilled.

Animal Boarding Establishments Act, 1963

Only one premises was licensed under this Act, and four inspections were made during the year.

HOUSING

During the year 1,197 unfit houses in various parts of the city were demolished, making a total of 5,811 so dealt with since 1955.

By means of a phased programme, the unfit houses contained within an area of approximately 340 acres to the north–west of the city centre known as St. Ann's are being included in compulsory purchase orders. There are 12 phases, and the unfit houses in eight of the phases have been represented, making the total number of houses represented in this particular scheme 5,567 to the end of the year. Demolition of these houses will result in the removal of squalid, worn-out dwellings and the abolition of obsolete road patterns, enabling modern redevelopment to take place.

Another area of the city which contains a large number of unfit houses is the Meadows, where a similar phased programme of clearance will commence during 1970. Details of the work in connection with the removal of unfit houses carried out during the year are as follows:

Represented to the Housing Committee	*Number of unfit houses*
Harley Street	23
Fisher Street No. 1	41
St. Ann's Phase 6	646
St. Ann's Phase 7	1,264
Individual unfit houses	3
TOTAL	1,977

Public Inquiries held in respect of Clearance Compulsory Purchase Orders	*Number of unfit houses*
St. Ann's Phase 4	467
St. Ann's Phase 5	676
Denman Street No. 34	145
Brierley Street	125
Bunbury Street	313
TOTAL	1,726

Orders Confirmed	*Number of unfit houses*
St. Ann's Phase 3	616
St. Ann's Phase 4	467
Denman Street No. 34	145
Brierley Street	125
Bunbury Street	313
Gadd Street (No Public Inquiry)	40
Harley Street (No Public Inquiry)	23
TOTAL	1,729

While there must not be any relaxation in the efforts to secure the demolition of houses unfit for human habitation, some action should be taken to secure the proper maintenance and the improvement of those houses which, though not unfit, are sub-standard and if neglected would deteriorate to a condition which would require expensive clearance. The Housing Act 1969, which came into operation in August, contains provisions designed to encourage the repair of houses and the installation of modern amenities, and so increase the useful life of many thousands of houses, as well as providing satisfactory living conditions for the tenants. For example, financial grants to enable owners to bring their houses up to modern standards have been increased further, and essential repairs carried out at the same time also rank for grant. Local authorities can declare parts of their district to be improvement areas where, apart from securing modernisation of the dwellings, money can be spent on improving the environment. The Act also provides that, where a house is in good repair and provided with all standard amenities, owners may make application to increase the rent. This entails the issuing by the local authority of qualification certificates, followed by a fair rent certificate granted by the Rent Officer. Public health inspectors will be increasingly involved in the inspection of houses to determine their 'life' for grant purposes, and their fitness and suitability for the granting of qualification certificates.

By the end of the year a total of 63 applications for qualification certificates had been received, and inspections of the houses were made. No full qualification certificates were recommended for approval, but 22 provisional certificates were recommended. In 44 cases, owners were asked to do some work to satisfy the qualifying conditions or to give an undertaking to that effect. In only a few cases where provisional certificates were applied for did the house satisfy all the qualifying conditions.

Information was supplied to the City Planning Officer in connection with the 'life' and condition of properties where applications were made for either standard or improvement grants in 446 cases.

Houses in Multiple Occupation

The shortage of rented houses, which has persisted for many years, has increased the use of single houses by many families. Owners of the larger houses have found it profitable to let each of the rooms to separate families or lodgers, without regard for the necessity to provide satisfactory additional amenities, such as readily accessible water closets, cooking and washing facilities. Rooms originally constructed as bedrooms became the living-room of families, and the absence of suitable heating arrangements encouraged the use of a variety of paraffin heaters in doubtful condition, thus constituting a possible fire risk.

It was also found that those parts of the premises used in common, such as stairs, landings, halls, front and rear areas, became nobody's

responsibility and the houses were often depressing in appearance, both internally and externally. The living conditions of many families in this type of accommodation were particularly unsatisfactory, but the absence of qualified staff in 1969 to deal with the complicated problems involved precluded any positive action being taken. This was all the more disappointing because the new Housing Act 1969 strengthened the existing legislation and allows grants to be paid by the local authority to owners towards the cost of providing the necessary amenities and repairs to bring the houses up to an acceptable standard of accommodation for those who either prefer, or have no alternative but to accept, lodgings for themselves and their families.

Corporation Home Loans

An inspection of 128 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 the 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, the details of which are shown on page 145.

ATMOSPHERIC POLLUTION

It is disappointing to report that no further Smoke Control Orders were made during the year due entirely to financial restrictions. The six Orders, affecting one-fifth of the properties in the city, remained in force and no reports were received of a shortage of authorised fuels. It became obvious that many members of the public were interested in a cleaner atmosphere from the large number of inquiries received seeking information about smoke control, and making requests for an extension of the existing Orders.

On 1st April the Clean Air Act 1968 came into operation, providing the local authority with additional control over air pollution. Briefly, the new Act makes it an offence to emit dark smoke by the burning of trade waste in the open; requires that the heights of new chimneys serving boilers above a certain rating be approved by the local authority; and makes it an offence to acquire or sell unauthorised fuel in a smoke control area, unless the fireplace or furnace is exempt from the operation of the Order. In addition, the Minister has power to prescribe limits on the emission of grit, dust and fumes that may be emitted from industrial plants, and may also require a local authority to submit proposals for the creating of Smoke Control Orders if he is not satisfied with the progress being made. The new Act is a useful addition to the legislation to deal with atmospheric pollution, as it makes good some of the deficiencies which had become apparent in the 1956 Act.

There were two persistent sources of smoke nuisance which were not easy to resolve. The first arose from the burning of timber during the extensive demolition of unfit property which took place. As much of the timber was affected by dry rot, woodworm and in some cases was verminous, it seemed reasonable to accept limited amounts of pollution to ensure such timber was not widely distributed and used for other purposes. The second, more serious, nuisance was due to the activities at car-dismantling yards. Although many operators conduct their businesses with the minimum of nuisance, others set fire to cars in order to burn off unwanted material and grease, producing large volumes of black smoke. The usual excuse put forward by the offenders was that the car had caught fire accidentally during the oxy-acetylene cutting of the metal. One large firm installed a hydraulic shear and compression press capable of reducing several cars an hour into a compact block of metal. This rapid modern method of car disposal will have the advantage of reducing unsightly heaps of old cars which are an unsatisfactory feature of car-dismantling yards.

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 145 and from the graph shown on page 148 it will be seen that, while the amount of sulphur recorded during the year remained the same as the previous year, there was a slight increase in smoke. There is no significance in this, as it is unwise to compare one year with the next in the case of atmospheric pollution, as so many factors, including weather conditions, must be taken into consideration. Progress in smoke control should be considered over a period of five years at least, and from this it will be seen that the general trend in Nottingham has been encouraging. 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 will be found on page 146.

Clean Air Acts, 1956 and 1968

During the year, 133 complaints of smoke, grit, fumes or odour arising from industrial or commercial premises were investigated. Improvements in order to comply with the Act included the following works:

Chimney stacks erected or extended	17
Chimney stacks dismantled	6
Mechanical Stokers overhauled or renewed	14
New boilers installed	17
Grit arresting apparatus repaired	5
Conversion from coal to oil-firing or gas-firing	13

The provisions of Section 3 of the Clean Air Act 1956 make it an offence to install a furnace in a building or in any boiler or industrial plant attached to a building unless it is, so far as is practicable,

capable of being operated continuously without emitting smoke when burning fuel of a type for which the furnace was designed. Notices of such proposals to install were received in 17 cases.

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. Since April, 12 applications for the approval of the height of a new chimney were received and approved as required by Section 6 of the Clean Air Act 1968.

FOOD SUPERVISION AND INSPECTION

The initial impact of the supermarket has, perhaps, now passed its peak and it may be suggested that the large number of small food shops that have closed, after unsuccessful attempts to compete with their newer and larger competitors, has had the useful effect of removing many inefficient retailers. The fact that some of these shops were often unsatisfactory as far as food hygiene was concerned was an added bonus. The smaller shops left, together with many of the medium-sized food shops, have successfully withstood the challenge of supermarkets by joining, in many cases, one of the group purchasing associations. Some also adopted a self-service system in their shops, or refurbished their premises to present a modern and attractive display to their customers. It did not, however, always follow that such developments led to an improvement in food hygiene standards. It is perhaps true to say that shopkeepers and managers of many small food businesses were not so knowledgeable of the care required in handling susceptible food stuffs as some of their predecessors. The fact that most of the food sold from such shops was pre-packed and often frozen created the impression both to the shopkeeper and his customer that hygienic precautions were no longer necessary. An example of this was to be found in the careless overloading of refrigeration display units, often coupled with faulty stock rotation. It was found, for example, that certain products such as yoghurt were sold on a shelf above such units in the mistaken impression that such a position is almost as good as if it were in the unit itself.

The extension of the frozen-food industry was to be found in the increasing installation of deep-freeze cabinets in private houses, and many calls were made by food inspectors in advising on the proper storage and stock rotation in the use of such units, particularly following electrical breakdowns. These and similar episodes in shops resulted in decisions being made that affected food that had become unmarketable rather than unfit. Two other comparatively new developments in the distribution chain were to be found in the increase in the number of cash and carry warehouses opening in the city, some of which serve retail as well as wholesale customers. The other is concerned with the rapid development of 'containerisation'. This method of distribution became of increasing importance since the Imported Food Regulations 1968 came into operation. As a

result, it is commonplace for containers to deliver up to 400 quarters of beef, or other equivalent volume, at one time. This threw considerable extra work on to the staff by the inspection of both meat and containers.

The Health Department have a representative on the Plans Sub-Committee of the Licensing Justices, and the advice given to this Committee, and also at each transfer session, was invariably accepted by the Bench, and generally resulted in quick and effective action being taken by applicants for various forms of licence. The tendency to increased sales of solid food in public houses resulted in such food being prepared under unhygienic conditions as, for example, in the domestic kitchen of the licensee. It was for this and other related aspects of hygiene that a meeting was convened during the year by the Chairman of the Licensing Justices, at which discussions took place with the representatives of the many brewers having premises in the city. The comparative ease with which improvements and infringements affecting food hygiene and other public health matters could be dealt with in licensed premises shows the desirability of having some form of registration or licensing, preferably the latter, for all food businesses.

Petrol service stations are gradually developing into food businesses. Whilst the food, so far, has been mainly sweets and chocolates, there may well be an extension to other commodities. The possibility of food in close proximity to car accessories and aromatic petrol, and the probability that the assistants' hands may be dirty with grease, is not entirely satisfactory.

A sweet shop, abandoned by the owner of the business, contained large quantities of sweets and chocolates which had become damaged and contaminated by mice. Action was taken under Sections 9 and 10 of the Food and Drugs Act 1955, and following an application to the magistrates for the necessary authority, the entire stock was 'seized' and destroyed (details are given on page 150).

In the course of 5,119 visits to various food premises and stalls, it was necessary on 392 occasions to draw attention to defects and contraventions of the Food Hygiene (General) Regulations 1960 and the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966. Requirements, including those outstanding from 1968, were met in 316 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 or preparation of sausages, potted, pressed, pickled or preserved food was 929, and 1,254 inspections were made of such premises. On page 149 will be found details of the types of food premises in the city, and those which are registered.

Two successful prosecutions were taken against the owners of food stalls for offences against the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966, and fines, including costs, were £12. 0s. 0d. and £17. 5s. 0d. respectively. In one case a fine of £2. 0s. 0d. was imposed for obstructing the officer in the course of his duty. Other cases were awaiting a hearing at the end of the year.

Foreign Matter in Food

The public made 142 complaints in connection with the purchase of food which was subsequently found to be unsatisfactory, and each case was carefully investigated. Extraneous matter and mould in manufactured and imported foods were the most common causes of complaint, and the opportunity was taken to secure improvements during manufacture and a satisfactory system of stock rotation. In 14 cases, official warning letters were sent to the defendants. Three prosecutions resulted in fines and costs totalling £80. 0s. 0d. Two further cases were pending.

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 three tons, one hundredweight.

Samples of mussels were taken during the year from layings in England, Wales and Ireland. A total of 100 samples was submitted for bacteriological examination, only six of which were reported as being unsatisfactory. Each of these six samples contained more than 15 faecal *E coli* (type 1) per gram of mussel tissue. *Salmonella muenchen* was isolated in a further sample which was otherwise reported as being Grade 1. The necessary action was taken to prevent unsatisfactory mussels being exposed for sale.

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

The Meat Supply

Slaughtering

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 meat passed as fit for human consumption was duly stamped. Confirmatory opinions on 12 specimens were obtained from the Public Health Laboratory.

Imported Food Regulations 1968

Since these Regulations came into operation the pattern of meat importation has changed and will continue to change during the next few years. As a result of containerisation, it is now no longer practicable for all imported meat to be examined at the port of entry, and, as a result, Nottingham has now become a receiving area for such unexamined meat imports.

In addition to the inspection of the meat and offal all containers were inspected for cleanliness. In two cases the notice of the appropriate authority in the country of origin was drawn to a

lowering of hygiene standards that had been found in certain containers; in both cases an early and satisfactory improvement was obtained.

Routine samples are taken at intervals of meat trimmings for bacteriological examination. This provides a useful check of standard of slaughter, transport and general handling.

The developing pattern of this trade in the future is likely to result in an increasing amount of the time of meat inspectors being taken in ensuring that all such containers are examined and that only meat fit for human food is eventually exposed for sale.

It is pleasing to report that the trade generally co-operated well in the enforcement of the Regulations.

Poultry

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 150.

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	2
Shopkeeper Distributors (including registrations for the sale of fresh cream)	802

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 treated milks	784

No untreated milk has been retailed in the city during the year.

Production and sales of ultra-heat-treated milk in the city, which commenced early in 1968, have continued. One brand is processed in and distributed from a local dairy, two others are from processors located in the south and west of the country.

Sampling

Bacteriological Examination

Pasteurised milk

A total of 492 samples, including 122 which were additionally homogenised, and 114 of Channel Islands quality, were subjected to the methylene blue test. All but five of these samples passed the test. All satisfied the phosphatase test.

Sterilised milk

A total of 104 samples, processed under licence, were 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	477 (inc. 29 Channel Islands Milk)
Average fat content	3.759% (Channel Islands 4.910%)
Average solids-other-than-fat content	8.698% (Channel Islands 9.247%)

(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 4.00%)

Of the 444 samples subjected to the Gerber test, 46 or 10.36 per cent were unsatisfactory.

Action taken on Unsatisfactory Milk Samples

The City Analyst reported that following chemical examination 41 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 three cases the information was sent to the National Agricultural Advisory Service so that advice could be given to the producers concerned.

A warning letter from the Town Clerk and Chief Executive Officer was sent to a producer who sold one churn of milk (out of a consignment of eight churns) which was found to contain extraneous water, believed to be accidentally introduced. A dairy supplying Channel Islands (pasteurised) milk to city consumers was required to correct this designation by providing a properly worded die to produce its foil caps as the type of milk was indicated by the gold colouring of the cap only.

An advisory letter was sent to a producer whose milk had been found to contain penicillin.

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 751 inspections were made.

Registrations

In force at the end of the year:

Manufacturers:		
'Hot Mix' method ..	2	
'Cold Mix' method ..	2	
'Soft Ices'	6	
		10
Vendors and Dealers:		535
New registrations ..	40	
Transfer of registrations	34	

Sampling

A total of 38 samples was taken for chemical analysis; all conformed to the standard required by the Food Standards (Ice Cream) Regulations 1959.

Three 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	216
2	2½—4 hours	21
3	1—2 hours	7
4	0—½ hour	12

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

Lollies

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

Food Sampling

A total of 365 samples of food sent for bacteriological examination included sausages, beef, pork, lettuce, cress, tinned meats and frozen egg. Only three were reported as being unsatisfactory.

There were no egg pasteurisation plants in the city. Twenty-three samples of imported frozen egg submitted for examination satisfied the alpha-amylase test as required by the Liquid Egg (Pasteurisation) Regulations 1963.

Samples were taken for chemical analysis as follows:

Formal ..	485	Analysed by City Analyst
Informal ..	489	„ „ „ „
Informal Milk	444	Tested by Inspector
	1,418	

Informal samples were found to be unsatisfactory in 24 cases, which included 17 having labelling irregularities. Letters were sent to the individuals or firms concerned.

Other items dealt with were:

Chocolate cake decorations discoloured due to either age or exposure.

Brown bread with white bread interior caused by bakers' mixing of dough.

A satisfactory test upon the colouring matter used in children's "gob-stopper" sweets resulted in reassurance in the case of a mother's inquiry.

Details of the food reported upon by the City Analyst are shown on page 152.

ADMINISTRATION

BY

C. V. TUBB, D.P.A.

Administrative Officer

Medical Examinations for Superannuation Purposes

In February 1969 a report was submitted to the Finance and General Purposes (Salaries and Superannuation) Sub-Committee on future policy regarding medical examinations for superannuation purposes.

Up to that time, medical examinations had been carried out as a pre-requisite for entrance to the superannuation scheme at a cost of approximately £2,300 per annum. This bill would be increased by some £600 per annum as a result of the new rates recommended in Whitley Council Circular M.D.C.56.

It was proposed in the report that the existing scheme should be superseded by a scheme providing for a medical questionnaire which was to be completed by the successful candidate. He himself would put the completed questionnaire into an envelope addressed to the Medical Officer of Health and seal it in order to preserve confidence. After scrutiny, only if the Medical Officer of Health is then dissatisfied with the answers are further enquiries made and/or a medical examination arranged. Allowing for ten per cent physical medical examinations and for printing costs, it was estimated that the new scheme would show a net saving each year of approximately £2,350.

The new scheme was put into operation from the 1st April 1969, and between then and the 31st December, 787 questionnaires were received. Of these, 714 were passed satisfactorily as a result of the answers on the questionnaire, and 73 were referred for medical examination. In only 9.3 per cent of cases, therefore, was a medical examination required.

In addition, nine requests were received from departments for medical examinations for possible early retirement. A total of 82 medical examinations was, therefore, carried out, with the following results:

Category	*No.*
Accepted as being suitable for employment and for entry into the Superannuation Scheme	47
Suitable for employment but not fit to enter the Superannuation Scheme	9
Suitable for employment but superannuation decision deferred —6 months	3
ditto —12 months	7
ditto —2 years	1
Considered unsuitable for employment	3
Subsequently not offered the appointment	1
Decided not to accept the appointment	1
Did not arrive for medical examination	1
Examined, and recommended, for retirement on medical grounds	9
Total	82

Occupational Health Service

As a second phase extension to the above-mentioned scheme for medical questionnaires, a report was submitted to the Finance and General Purposes and Health and Welfare Committees in December 1969 concerning the establishment of an occupational health scheme for the City Council.

It was felt that establishment of such a scheme would benefit both the City Council and its employees in the following ways:

(a) Any improvement that could be brought about in conditions of work should result in increased productivity.

(b) Assistance with domestic and similar problems would improve morale, and again the individual capacity for work.

(c) Employees could be made aware of the variety of benefits that already exist to help them and their families in time of need.

(d) Employees, particularly those in senior executive positions, have special health stresses which cause deterioration in health and, therefore, in efficiency—suitable lines of action to help them and, as a result the Corporation, could be explored.

(e) Improvement in the working conditions of employees which need not necessarily be expensive in money terms should result in a reduction in staff turnover with less expenditure on advertising, and a reduction in the dislocation of output and efficiency caused by staff changes.

(f) Regular visits from a medical officer around the various departments could well result in a reduction of the periods of absence of employees prone to persistent sick leave.

(g) Co-ordination with general medical practitioners and hospitals could help to achieve the same objective.

It was suggested in the report that, just as the Medical Officer of Health has the overall responsibility for community health, so he should have the duty of looking after the general health of the employees of the City Council, and the proposed occupational health scheme should, therefore, be under his administrative control. It was also pointed out that complete co-operation of all employees should be obtained and, therefore, consultations should take place with the trade unions concerned. It was suggested that policy direction should be in the hands of a Sub-Committee of the Finance and General Purposes Committee.

It was felt that, in the beginning, a small start should be made, and, therefore, the staff proposed to be employed was one Principal Medical Officer, one Medico-Social Worker, and one Clerk/Typist. Together with the necessary expenditure on equipment, printing, etc., it was estimated that the cost of the scheme in a full year would be £6,060. There would be various incomes on account of medical examinations, totalling £1,031, leaving a net expenditure of £5,029.

It was anticipated that if only a small percentage of the sickness payments made by the City Council in any one year could be saved, the occupational health service would have paid for itself.

The report was sympathetically received and approved in principle by the two Committees, but in view of the existing financial situation, both national and local, the Finance and General Purposes Committee felt unable to provide the money for the scheme to start at the present time.

Public Health Inspectorate

With the increasing drive on slum clearance and the further powers that became available under the Housing Act 1969, the need for strengthening of the Public Health Inspectorate was increasingly obvious during the year. A further report on this subject was, therefore, prepared for submission to the Finance and General Purposes and the Health and Welfare Committees in November 1969.

At that time, out of an establishment of 38, there were only 12 qualified public health inspectors employed, together with two specially qualified in their various fields, and 12 semi-qualified assistants dealing with meat inspection and other duties. There were, therefore, 12 vacancies.

The report recommended a re-organisation of the Public Health Inspectorate which had the effect of increasing the number of districts into which the city is divided for this purpose and creating more posts on higher grades, whilst at the same time reducing the number of posts for the basic grade of public health inspector.

At the same time, National Joint Council Circular No. N.O.225 had just been issued and it was proposed that the discretion to local authorities to extend the scales to include A.P.5 should be the subject of an application for approval to the Provincial Council.

In addition, further car allowances were requested and certain proposals were made in regard to ancillary work such as rodent infestation, and for a strengthening of the clerical staff.

The proposals were accepted in principle by both Committees and an application has been made to the Provincial Council for the increased grading for the basic grade of public health inspectors. The higher grades of staff are to be looked at in the light of the decision of the Provincial Council, and certain extra car allowances have been provided.

In the light of the existing financial circumstances, the Finance and General Purposes Committee did not feel able to agree to the extension of the ancillary services. Money has, however, been provided in the estimates for 1970–71 to increase the public health inspectorate from its present strength by a further six inspectors.

Re-organisation of the Nursing Services

Very early in 1969 a review was begun of the adequacy and organisation of the nursing services of the City Council. Though some years ago a Superintendent Nursing Officer was appointed, the fragmentation of the nursing services had been such that she was able to achieve little beyond a certain amount of co-ordination and co-operation.

Equally, though the recognised establishment of the nursing services was 277 and money had been provided in the estimates for 1969–70 for 232, in fact only 224 were employed, mainly owing to non-availability of the categories of nurses required.

Very early on it was realised that there must be more co-ordination and co-operation between the three main nursing services—health visiting, midwifery and home nursing. It was felt that the nursing staffs in the field could be much better organised if they were combined into small teams comprising members of all three services. Greater flexibility would come at the same time and it was felt that this would ensure greater job satisfaction for the individual, and, therefore, aid recruitment. It was out of this that the concept of community health teams was born.

It was considered that these teams should be organised on the basis of one to every 20,000 population, or thereabouts, making 16 teams in all which could conveniently be organised into four districts. Each team would be headed by an Assistant Area Nursing Officer, who would be a working member of the team, and every four of the teams would be under the control of a Principal Nursing Officer. All would normally be based upon a health centre where close links should be forged with the general medical practitioners working at these centres.

The whole of the organisation of the nursing services should then be in the charge of the Chief Administrative Nursing Officer, supported by a deputy, whose main responsibility would be general training and the management of in-service courses.

This view has subsequently been fully supported by the report of the Social Science Research Unit of the Department of Health and Social Security, which was sent to local health authorities with Circular No. 13, dated 17th September 1969.

It was proposed that the Chief Administrative Nursing Officer and her deputy should be paid salaries outside the Whitley Council scales, since it was considered that for posts of the highest responsibility such scales were not adequate.

The four principal nursing officers would be in charge of all the nursing services in their own district. In addition to their general responsibility for such nursing services, it was proposed that they should also assume certain professional responsibilities. One would look after the health visiting service, another the midwifery service, a third the home nursing service, while the fourth would be concerned with day nurseries, play groups and child-minders.

The three existing nursing services would then be organised into a series of community health teams totalling 16, to cover the whole of the city. Considerable thought was given to the numbers of nurses required and the revised establishment did in fact come out at almost precisely the same as the existing establishment, namely 278.

It was proposed that each community team should comprise:

Health visitors	3
Home nurses	4
Midwives	2
Other nurses	1
Total	10

The remaining 30 nurses of various grades would be used as a pool, under the control of the Chief Administrative Nursing Officer, to meet special requirements, holiday, sickness relief, night duties, and any other needs that might arise.

The other 88 posts to make up the total establishment of 278 comprise the senior grades plus 81 day nursery staff.

A diagram showing the new organisation appears overleaf.

Certain ancillary proposals were also made concerning additions to car allowances, extension of the radio communication system to cover the whole of the nursing services, and certain other minor proposals to achieve flexibility and the best use of available resources.

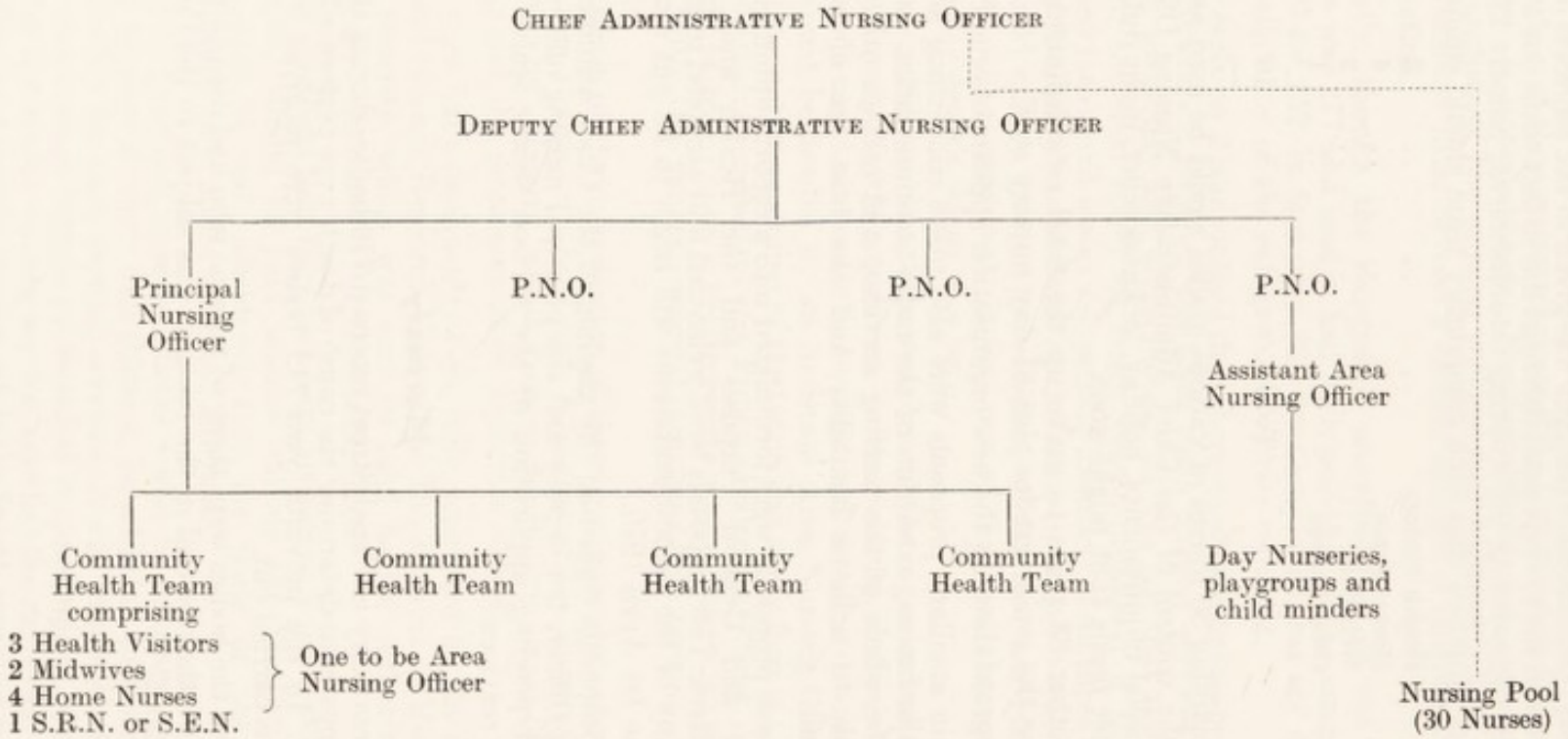
All these proposals were formulated into a report submitted to the Finance and General Purposes and the Health and Welfare Committees. The proposals were welcomed and accepted in principle and many of the recommendations will begin to be put into effect from the 1st April 1970.

The proposals regarding the grading of the Chief Administrative Nursing Officer, her deputy and the principal nursing officers, were deferred pending application of the revised salary scales for the nursing services.

Mortuary

The mortuary in Canal Street received 779 bodies during the year, and autopsies to determine the cause of death were performed on 708 of them. In the previous year 742 bodies were received and 665 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.


Chief Administrative Nursing Officer
Deputy Chief Administrative Nursing Officer
Principal Nursing Officer
P.N.O.
P.N.O.
P.N.O.
Assistant Area Nursing Officer
Community Health Team comprising
3 Health Visitors
2 Midwives
4 Home Nurses
1 S.R.N. or S.E.N.
One to be Area Nursing Officer
Community Health Team
Community Health Team
Community Health Team
Day Nurseries, playgroups and child minders
Nursing Pool (30 Nurses)

DEPARTMENTAL PUBLICATIONS 1969

Parry, W. H., *Infectious Diseases: An epidemiological approach,* (1969), published by English Universities Press Ltd., London, 184 pages.

Parry, W. H., *Health and Immigration,* (1969). The Medical Officer, *71,,* 197-199.

Parry, W. H., *Recent Trends in Immunization and Vaccination,* (1969). Abstracts of World Medicine, *43,* 545-556.

Parry, W. H., *The New Nottingham Junior Training Centre,* (1969), Journal of the National Association of Teachers of the Mentally Handicapped, *7,* 74-77.

Cost of Health Services

SERVICE	ACTUAL COST Year ended 31st March 1969						ESTIMATED COST Year ended 31st March 1970		
	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)	15,367	4,890	—	10,477	0.17	8.24	9,902	0.16	7.84
Public Health Inspection and other services	87,246	2,606	—	84,640	1.36	5 6.59	99,832	1.57	6 7.05
Health Centres ..	23,812	2,932	—	20,880	0.33	1 4.43	34,168	0.54	2 3.06
Maternal and Child Health	125,012	17,507	—	107,505	1.72	7 0.58	111,874	1.76	7 4.59
Midwifery	96,515	3,630	—	92,885	1.49	6 1.08	96,156	1.51	6 4.14
Health Visiting ..	60,816	2,494	125	58,197	0.93	3 9.79	68,328	1.08	4 6.11
Home Nursing ..	103,373	2,646	—	100,727	1.62	6 7.24	107,011	1.69	7 0.74
Vaccination and Immunisation ..	15,917	590	—	15,327	0.25	1 0.06	17,462	0.27	1 1.83
Ambulance ..	177,777	8,733	—	169,044	2.70	11 1.00	170,959	2.69	11 3.37
Prevention of Illness, Care and After-Care	50,686	2,500	—	48,186	0.77	3 1.91	47,781	0.75	3 1.84
Mental Health ..	100,487	3,894	—	96,593	1.55	6 4.00	109,611	1.73	7 2.79
Home Help ..	144,435	6,923	—	137,512	2.21	9 0.18	137,411	2.16	9 0.80
Other expenses ..	265	—	—	265	0.01	0.21	775	0.01	0.61
TOTAL	1,001,708	59,345	125	942,238	1 3.11	61 9.31	1,011,270	1 3.92	66 8.77

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 ..	4	3	1	—	4	4	—	4	3	—	1	—	—	—	1	3	—	—	2	1	—	—	1	—
(c) Rhesus incompatibility ..	2	2	—	—	2	1	1	1	2	—	—	—	—	—	1	1	—	—	—	1	—	1	—	—
Intra-natal causes:																								
(a) Injury ..	11	10	1	—	9	7	4	5	8	—	2	1	4	4	1	1	1	5	4	2	—	—	—	—
(b) Anoxia ..	3	3	—	—	3	2	1	2	2	1	—	—	—	1	2	—	—	—	2	1	—	—	—	—
Prematurity only	22	18	4	—	18	14	8	20	15	2	3	2	9	4	4	2	3	6	3	4	5	1	2	—
Respiratory distress syndrome ..	11	8	3	—	9	8	3	9	7	2	2	—	4	3	1	—	3	2	3	5	1	1	—	—
Congenital malformation ..	14	11	3	—	13	11	3	4	4	—	5	5	5	2	3	2	2	1	4	5	3	1	—	—
Infection:																								
(a) Respiratory ..	1	1	—	—	—	1	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—
(b) Gastro-intestinal	1	—	1	—	1	1	—	—	—	—	—	1	—	—	1	—	—	—	—	1	—	—	—	—
(c) Other ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other causes ..	5	4	1	—	3	1	4	1	1	1	2	1	1	4	—	—	—	1	1	3	—	—	—	—
TOTAL ..	74	60	14	—	62	50	24	46	42	6	15	11	24	18	14	9	9	15	20	23	9	4	3	—

*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	5	5	—	—	4	1	4	5	2	2	1	—	—	—	2	2	1	—	—
(b) *A.P.H.; no toxaemia ..	16	16	—	—	15	14	2	12	5	5	1	1	4	4	4	1	4	2	1
(c) Rhesus incompatibility	6	6	—	—	6	2	4	6	1	—	2	1	2	—	2	1	2	—	1
Intra-natal causes:																			
(a) Injury	1	—	1	—	1	—	1	1	—	1	—	—	—	—	—	—	1	—	—
(b) Anoxia	9	5	4	—	8	7	2	3	—	2	2	2	3	1	3	2	3	—	—
(c) †Intra-uterine death ..	13	10	1	—	12	5	8	6	5	2	1	—	5	2	3	2	3	2	1
Placental insufficiency ..	16	14	2	—	13	7	9	14	5	2	2	3	4	3	5	2	5	—	1
Congenital malformation ..	10	9	1	—	6	5	5	7	5	1	—	2	2	2	4	3	1	—	—
Other causes	13	13	2	—	6	5	8	3	4	4	1	—	4	—	5	3	2	—	3
TOTAL	89	78	11	—	71	46	43	57	27	19	10	9	24	12	28	16	22	4	7

*Ante-partum haemorrhage †Cause not determined

Vaccination of Children Under Age 16 Completed during 1969

COMPLETED PRIMARY COURSES

Type of Vaccine	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962–1965		
Triple DTP ..	367	1,784	163	66	71	18	2,469
Diphtheria/Tetanus ..	—	—	4	4	147	66	221
Diphtheria alone ..	—	—	—	—	5	3	8
Whooping cough alone	—	—	—	—	—	—	—
Tetanus alone	—	1	—	1	1	79	82
Poliomyelitis	311	1,773	157	85	882	239	3,447
Measles ..	28	611	602	690	957	14	2,902
Diphtheria ..	367	1,784	167	70	223	87	2,693
Whooping cough ..	367	1,784	163	66	71	18	2,469
Tetanus ..	367	1,785	167	71	219	163	2,772
Poliomyelitis	311	1,773	157	85	882	239	3,447

REINFORCING DOSES

Type of Vaccine	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962–1965		
Triple DTP ..	5	320	388	40	161	14	928
Diphtheria/Tetanus ..	—	—	8	2	1,896	95	2,001
Diphtheria alone ..	—	—	—	—	15	7	22
Whooping cough alone	—	—	—	—	—	—	—
Tetanus alone	—	—	3	—	16	65	84
Poliomyelitis	3	281	382	37	2,007	147	2,857
Measles ..	—	—	—	—	—	—	—
TOTALS							
Diphtheria ..	5	320	396	42	2,072	116	2,951
Whooping cough ..	5	320	388	40	161	14	928
Tetanus ..	5	320	399	42	2,073	174	3,013
Poliomyelitis	3	281	382	37	2,007	147	2,857

Smallpox Vaccination of Children 1969

Age at date of Vaccination	*Number of Children Vaccinated (or re-vaccinated during period)*	
	Number Vaccinated	*Number Re-vaccinated*
0—3 months	3	—
3–6 months	6	—
6–9 months	10	—
9–12 months	41	—
1 year ..	1,546	—
2–4 years ..	527	24
5–15 years ..	80	101
TOTAL ..	2,213	125

Tuberculin Test and B.C.G. Vaccination 1969

A. CONTACTS:

Number skin tested ..	..	435
Number found positive	..	40
Number found negative	..	363
Number vaccinated ..	..	397

B. SCHOOL CHILDREN:

Number of 13 year old children		4,720
Number of acceptances	..	3,509
Number skin tested ..	..	3,707
Number found positive	..	186
Number found negative	..	3,058
Number vaccinated ..	..	3,058

Confinements in the City

Place	Nottingham Mothers			Others			Totals
	Total	*Live*	*Stillborn*	*Total*	*Live*	*Stillborn*	
At home:							
Conducted by midwife	1,716	1,705	11	8	8	—	1,724
,, ,, private doctor	1	1	—	—	—	—	1
No one in attendance	1	1	—	—	—	—	1
	1,718	1,707	11	8	8	—	1,726
Hospitals:							
City	2,266	2,212	54	900	875	25	3,166
Firs	582	575	7	723	717	6	1,305
Women's	583	578	5	1,717	1,679	38	2,300
,, St. Mary's Annexe	8	8	—	26	26	—	34
Highbury	262	257	5	1,018	1,005	13	1,280
General	2	1	1	—	—	—	2
TOTAL	3,703	3,631	72	4,384	4,302	82	8,087

HEALTH VISITING

Summary of Visits during 1969

Visits in connection with	**1969**	*1968*	*1967*	*1966*	*1965*	*1964*
Pre-School Children:						
Primary visits	**30,234**	32,188	30,571	30,641	32,365	33,624
Revisits ..	**49,832**	54,824	49,947	47,225	58,278	73,662
Old People:						
Primary visits	**986**	1,017	724	814	1,143	1,451
Revisits ..	**1,941**	1,752	1,280	1,347	1,930	3,993
Expectant Mothers:						
Primary visits	**79**	168	143	156	241	365
Revisits ..	**50**	84	107	162	231	373
Housing ..	**11**	20	9	18	222	94
Hospital after-care ..	**91**	61	85	61	208	200
Diabetes ..	**44**	36	17	16	51	83
Vaccination and immunisation ..	**29**	21	9	36	36	103
Infectious disease ..	**27**	—	10	1	15	10
Eye conditions	**8**	2	—	—	1	—
B.C.G. vaccination ..	**1**	—	2	—	1	1
Neo-natal enquiry ..	—	2	3	—	—	1
Stillbirth ..	—	5	7	1	2	4
Other ..	**711**	582	594	426	792	581
NUMBER OF HOME VISITS	**84,044**	90,762	83,408	80,904	95,516	114,545
"NO ACCESS" VISITS ..	**23,287**	26,200	22,430	18,147	22,171	23,748
TOTAL VISITS	**107,321**	116,962	105,838	99,051	117,687	138,293

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 ..	11	—	—	—	51	237	827	—	—	111	96	292	3,085	—	—	—
Basford ..	24	—	—	—	101	388	1,407	51	427	367	101	272	3,045	—	—	—
Bestwood Park ..	—	—	—	—	46	142	727	48	220	—	49	150	1,669	25	117	451
Bilborough ..	—	—	—	—	51	102	315	47	242	—	52	130	1,560	—	—	—
Bulwell ..	22	—	—	3	52	235	856	47	403	123	100	230	3,137	—	—	—
Edwards Lane ..	29	—	—	—	48	197	565	—	—	126	46	147	1,309	27	24	336
Ernest Purser ..	12	—	—	2	51	391	1,212	49	309	107	100	451	3,639	46	142	817
Hyson Green ..	—	—	—	—	—	—	—	—	—	—	99	372	5,443	19	2	259
John Ryle H. C.	23	—	—	—	51	338	1,492	49	529	381	145	386	5,427	—	—	—
Lenton Abbey .. (from 7.5.69)	—	—	—	—	—	—	—	—	—	—	8	16	125	—	—	—
Mapperley ..	—	—	—	—	—	—	—	—	—	—	52	82	1,116	—	—	—
Radford ..	60	1	1	32	59	604	1,867	53	482	660	153	510	6,436	45	16	542
Sherwood Rise ..	21	2	—	23	47	438	1,498	—	—	278	97	383	3,102	32	81	1,146
Sneinton ..	71	52	25	476	52	552	1,643	52	449	414	164	510	4,593	45	37	619
Wollaton ..	—	—	—	—	—	—	—	—	—	—	99	139	3,313	—	—	—
TOTALS ..	273	55	26	536	609	3,624	12,409	396	3,061	2,567	1,361	4,070	46,999	239	419	4,170

Attendances at Day Nurseries 1969

	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 ..	5	183	514	—	137	470	39	203	264	25	201	494	—	172	345	10	124	426	18	133	369
February ..	—	136	502	—	98	505	48	243	183	17	177	429	—	151	380	20	117	427	5	144	348
March ..	—	112	659	—	118	480	55	349	329	14	190	559	—	214	486	37	139	545	11	187	405
April ..	—	76	509	—	115	447	30	286	228	22	187	494	12	209	437	9	111	445	16	167	334
May ..	—	105	629	—	98	474	69	314	273	38	178	532	37	180	433	17	123	494	—	185	403
June ..	—	128	639	—	149	464	60	320	320	40	170	530	38	174	492	21	149	524	—	205	394
July ..	—	115	610	—	151	473	62	343	315	8	239	595	35	177	450	23	163	503	—	253	451
August ..	—	45	247	—	65	180	20	131	143	—	94	205	6	58	185	8	59	177	—	118	178
September ..	7	75	559	—	125	455	54	273	272	7	200	447	—	128	403	21	136	442	7	224	346
October ..	10	106	552	—	127	425	54	298	312	35	239	478	5	164	410	36	136	461	22	225	355
November ..	8	107	494	—	105	439	54	257	282	34	193	399	20	156	365	34	144	400	15	167	323
December ..	—	64	415	—	68	412	18	216	224	10	166	342	6	151	276	28	120	329	9	128	225
	30	1.252	6,329	—	1,356	5,224	563	3,233	3,145	250	2,234	5,504	159	1,934	4,662	264	1,521	5,173	103	2,136	4,131
Totals		7,611			6,580			6,941			7,988			6,755			6,958			6,370	

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

Total Attendances: 1,369 13,666 34,168 Grand Total: 49,203

HOME NURSING SERVICE

Comparative Index of Work over Seven Years

	1969	1968	1967	1966	1965	1964	1963
Register 1st January ..	2,106	2,052	1,801	1,865	1,837	1,828	1,736
New patients	3,802	3,934	4,063	3,912	3,962	3,893	4,185
Total visited	5,908	5,986	5,864	5,777	5,799	5,721	5,921
Register 31st December	2,075	2,106	2,052	1,801	1,865	1,837	1,828
Total nursing visits ..	171,613	187,202	188,683	192,386	203,953	203,802	207,987
Total supervisory visits	1,976	1,410	1,953	2,883	2,298	1,720	1,944
Case load — visits per month per nurse ..	240	257	251	250	259	262	269
Type of illness							
Cardio-vascular ..	1,204	1,207	1,202	1,197	1,324	1,414	1,431
Central nervous ..	782	826	778	732	810	735	712
Alimentary ..	595	626	667	615	520	513	663
Respiratory ..	381	367	388	508	516	616	614
Malignant diseases ..	554	599	637	594	566	534	527
Senility ..	422	442	402	415	398	350	330
Skin diseases	450	412	396	362	296	254	296
Rheumatism, Arthritis ..	442	376	331	288	274	266	286
Trauma ..	425	405	378	370	334	275	279
Diabetes ..	196	243	239	269	289	265	269
Genito-urinary ..	224	249	236	221	219	228	243
Tuberculosis	102	104	98	100	113	131	137
Infectious fevers ..	7	7	1	2	3	2	6
Other ..	124	123	89	104	137	138	128
TOTALS	5,908	5,986	5,864	5,777	5,799	5,721	5,921
Age Groups of Patients							
4 years and under ..	0.7%	0.9%	1.0%	0.9%	0.9%	0.9%	0.9%
5—14 years	1.5%	1.7%	1.3%	1.5%	2.3%	1.8%	1.7%
15—44 „ ..	10.0%	10.0%	11.5%	10.0%	11.7%	10.9%	12.1%
45—64 „ ..	22.0%	23.0%	23.3%	23.7%	23.1%	23.9%	23.9%
65 and over ..	65.8%	64.4%	62.9%	63.9%	61.9%	62.5%	61.4%

Loan of Nursing Equipment

ISSUED BY HOME NURSING SERVICE

Article	**1969**	1968	1967	1966	1965	1964	1963
Air rings ..	**217**	249	258	257	263	277	242
Bed pans ..	**550**	621	663	768	789	785	856
Back rests ..	**341**	324	387	326	492	455	499
Barrier outfits	**27**	92	183	371	316	322	400
Cradles ..	**148**	152	170	155	125	103	110
Crutches ..	**43**	39	43	41	36	32	32
Draw sheets..	**72**	58	81	85	97	218	255
Feeding cups	**63**	54	66	76	71	65	77
Incontinent gowns ..	**19**	15	13	16	16	32	53
Infectious outfits ..	**3**	2	4	7	6	6	8
Lifting apparatus	**2**	2	4	5	13	10	7
Mackintosh sheets ..	**72**	92	144	265	489	636	780
Midwifery outfits ..	**2**	1	5	7	8	8	13
Sorbo cushions	**226**	239	264	318	319	367	496
Syringes 5cc. T.B. ..	**3**	64	91	307	346	319	387
Syringes 2cc.	**—**	—	—	—	—	—	1
Syringes others	**11**	—	13	3	—	4	6
Urinals ..	**390**	385	389	445	400	409	437
Walking tripods	**242**	200	197	171	139	100	68
TOTALS ..	**2,431**	2,589	2,975	3,623	3,925	4,148	4,727

ISSUED FROM HEALTH SERVICE STORE

Article	**1969**	1968	1967	1966	1965	1964	1963
Air beds ..	**—**	—	—	—	1	—	—
Bed tables ..	**7**	3	5	3	2	4	4
Bedsteads ..	**131**	150	85	99	65	66	89
Commodes ..	**554**	732	429	351	295	271	196
Invalid chairs	**305**	267	162	142	152	190	140
Mattresses ..	**176**	197	98	101	72	76	104
Self lifting poles ..	**27**	43	28	20	14	9	—
Walking frames	**38**	27	15	9	7	—	—
TOTALS ..	**1,238**	1,419	822	725	608	616	533

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

Article	**1969**	1968	1967	1966	1965	1964	1963
Draw sheets..	**1,200**	825	561	670	780	866	473
Polythene sheets ..	**1,536**	1,216	996	960	436	360	200
Incontinence pads:							
thick ..	**1,680**	40,604	31,788	24,492	17,520	325	—
thin ..	**20,160**	6,792	8,460	8,208	13,680	21	—
Roll ..	**1,392**	—	—	—	—	—	—

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 ..	27	70	47	21	165
Epilepsy	165	166	36	7	374
Cerebral palsy and epilepsy	2	19	—	—	21

Incidence of Blindness

BLIND	*Cause of Disability*			
	Cataract	*Glaucoma*	*Retrolental Fibroplasia*	*Others*
(1) Cases registered during the year in respect of which para. 7 *(c)* of Forms B.D.8 recommends:				
(a) No treatment ..	8	2	1	15
(b) Treatment (medical, surgical or optical) ..	16	18	—	18
(2) Cases at (1)*(b)* above which on follow up action have received treatment ..	8	15	—	15
PARTIALLY-SIGHTED				
(1) Cases registered during the year in respect of which para. 7*(c)* of Forms B.D.8 recommends:				
(a) No treatment ..	2	—	—	2
(b) Treatment (medical, surgical or optical) ..	12	3	—	12
(2) Cases which received follow up treatment	8	3	—	12

Number of blind persons on register at 31st December ..	763
Number of partially sighted persons on register at 31st December	215

Priority Rehousing on Medical grounds

TABLE 1

	0–9	9–19	20–29	30–39	40–49	50–59	60–69	70–79	80+	*Total*
Central nervous system ..	2	1	6	2	3	3	1			18
Cardio vascular ..	2		1	2	6	7	12	4		34
Respiratory ..	3	3	3	3	9	5	11	11		48
Bones and joints ..	3			1	2	3	8	7	3	27
Special senses ..	1	2					1	1		5
Malignant			1		1		2	2		6
TOTAL ..	11	6	11	8	21	18	35	25	3	138

TABLE 2

Area	*No. of visits paid*
Meadows	68
St. Ann's	43
Radford	37
Lenton and Dunkirk	22
Forest Fields	18
Hyson Green	17
Basford	15
Carlton Road area	15
Bulwell	12
Central	12
Sneinton	11
Sherwood and Carrington	10
Aspley	3
Clifton	1
TOTAL	284

Convalescence

Name of Convalescent Home	1969	1968	1967	1966	1965
Regional Hospital Board Homes: (Sheffield Region):					
Carey House, Skegness ..	7	11	19	7	18
Seely House, Skegness ..	5	12	14	7	18
Sheffield Works' Convalescent Association:					
Langwith Lodge, Nether Langwith	3	1	—	3	2
Smedley Memorial Hospital Matlock	2	3	2	1	2
TOTAL	17	27	35	18	40
Independent Homes:					
George Woofinden Home, Mablethorpe	8	16	13	21	22
Evelyn Devonshire Home, Buxton	—	3	3	5	4
Hunstanton C. H.	2	11	8	11	10
Cripples' Guild Home, Mablethorpe	4	2	6	—	—
TOTAL	14	32	30	37	36

Age Distribution

	Independent Homes			*Regional Hospital Board Homes*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
0-5 years ..	—	—	—	—	—	—
5-19 ,, ..	—	—	—	—	—	—
20-29 ,, ..	—	—	—	1	1	2
30-39 ,, ..	—	1	1	—	—	—
40-49 ,, ..	1	1	2	2	1	3
50-59 ,, ..	1	2	3	1	—	1
60-69 ,, ..	—	2	3	6	1	7
70-79 ,, ..	2	3	5	—	4	4
80-89 ,, ..	—	—	—	—	—	
90+ ,, ..	—	—	—	—	—	—
TOTAL ..	4	9	14	10	7	17

Reasons for convalescence

Type of Illness	*Numbers sent to Regional Hospital Board Homes*					*Numbers sent to Independent Homes*				
	1969	1968	1967	1966	1965	**1969**	1968	1967	1966	1965
Debility ..	—	—	6	2	1	2	12	12	13	15
Respiratory	7	8	6	5	7	1	6	5	8	4
Cardio-vascular ..	—	3	5	1	10	5	5	5	7	3
Nervous ..	2	7	11	2	—	4	4	5	4	11
Rheumatic ..	2	1	2	—	6	—	3	4	8	6
Digestive	2	4	2	—	5	2	5	3	2	2
Reproductive	—	1	1	—	3	—	2	—	—	—
Injury ..	1	—	—	—	2	—	—	—	—	1
Diabetic ..	3	2	—	3	2	—	—	1	1	—
Urinary ..	—	1	2	—	1	—	—	—	—	—
Others ..	—	—	—	5	3	—	—	—	1	—
TOTAL ..	17	27	35	18	40	14	37	35	44	42

MENTAL HEALTH SERVICE

Subnormal and Severely Subnormal Persons

New Cases Reported	*Males*	*Females*	*Totals*
Reported by:			
Local Education Authority	29	22	51
Other sources	6	7	13
	35	29	64
Disposal of cases:			
Admitted to hospital	—	1	1
Attending Training Centre	21	16	37
Community care	15	11	26
	36	28	64

Number of Persons Reported as Mentally Ill

	Under 65 years		*Over 65 years*		*Totals*
	Male	*Female*	*Male*	*Female*	
Reported by:					
Police	52	32	4	8	96
Hospitals	80	81	11	24	196
Medical practitioners	58	70	30	66	224
Relatives	23	24	2	18	67
Others	28	29	6	19	82
TOTAL	241	236	53	135	665
Disposal:					
Admitted under Section 25	26	44	2	3	75
Admitted under Section 26	2	—	—	—	2
Admitted under Section 29	37	37	2	12	88
Admitted as informal patient	83	66	24	36	209
Admitted others ..	5	6	2	4	17
TOTAL ADMITTED TO HOSPITAL ..	153	153	30	55	391
For community care	21	19	7	24	71
Not accepted ..	38	31	5	12	86
Referred to:					
Welfare Services ..	—	—	—	2	2
Family doctor ..	4	13	9	18	44
O/P Clinic ..	22	19	—	3	44
Day Hospital ..	3	1	2	21	27
TOTAL	241	236	53	135	665

ENVIRONMENTAL SERVICES

Summary of Complaints Received and the Action Taken

Complaints received:

Housing defects	2,425
Choked or defective drains and sewers	926
Overcrowding	221
Dirty houses	101
Defective dustbins	535
Accumulations of refuse	650
Offensive odours	156
Nuisance from smoke, grit and fumes	110
Nuisance from empty properties	67
Water in cellars	100
Keeping of animals	77
Noise nuisance	89
Caravans	21
Food hygiene	85
Nuisance from pigeons	35
Insect pests	874
Rats and mice	3,492
Miscellaneous	191
TOTAL	10,155

Nuisances remedied following the serving of notices:

Additional water closets provided	1
Water closets cleansed	5
Courts, yards and passages paved or cleansed	45
Drains repaired or cleared	235
Dustbins provided	284
Factories	7
Dirty houses	4
Keeping of animals	9
Accumulation of refuse	165
Water closets repaired or cleansed	162
Miscellaneous nuisances	52
TOTAL	969

Complaints referred to other Corporation Departments following investigation	788

Housing defects remedied:

Coppers	—
Fireplaces	77
Floors and ceilings	293
Rain water gutters and down spouts	565
Roofs	731
Walls	474
Sinks	52
Water pipes and fittings	62
Windows	294
Others	286
TOTAL	2,834

Number of houses involved in the foregoing defects .. 1,593

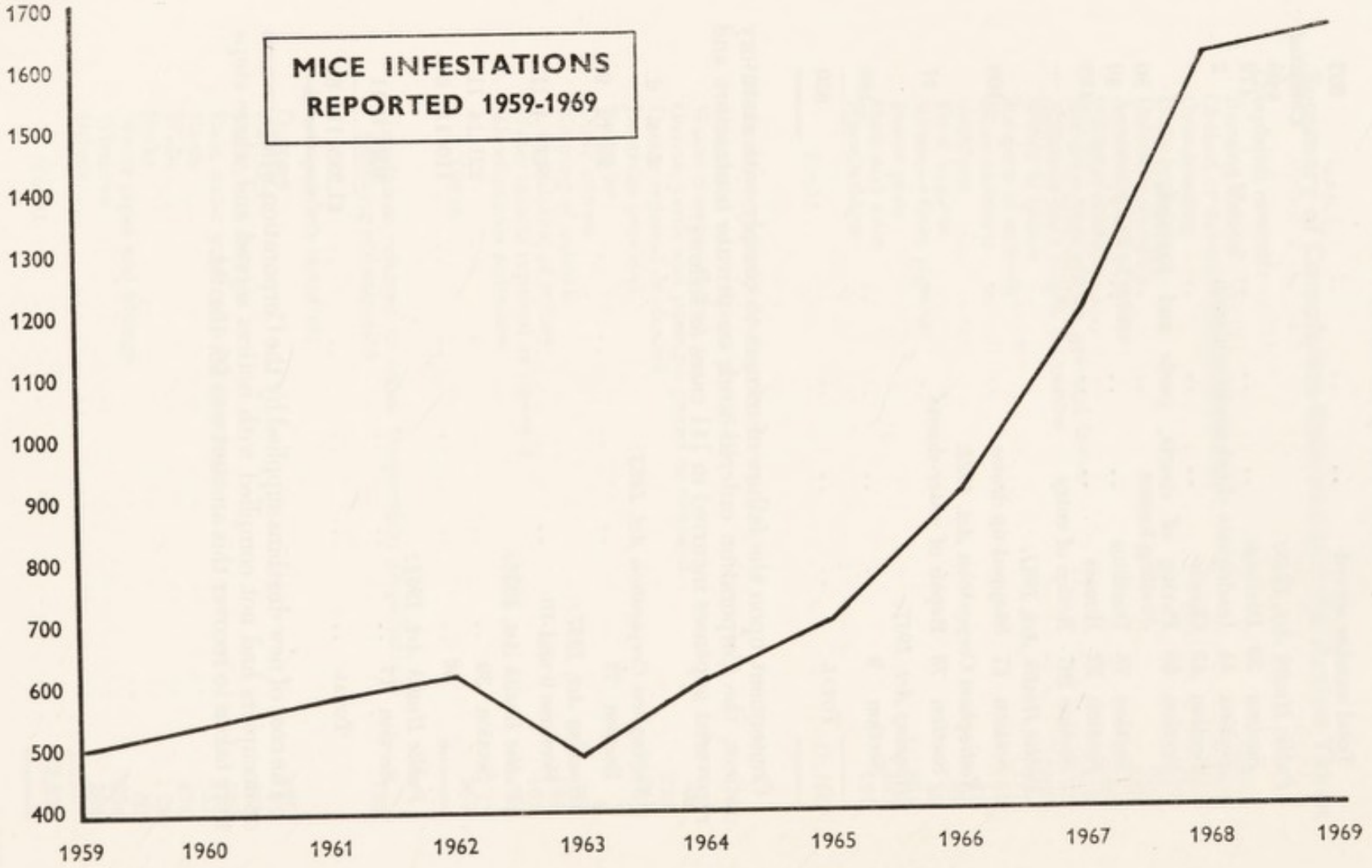
Statutory Notices

		Complied with
Total number served		997
Public Health Act, 1936:		
Section 39	Drainage	172
Section 44	Inadequate closet accommodation	2
Section 45	Closets	—
Section 56	Paving of courts, yards and passages, dwelling-houses	80
Section 75	Dustbins	40
Section 92	Houses	155
Section 287	Notice of entry	—
Public Health Act, 1961:		
Section 17	Stopped-up drains	169
Nottingham Corporation Act, 1923:		
Section 73	Repair of water-closets	47
Housing Act, 1957:		
Section 9		185
TOTAL		850

Consequent upon the failure of owners to comply with statutory notices, the Corporation ordered work on private contractors and recovered expenses incurred in 141 cases as follows:

	£	s.	d.
Nottingham Corporation Act, 1923:			
Section 73	29	19	9
Housing Act, 1957:			
Sections 9 and 10	521	4	11
Public Health Act, 1936:			
Section 39	221	14	11
,, 56	110	11	0
Public Health Act, 1961:			
Section 17	402	0	11
TOTAL	£1,285	11	6

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 £6. 15s. 9d.


MICE INFESTATIONS
REPORTED 1959-1969
1700
1600
1500
1400
1300
1200
1100
1000
900
800
700
600
500
400
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969

Insects received in the Department for Identification

Beetles

Amphimallon solstitialis	1
Anobium punctatum	2
Attagenus pellio	6
Attagenus piceus	1
Calandra granaria	1
Dermestes frischii	1
Dermestes lardarius	2
Lyctus brunneus	1
Melolontha melolontha	1
Nacerdes melanura	2
Niptus hololeucus	1
Oryzaephilus surinamensis	2
Ptinus tectus	9
Stegobium paniceum	3
Tenebrio molitor	9

Flies

Fannia canicularis	2
Paracollinella fontinalis	1
Pollenia rudis	1
Psychoda severini	1

Larvae

Anagasta kuhniella	2
Attagenus pellio	1
Dermestes frischii	1

Miscellaneous

Ceratophyllus gallinae	1
Ctenocephalides felis	8
Hofmannophila pseudospretella	1
Mites	2
Psocids	4
Mason wasps	3
Mining bees	2
Sirex gigas	1

Water Supply—Chemical Results—1969

(Results in parts per million)

	Basford	*Bestwood*	*Boughton*	*Burton Joyce*	*Halam*	*Lambley*	*Markham*	*Papple-wick*	*Rufford*	*Salter-ford*	*Ompton*	*Eastwood*
Total solids ..	511	290	259	446	180	194	186	202	207	174	181	96
Sal. ammonia ..	Nil	Nil	0.012	Nil	Nil	Nil	Nil	Nil	0.014	Nil	Nil	0.026
Alb. ammonia..	0.012	0.008	0.014	0.008	0.008	0.012	Nil	0.014	0.014	0.012	0.014	0.032
Oxygen demand	0.12	0.12	0.12	0.04	0.04	0.08	0.08	0.16	0.12	0.08	0.12	0.30
Nitrite N. ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0.02
Nitrate N. ..	9.46	5.56	6.84	1.42	2.62	2.30	2.10	5.02	3.86	5.80	2.50	1.10
Chloride Cl ..	46	26	32	15	11	10	10	23	40	22	14	11
Carb. Hardness	165	90	115	190	120	120	135	55	75	55	130	25
Non Carb. Hard-ness ..	179	92	61	106	16	16	13	69	75	65	6	29
Total Hardness	344	182	176	296	136	136	148	124	150	120	136	54
Silica SiO_2 ..	8	9	8	9	9	10	7	7	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	8.2	8.0	8.1	7.9	9.0
Iron Fe ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0.08
Free CO_2 ..	8	3	5	9	4	5	3	Nil	3	3	5	Nil
Calcium Ca ..	86.4	43.2	40.8	60.8	20.0	18.4	19.2	27.2	33.6	24.8	28.0	14.4
Magnesium Mg	30.7	17.8	17.8	34.6	20.5	21.6	24.0	13.4	15.8	13.9	15.0	4.3

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

Fertilisers and Feeding Stuffs

Samples taken	*Satisfactory*	*Unsatisfactory*	*Total*
Fertilisers:			
Basic Slag	—	1	1
Bone Meal	1	—	1
Clay's All-purpose Fertiliser	1	—	1
Double Fertiliser ..	1	—	1
"Flourish" with bone meal, hoof and horn ..	1	—	1
Granular Fertiliser ..	1	—	1
Hoof and Horn ..	1	—	1
Hydrated Lime ..	1	—	1
John Innes Base Fertiliser	1	—	1
Johnson's Growmore ..	1	—	1
Liquid Fertiliser ..	1	—	1
Raw Bone Meal ..	1	—	1
"Sangral" Fertiliser ..	1	—	1
Sulphate of Potash ..	1	—	1
10 Day Fertiliser ..	1	—	1
Feeding Stuffs:			
Chick Growers' Meal ..	1	—	1
Growers' Pellets ..	1	—	1
Layers' Mash	3	—	3
Pig Baconer Meal ..	1	—	1
Pig Rearer Meal ..	1	—	1
Range Layers' Mash ..	1	—	1
Standard Layers' Meal ..	2	—	2
TOTALS	24	1	25

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 ..	—	18	3	—	1	1	1
Retail Shops	—	62	7	—	1	3	3
Wholesale shops, warehouses	—	52	2	—	—	2	—
Catering establishments open to public, canteens ..	—	22	2	—	1	—	1
Fuel storage depots ..	—	1	—	—	—	—	—
TOTALS	—	155	14	—	3	6	5

	Offices	*Retail shops*	*Wholesale warehouses*	*Catering Establishments open to public, canteens*	*Fuel storage depots*
Machinery ..	—	4	1	3	—
Transport	—	2	3	—	—
Falls of persons ..	12	25	11	8	—
Stepping on or striking against object or person	1	5	3	2	—
Handling goods ..	3	17	30	7	1
Struck by falling object	1	1	1	—	—
Fires and explosions	—	—	—	—	—
Electricity ..	—	—	—	—	—
Use of hand tools ..	—	6	—	—	—
Not otherwise specified	1	2	3	2	—

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	75	40	8	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	1,926	7	3	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	2	—	—	—
TOTAL	2,003	47	11	—

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) ..	2	2	—	1	—
Ventilation (Section 4)	1	1	—	1	—
Drainage of floors (Section 6) ..	—	—	—	—	—
Sanitary conveniences (Section 7):					
(a) Insufficient ..	1	2	—	3	—
(b) Unsuitable or defective ..	7	9	—	4	—
(c) Not separate for sexes ..	2	2	—	1	—
Other offences against the Act (not including offences relating to outwork) ..	2	3	—	—	—
TOTAL ..	15	19	—	10	—

PART VIII OF THE ACT

Outwork

Section 133

Nature of Work	*Number of out-workers in August list required by Section 133(1)(c)*		
	1969	1968	1967
Wearing apparel, making, cleaning, etc. ..	**663**	711	836
Lace, lace curtains and nets	**487**	525	597
Nets other than wire nets	**93**	84	93
Household linen	**82**	81	93
Carding, etc., of buttons, etc.	**24**	26	30
Curtains and furniture hangings ..	**2**	2	1
Making of boxes from cardboard, etc. ..	**—**	—	1
Weaving of textile fabrics	**5**	8	2
TOTAL	**1,356**	1,437	1,653

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	5,023
Inspections made for the purpose	8,332
Dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1,975
Dwelling-houses—exclusive of those referred to under the preceding sub-head—found not to be in all respects reasonably fit for human habitation	1,217

Informal Action

Defective dwelling-houses rendered fit in consequence of informal notices by the Local Authority or their officers	2,788

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	231
Dwelling-houses in which defects were remedied after service of informal notices:	
1. By owners	150
2. By Local Authority in default of owners	16
2. Proceedings under the Public Health Acts:	
Dwelling-houses in respect of which notices were served requiring defects to be remedied	501
Dwelling-houses in which defects were remedied after service of formal notices:	
1. By owners	472
2. By Local Authority in default of owners	29
3. Proceedings under Section 17 of the Housing Act, 1957:	
Dwelling-houses in respect of which demolition orders were made	—
Dwelling-houses demolished in pursuance of demolition orders	14
Closing Orders made	1

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

First Visits	11,903
Re-visits	6,731
TOTAL	18,634

Rent Act, 1957—Certificates of Disrepair

Certificates of Disrepair	1969	1968	1967	1966	1965
Rent Act, 1957:					
Part I Applications for Certificates of Disrepair:					
1. No. of applications for certificates	1	4	3	6	3
2. No. of decisions not to issue certificates	—	—	—	1	—
3. No. of decisions to issue certificates:					
(a) in respect of some but not all defects	1	4	1	3	2
(b) in respect of all defects ..	—	—	2	2	1
4. No. of undertakings given by landlords	1	—	1	2	2
5. No. of undertakings refused ..	—	—	—	—	—
6. No. of certificates issued ..	—	4	2	3	2
Part II Applications for cancellation of Certificates:					
7. Applications by landlords for cancellation of certificates ..	3	1	1	3	3
8. Objections by tenants to cancellation of certificates	1	—	—	—	—
9. Decision to cancel in spite of tenant's objection	—	—	—	—	—
10. Certificates cancelled by local authority	2	1	1	3	3

Atmospheric Pollution—Summary of Measurements*

	Deposited Solid Matter in Tons per Square Mile		*Micrammes 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	228.54	28.29 : Nov.	112	231 : Dec.	173	251 : Nov.
Bulwell	199.71	28.33 : June	100	173 : Jan.	119	181 : Dec.
City Centre	110.33	14.53 : Jan.	96	184 : Feb.	159	287 : Dec.
Clifton	116.65	27.71 : July	34	72 : Dec.	113	178 : Dec.
Mapperley	117.27	22.89 : July	63	138 : Dec.	123	197 : Dec.
Meadows	124.06	17.14 : Nov.	108	204 : Feb.	147	239 : Feb.
Wollaton	105.62	14.75 : Dec.	46	83 : Feb. / Dec.	102	149 : Dec.
Average for City	143.17	—	80	—	134	—

*For full details see the following three 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*		
1969	*Insol-uble*	*Sol-uble*	*Total*	*Insol-uble*	*Sol-uble*	*Total*	*Insol-uble*	*Sol-uble*	*Total*	*Insol-uble*	*Sol-uble*	*Total*	*Insol-uble*	*Sol-uble*	*Total*	*Insol-uble*	*Sol-uble*	*Total*	*Insol-uble*	*Sol-uble*	*Total*
Jan.	12.62	5.07	17.69	5.96	4.56	10.52	9.51	5.02	14.53	3.34	3.67	7.01	4.41	4.08	8.49	6.42	5.43	11.85	4.87	4.56	9.43
Feb.	16.36	5.61	21.97	8.08	6.78	14.86	4.77	3.26	8.03	5.20	3.97	9.17	8.36	5.07	13.43	5.53	3.90	9.43	4.36	5.12	9.48
March	—	—	—	9.88	6.67	16.55	5.40	4.28	9.68	3.03	3.82	6.85	4.99	3.54	8.53	3.64	5.96	9.60	5.02	3.72	8.74
April	—	—	—	11.54	4.43	15.97	5.20	3.84	9.04	8.31	4.56	12.87	6.67	4.48	11.15	4.56	5.94	10.50	6.32	4.15	10.47
May	20.33	6.37	26.70	19.39	6.11	25.50	4.92	5.50	10.42	1.55	3.41	4.96	2.37	3.19	5.56	6.83	6.60	13.43	2.98	3.62	6.60
June	17.25	2.88	20.13	25.42	2.91	28.33	2.85	2.27	5.12	0.59	1.99	2.58	2.19	1.73	3.92	3.06	2.50	5.56	2.14	2.04	4.18
July	20.69	6.57	27.26	11.44	4.46	15.90	4.61	4.76	9.37	22.92	4.79	27.71	17.90	4.99	22.89	2.19	7.36	9.55	5.55	4.46	10.01
Aug.	20.18	4.00	24.18	8.56	4.43	12.99	6.11	5.35	11.46	5.93	4.03	9.96	9.68	4.36	14.04	3.29	4.51	7.80	7.16	3.49	10.65
Sept.	14.80	3.06	17.86	7.69	3.03	10.72	4.30	2.75	7.05	5.17	2.40	7.57	5.17	2.78	7.95	3.13	2.80	5.93	2.98	2.78	5.76
Oct.	16.66	3.26	19.92	8.18	3.14	11.32	3.24	2.60	5.94	6.09	2.27	8.36	1.12	2.27	3.39	4.12	4.23	8.35	1.05	2.34	3.39
Nov.	22.02	6.27	28.29	13.94	7.39	21.33	7.03	5.38	12.41	5.81	4.48	10.29	3.85	5.05	8.90	8.25	8.89	17.14	5.05	7.11	12.16
Dec.	18.27	6.27	24.54	9.40	6.32	15.72	2.06	5.22	7.28	5.53	3.79	9.32	4.46	4.56	9.02	8.94	5.98	14.92	8.99	5.76	14.75
TOTAL	179.18*	49.36*	228.54*	139.48	60.23	199.71	60.10	50.23	110.33	73.47	43.18	116.65	71.17	46.10	117.37	59.96	64.10	124.06	56.47	49.15	105.62

* 10 months only

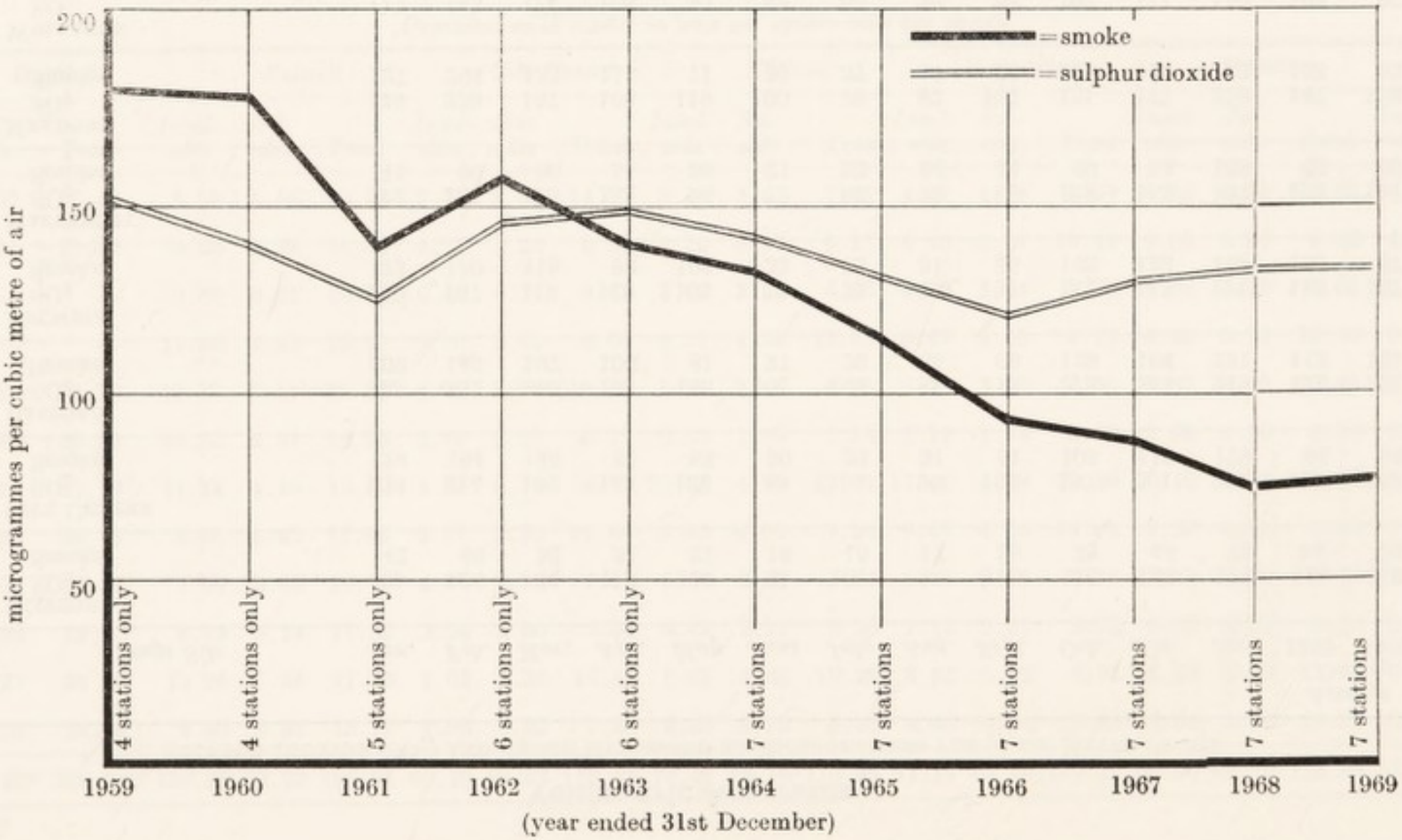
Volumetric Apparatus

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* **1969**	1968
CLIFTON														
SO_2	109	126	84	113	107	91	101	89	95	116	143	178	**113**	110
Smoke	42	46	32	31	21	16	16	17	28	38	45	72	**34**	34
CITY CENTRE														
SO_2	236	214	162	143	133	88	95	90	103	157	201	287	**159**	160
Smoke	128	184	145	85	63	30	29	31	51	105	119	179	**96**	84
BASFORD														
SO_2	248	232	180	193	140	101	104	88	115	178	251	249	**173**	191
Smoke	209	145	107	100	81	37	29	35	69	128	168	231	**112**	124
BULWELL														
SO_2	160	167	118	119	105	78	73	69	97	121	143	181	**119**	127
Smoke	173	160	118	92	105	33	32	31	56	105	123	168	**100**	87
MAPPERLEY														
SO_2	172	161	125	132	96	72	85	72	80	128	153	197	**123**	117
Smoke	111	96	66	51	38	21	23	24	44	60	84	138	**63**	60
MEADOWS														
SO_2	176	239	157	168	119	100	99	87	103	131	177	210	**147**	138
Smoke	137	204	133	115	71	39	37	46	70	116	143	183	**108**	93
WOLLATON														
SO_2	117	143	124	108	85	62	68	70	82	102	111	149	**102**	97
Smoke	69	83	67	35	27	16	16	19	38	53	46	83	**46**	47

Atmospheric Pollution 1959-1969

(Monthly Averages for all Measuring Stations in the City)



Food Hygiene

FOOD PREMISES IN THE CITY

Food Premises Supervised	1969	1968	1967	1966	1965
Grocers and provision dealers including off-licence premises	1,136	1,137	1,151	1,122	1,196
Hotels, public houses and clubs	540	529	514	521	495
Sweet shops	399	410	403	410	410
Butchers and meat products manufacturers ..	345	352	374	374	376
Fruit and vegetable dealers	324	327	329	329	333
Factory canteens, etc. ..	178	183	220	235	256
Restaurants, snack bars, etc.	293	286	267	259	247
Food stalls in markets:					
Wholesale	75	70	78	75	42
Retail	128	129	120	126	146
Fried fish and chip shops	147	143	142	138	139
Bread, pastry and confectionery dealers, including bakehouses ..	121	123	122	126	122
Wet fish, poultry, game, etc., dealers	49	50	54	53	56
School kitchens ..	130	129	138	131	129
Wholesale food dealers ..	79	81	80	69	61
Mobile food shops ..	34	33	31	25	27
Self-service stores (other than supermarkets) ..	42	32	22	19	21
Supermarkets	58	48	41	40	37
Ice-cream manufacturers	10	11	12	14	14
Dairies	3	3	3	3	4
Miscellaneous	123	90	65	55	58
TOTAL	4,214	4,166	4,166	4,124	4,169

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

Premises used for the—sale of ice cream	535
manufacture of ice-cream	10
preparation or manufacture of sausages or potted, pressed, pickled or preserved food	384
TOTAL	929

Details of Unsound Food Surrendered

Food other than Meat	*In Stones*					
	1969	1968	1967	1966	1965	1964
Bacon ..	**180**	113	154	257	142	176
Butter ..	**—**	—	1	1	3	21
Canned goods ..	**6,616**	9,255	6,998	5,701	5,974	7,606
Cakes and pastry	**982**	1,185	758	1,133	338	136
Cereals ..	**858**	—	—	—	—	—
Cheese ..	**44**	59	81	152	141	86
Chocolate and sweets ..	**163**	9	17	1	8	40
Coffee ..	**1**	7	30	5	21	—
Conserves ..	**71**	83	32	34	72	245
Cooked meat ..	**588**	880	812	462	77	108
Dried fruit ..	**37**	12	15	109	11	29
,, milk ..	**—**	—	9	—	—	—
Eggs—liquid ..	**4**	2	12	6	5	—
—shell ..	**—**	6	12	—	—	—
Fish	**622**	1,106	399	578	491	609
Fruit ..	**6,678**	1,757	2,317	1,600	1,759	1,090
Flour ..	**157**	83	41	—	9	—
Margarine ..	**5**	2	1	1	10	5
Miscellaneous ..	**10,389**	607	635	957	186	340
Poultry ..	**39**	331	119	120	681	52
Rabbits ..	**25**	1	23	—	2	12
Sausage ..	**490**	709	661	375	88	124
Shell fish ..	**482**	918	714	907	1,118	861
Sugar.. ..	**—**	—	1	1	2	32
Imitation cream	**1,078**	—	—	13	15	125
Vegetables ..	**3,248**	7,359	8,485	14,332	10,657	7,332
TOTAL ..	**32,757**	24,484	22,327	26,745	21,810	19,029

Meat	*Home-killed in stones*			*Imported in stones*		
	1969	1968	1967	**1969**	1968	1967
Beef	**1,250**	1,221	1,555	**577**	711	472
Mutton and Lamb ..	**468**	694	912	**297**	269	62
Pork ..	**3,118**	2,270	1,807	**62**	102	342
Veal	**49**	65	75	**9**	—	—
Offals.. ..	**12,743**	10,395	10,679	**53**	236	488
TOTAL ..	**17,628**	14,645	15,028	**998**	1,318	1,364

GRAND TOTAL SURRENDERED	1967: 16,392 stones	=	approx. 102 tons
,, ,, ,,	1968: 15,963 stones	=	approx. 100 tons
,, ,, ,,	**1969: 18,626 stones**	=	approx. **116** tons

Carcases of Meat Inspected and Carcases Condemned

	Cattle excluding Cows	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*	*Total*
Number killed and inspected	11,863*	2,231	589	34,352	24,891	73,926
All diseases except tuberculosis and cysticerci:						
Whole carcases condemned ..	6	3	15	25	70	119
Carcases part (or organ) condemned ..	4,205	1,523	27	4,438	7,379	17,572
Percentage affected ..	35.49	68.26	7.13	12.99	29.92	—
Tuberculosis only:						
Whole carcases condemned ..	—	—	—	1	3	4
Carcases part (or organ) condemned ..	5	1	—	—	508	514
Percentage affected ..	0.04	0.04	—	—	2.05	—
Cysticercosis:						
Carcases part (or organ) condemned ..	6	—	—	—	—	6
Carcases submitted to treatment by refrigeration ..	6	—	—	—	—	6
Generalised and totally condemned ..	—	—	—	—	—	—

* Bulls—6 Bullocks—9,008 Heifers—2,849

Food and Drugs

SAMPLES EXAMINED BY CITY ANALYST

Item	Genuine			Unsatisfactory			Totals		
	Formal	*Informal*	*Total*	*Formal*	*Informal*	*Total*	*Formal*	*Informal*	*Total*
Milk, untreated	356	—	356	40	—	40	396	—	396
Milk, processed	81	—	81	—	—	—	81	—	81
Milk, canned, condensed or dried ..	—	6	6	—	2	2	—	8	8
Butter, cream, cheese and other dairy products ..	—	16	16	—	—	—	—	16	16
Ice cream and frozen lollies	—	42	42	—	—	—	—	42	42
Open meat products ..	4	1	5	—	2	2	4	3	7
Canned or preserved meats and meat products ..	—	69	69	—	2	2	—	71	71
Canned or prepacked fish and fish products ..	—	20	20	—	—	—	—	20	20
Soups ..	—	18	18	—	—	—	—	18	18
Oils and fats ..	—	6	6	—	—	—	—	6	6
Fresh fruits and vegetables ..	—	—	—	—	1	1	—	1	1
Canned or preserved fruits and vegetables	—	80	80	—	4	4	—	84	84
Sweets, sugar confectionery, etc.	—	23	23	—	1	1	—	24	24
Jams, conserves, fruit curds, jellies, etc...	—	22	22	—	1	1	—	23	23
Bread, biscuits, etc. ..	—	4	4	—	1	1	—	5	5
Flours and flour mixtures ..	—	18	18	—	—	—	—	18	18
Cakes and puddings ..	—	—	—	—	—	—	—	—	—
Canned or prepacked puddings ..	—	15	15	—	1	1	—	16	16
Cereals ..	—	16	16	—	—	—	—	16	16
Food flavourings and colourings	—	10	10	—	—	—	—	10	10
Food drinks and non-alcoholic beverages	—	21	21	—	1	1	—	22	22
Spices, sauces and condiments	—	61	61	—	4	4	—	65	65
Wines, spirits and other alcoholic beverages ..	4	1	5	—	—	—	4	1	5
Drugs (internal and external use) ..	—	12	12	—	—	—	—	12	12
Baking powders and raising preparations	—	2	2	—	—	—	—	2	2
Miscellaneous	—	4	4	—	2	2	—	6	6
TOTALS ..	445	467	912	40	22	62	485	489	974

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