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CITY OF NOTTINGHAM

ANNUAL REPORT

HEALTH SERVICES



1970

WILFRID H. PARRY

M.D., D.P.H., D.T.M. & H.
F.R.S.H.

Medical Officer of Health



CITY OF NOTTINGHAM

Ninety-eighth
Annual Report
of the
Health Services
1970

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

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HEALTH COMMITTEE

THE LORD MAYOR:
ALDERMAN DR. E. WANT, F.R.S.H.

CHAIRMAN:
COUNCILLOR A. G. RIBBONS, M.R.S.H.

VICE-CHAIRMAN:
COUNCILLOR D. C. BIRKINSHAW, J.P.

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COUNCILLOR A. G. WRIGHT

TOWN CLERK AND CHIEF EXECUTIVE OFFICER:
PHILIP M. VINE, M.A., LL.B.

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

SENIOR DEPARTMENTAL STAFF

Medical Officer of Health—

WILFRID H. PARRY, M.D., D.P.H., D.T.M. & H., F.R.S.H.

Deputy Medical Officer of Health—

ALBERT MARTIN, M.B., Ch.B., D.P.H. to 28.2.70

Senior Medical Officers—

L. ANN WILSON, M.D., B.Sc., D.P.H., D.C.H., F.R.S.H.

MARGARET W. SEYMOUR, M.B., Ch.B., D.P.H.

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

Chief Dental Officer—

N. H. WHITEHOUSE, B.Ch.D., L.D.S., D.D.H., D.D.P.H.R.C.S.
(Eng.)

Administrative Officer—

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

Chief Administrative Nursing Officer—

MISS P. M. MORTON, Dip.Soc.Stud., S.R.N., H.V., P.H.N.Admin.
Cert. from 1.1.71

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.B.A.S.W.



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Preface

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE

LADIES AND GENTLEMEN,

I have pleasure in presenting my report on the work of the Health Services Department for the year ended 31st December 1970.

The main epidemiological problem during 1970 was the unexpected measles epidemic in the spring and early summer and attributed to the fall in level of measles vaccination in 1969. Full details are given on page 14. A more difficult problem to solve was the occurrence of pulmonary tuberculosis at the men's lodging houses in the City and measures to ensure a more comprehensive medical coverage are outlined on pages 18 and 24. Infective hepatitis also presented a problem in 1970, one outstanding feature being the incompleteness of notification. Once again, Dr. Bittiner has drawn attention to the increasing rise in venereal diseases in Nottingham and on page 32 details are given as to the Health and Welfare Committee's measures to improve health education facilities as well as contact tracing. These proposals were fully endorsed by the Finance and General Purposes Committee.

It gives me great pleasure to welcome Dr. Ritson, Director of the Sheffield Regional Addiction Unit based on Mapperley Hospital, Nottingham, as a contributor on the problems of drug addiction in the City. At the time of writing, a most successful joint drug collection week has been concluded in the City and its neighbouring local authorities. Full details will be given in next year's report. Drug abuse is developing as a serious national problem and can only be curtailed by frank and complete co-operation by those concerned whether they be police, social workers, doctors or chemists.

Mention is made on page 37 of the introduction in 1970 of rubella vaccination for all 13 year old girls. It is pleasing to note that in that year the acceptance rate was 80%—this is an excellent vaccine with no side effects to the recipient, yet capable of protecting the future mother against the ravages of rubella virus on her unborn child. Details are also given of a Medical Research Council trial in Nottingham on the use of the Rivers attenuated smallpox vaccine in the protection of eczematous children.

Health Centres continue to prosper and a progress report on the detailed activities in this direction is given on page 39. The Hyson Green (Mary Potter) Health Centre has been an outstanding success and over the 12 months since its opening, the "marriage" of general practitioners and community health nurses has been very smooth. In his section on the Dental Services, Mr. Whitehouse refers to the development of community dentistry at this health centre. One looks forward, with eager anticipation, for those health centres either building or in the planning and/or approval stages to be completed and operational.

One major feature of the screening services was the drive to bring cervical cytology testing into factories and workshops in Nottingham (page 47). This was very successful, 2,255 women being examined in 1970 in this manner at their place of employment. Ten of these had positive smears which needed further attention. Cervical screening began in Nottingham 5 years ago and a brief review of the findings and associated difficulties during this period are given by Dr. Wilson in the main report. Of 17,142 women examined, 160 were referred for further pathological examination (a rate of 9.3 per 1,000) and 151 (94.3%) had definite malignant changes.

For the first time, there is on page 52 a detailed account of the battered baby syndrome as it affects the City and the liaison methods undertaken by the Health Department in association with hospital paediatricians, children's officers (Social Services Department) and family doctors to discover those cases of physical injury to babies or young children which appear to arise from parental brutality.

In 1970 the City had its first purpose-built 50 place day nursery since the war opened in Independent Street by Alderman Dr. Ernest Want, Deputy Lord Mayor, in an area of high immigrant density, as a result of a grant under Phase I of the Government's Urban Aid Programme. Two similar day nurseries, both under Urban Aid grants, are scheduled for construction. These three new nurseries will provide a nucleus of modern buildings together with the seven older nurseries for the increasing development of day care of children under 5 years.

Miss Morton, the new Chief Administrative Nursing Officer, has written a short introduction to the section on Nursing Services which outlines the reorganisation taking shape and the future aspirations of the combined nursing components. A silent but extensive revolution is taking place in the administration and working of the personal health services which will enhance its value to the community and enable an easier transition into an Area Health Board structure when unification of the National Health Services occurs on 1st April 1974.

For the last time, Mrs. Henshaw and Mr. Westmoreland have written their excellent contributions on the Home Help and Mental Health sections respectively to the Health Services Annual Report. Both sections, together with those of day nurseries and registration of child minders, were amalgamated with the Children's and Welfare Departments to form a new Social Services Department under the Social Services Act, 1970; the official date for this amalgamation being the 1st April 1971, but the Director of the Social Services Department wished to stagger taking over this administration and this was done from 1st January to 1st April 1971. All our good wishes for their future happiness and aspirations follow our recent members of staff who were so transferred.

The Minister of State for Social Services' consultative document on the Reorganisation of the Health Services has clearly indicated the future for local authority medical and personal health departments in a larger unified hospital and general practitioner

administration, whilst social services will remain with reorganised local authorities. Environmental health (including the public health inspectors) will remain with local authorities and their relation to the Medical Officer of Health (Community Physician) will require much thought and discussion. Already there is a real danger by splitting medicine and social welfare into two separate components with differing administrative structures that they will grow steadily and progressively apart to the increasing detriment of the patient. Only time will tell, but the fears are there and it will need great patience and understanding for this split not to widen and become unbridgeable.

Finally, it remains only for me to welcome Dr. Kenneth D. Mason, M.B.E., to his appointment as Deputy Medical Officer of Health from the 1st February 1971 and to express my warm appreciation of the support and advice given by the Health Committee and in particular Councillor A. Gilmour Ribbons in his first year as Chairman. He has had a difficult year in that he had a dual chairmanship—that of Health and the newly formed Social Services Committee—but his enthusiasm and vigour has been both refreshing and stimulating, especially in relation to the Ambulance Service in which he has a deep interest. In a difficult year of change, I have been sustained and supported by all members of the Health Department and in particular Mr. C. V. Tubb, the Department's Administrative Officer.

WILFRID H. PARRY,
MEDICAL OFFICER OF HEALTH.

HUNTINGDON HOUSE,
NOTTINGHAM,
NG1 3LZ

HEALTH REPORT 1970

Vital Statistics

VITAL STATISTICS

				1970	1969
Population	..	..	..	300,580	303,090
Area in Acres	..	..	..	18,364	18,364
No. of Marriages	..	..	..	2,787	2,521

LIVE BIRTHS

Legitimate	Males 2,109	Females 1,979	..	4,088	4,540
Illegitimate	„ 491	„ 434	..	925	911
„	births expressed as a percentage of all births			18.45	16.7
Total No. of Births	..	..	..	5,013	5,451
<i>Live Birth Rate</i> per 1,000 of population	..	..	..	16.68	18.0

STILLBIRTHS

Legitimate	Males 35	Females 32	..	67	71
Illegitimate	„ 5	„ 9	..	14	18
Total No. of Stillbirths	..	..	..	81	89
<i>Stillbirth Rate</i> per 1,000 live and stillbirths	..	..	..	15.90	16.0
Total No. of Live and Stillbirths	..	..	..	5,094	5,540

INFANT DEATHS	..	..	..	113	120
<i>Infant Mortality Rate</i> Total	..	..	..	22.54	22.0
„ „ „ legitimate births	..	..	..	21.53	23.0
„ „ „ illegitimate births	..	..	..	27.03	19.0
<i>Neonatal Mortality Rate</i> —first four weeks of life	..	..	..	13.37	14.0
<i>Early Neonatal Mortality Rate</i> —first week of life	..	..	..	11.77	12.0
<i>Perinatal Mortality Rate</i>	..	..	..	27.48	27.0

MATERNAL DEATHS (see page 45)	..	..	..	5	1
<i>Maternal Mortality Rate</i> per 1,000 live and stillbirths..	..	..	..	.98	.18

DEATHS AT ALL AGES

Males 1,964	Females 1,930	..	..	3,894	3,874
<i>Death Rate</i> per 1,000 of population	..	..	..	12.96	12.80

Analysis of Deaths from Birth to 5 Years*

<i>Registered Causes of Death</i>	<i>0—6 days</i>	<i>7—13 days</i>	<i>14—20 days</i>	<i>21—27 days</i>	<i>Total under 28 days</i>	<i>Total under 1 year</i>	<i>1 year</i>	<i>2 years</i>	<i>3 years</i>	<i>4 years</i>	<i>Total 1—4 years</i>
Prematurity	26	1	—	—	27	27	—	—	—	—	—
Congenital malformations ..	12	2	1	—	15	19	2	2	—	—	4
Birth injuries	9	—	—	—	9	9	—	—	—	—	—
Atelectasis ..	2	—	—	—	2	2	—	—	—	—	—
Haemolytic disease of the new-born ..	—	—	—	—	—	—	—	—	—	—	—
Bronchitis ..	—	—	—	—	—	7	1	—	—	—	1
Pneumonia, all forms ..	—	—	—	—	—	8	2	2	—	—	4
Other respiratory diseases and conditions	2	—	—	1	3	5	1	—	—	—	1
Gastro-intestinal infection including dysentery	—	—	—	—	—	8	1	—	—	—	1
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection	—	—	1	—	1	1	—	—	—	—	—
Leukaemia	—	—	—	—	—	—	1	—	1	—	2
Non-meningococcal meningitis	—	—	—	—	—	—	1	—	—	—	1
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasms	—	—	—	—	—	1	—	—	1	—	1
Abdominal emergencies	—	1	—	1	2	2	—	—	—	—	—
Accident											
(a) motor ..	—	—	—	—	—	—	1	—	—	—	1
(b) other ..	—	—	—	—	—	4	1	—	3	1	5
Suffocation	—	—	—	—	—	—	—	—	—	—	—
Other conditions	7	—	—	—	7	20	1	2	1	1	5
TOTALS	58	4	2	2	66	113	12	6	6	2	26

*Compiled from Local Registrars' Death Returns

Populations, Birth, Death, Infant and Maternal Mortality Rates

	<i>Estimated Population</i>	<i>Birth Rate</i>	<i>Death Rate</i>	<i>Infant mortality</i>	<i>Maternal mortality</i>
		<i>per 1,000 population</i>		<i>rate per 1,000 live births</i>	<i>total births</i>
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
70 ..	300,580	16.68	12.96	23	.98

*Borough boundary extension

†City boundary extension

Analysis of Deaths

	1970	1969	1968	1967	1966
TOTAL DEATHS ..	3,894	3,874	3,846	3,556	3,938
Deaths under 1 year	113	120	123	113	170
„ 1—4 years ..	26	24	47	29	21
„ 5—44 years ..	175	175	391	147	184
„ 45—64 years ..	871	911	682	850	912
„ 65 and over ..	2,709	2,644	2,603	2,417	2,651
<i>Causes of Deaths:</i>					
Ischaemic heart disease	735	714	736	545	626
Vascular lesions of nervous system ..	493	495	525	470	520
*Malignant and lymphatic neoplasms ..	394	380	357	350	336
Defined and ill-defined diseases—various ..	289	323	288	326	354
Bronchitis ..	265	312	278	263	365
Other heart disease ..	270	278	272	360	387
Pneumonia ..	269	258	246	209	252
Malignant neoplasm, lung, bronchus ..	226	194	220	207	184
*Circulatory disease ..	155	165	165	187	200
Accidents, other than motor vehicle accidents ..	92	104	97	80	91
Malignant neoplasm, stomach ..	87	91	93	91	66
Hypertension with heart disease ..	80	88	71	57	75
Malignant neoplasm, breast ..	75	69	69	52	58
*Diseases of respiratory system ..	76	56	60	34	39
Motor vehicle accidents	49	36	50	56	48
Congenital malformations ..	31	41	45	27	47
Suicide ..	33	38	45	36	37
Malignant neoplasm, uterus ..	42	31	39	32	31
Ulcer of stomach and duodenum ..	32	36	39	31	32
Diabetes ..	37	39	28	29	37
Influenza ..	57	27	24	8	50
All other external causes	15	16	18	3	5
Leukaemia, aleukaemia	19	17	18	22	13
Tuberculosis, respiratory	11	6	13	10	11
Gastritis, enteritis and diarrhoea ..	8	8	11	24	29
Nephritis and nephrosis	14	19	11	19	17
Hyperplasia of prostate	14	12	8	8	11
Other infective and parasitic diseases ..	5	6	7	8	9
Tuberculosis, non-respiratory ..	8	9	5	4	3
Syphilitic disease ..	5	2	4	3	3
Meningococcal infection	2	3	3	—	1
Pregnancy, childbirth, abortion ..	5	1	1	3	—
Acute poliomyelitis ..	—	—	—	—	—
Diphtheria ..	—	—	—	—	—
Measles ..	—	—	—	2	—
Whooping cough ..	1	—	—	—	1

*Not given otherwise in table

Nottingham Crematorium

The total number of cremations was 4,766, an increase of 155 over 1969. The tables compare the figures for 1970 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.

<i>All Cremations</i>			<i>Cremations of City Residents</i>		
<i>Year</i>	<i>No.</i>	<i>Alteration from previous year</i>	<i>No.</i>	<i>Alteration from previous year</i>	<i>Percentage of all City deaths</i>
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%
1970 ..	4,766	+ 3.4%	2,426	+ 1.3%	62.30%

CREMATION AND RESIDENCE

<i>Place of Residence</i>			<i>Number of Cremations</i>				
			1970	1969	1968	1967	1966
City .. ..	..	..	2,426	2,395	2,282	2,118	2,209
County excluding West Bridgford ..	..	..	1,740	1,623	1,552	1,385	1,492
West Bridgford ..	..	..	295	235	268	247	251
Other areas ..	..	..	305	358	366	358	402
TOTAL .. ..	..	..	4,766	4,611	4,468	4,108	4,354

Department of Health and Social Security Sickness Return

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

<i>Average Number of sickness claims per week</i>						
		1970	1969	1968	1967	1966
January	..	3,374	2,175	2,450	1,848	2,720
February	..	1,611	1,957	1,980	1,592	2,517
March	..	1,452	2,028	1,889	1,297	1,571
April	..	1,472	1,451	1,180	1,403	1,359
May	..	1,199	1,311	1,282	1,224	1,185
June	..	993	1,242	1,140	1,159	1,199
July	..	1,096	1,219	1,224	1,174	1,215
August	..	1,046	1,146	1,177	1,074	1,094
September	..	1,279	1,373	1,294	1,355	1,225
October	..	1,509	1,493	1,609	1,513	1,580
November	..	1,147	1,509	1,616	1,556	1,617
December	..	948	1,992	1,326	1,483	1,648

Population

The Registrar General's estimate of the population of the City of Nottingham was 300,580 on 30th June 1970, a decrease of 2,510 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 5,013 a decrease of 438 over last year giving a rate of 16·68 per 1,000 population as compared with 18·0 for the previous year. The estimated birth rate for England and Wales for 1970 was 16·00 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.

Year	Live Births			Illegitimate Live Births		
	Nottingham	Rate	England and Wales	Nottingham	% of Total	England and Wales
			Rate			% of Total
1956	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	16.70	8.0
70	5,013	16.68	16.0	925	18.45	8.3

Stillbirths

After adjustment for inward and outward transfers stillbirths numbered 81 producing a rate of 15.90 per 1,000 total births as compared with 89 with an equivalent rate of 16.0 in 1969. The comparable rate for England and Wales was 13.0 per 1,000 births. An analysis appears in the table on page 127.

Infant Mortality

Deaths of infants under one year numbered 113, the infant mortality rate being 22.54. The rate in 1969 was 22.0 per 1,000 live births. Of the 113 infant deaths, 25 were of illegitimate children, 17 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 1961-1970.

Infant Mortality — Nottingham and England & Wales 1961—1970

Year	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	
			Nottingham	England and Wales
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
1970	21.53	27.03	22.54	18.0

Neonatal Mortality

There were 67 deaths of infants during the first four weeks of life, giving the neonatal mortality rate of 13.37 per 1,000 live births as compared with 14.0 in 1969. The rate for the country as a whole was 12.0 per 1,000. An analysis appears in the table on page 126.

Perinatal Mortality

Still births and deaths of infants under one week numbered 139 resulting in a perinatal mortality rate of 27.48 per 1,000 total births. In 1969 the rate was 27.0.

Maternal Mortality

5 deaths were registered during the year compared with only one in 1969. Details are given on page 45.

Deaths

There have been 3,894 deaths registered during the year. The death rate from all causes was 12.96 per 1,000 population as compared with a rate of 12.80 in 1969. Of the total deaths 69.56% were of persons aged 65 years and over. The death rate for England and Wales in 1970 was 11.7 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 1961-1970 are shown below.

Deaths by Separate Age Groups 1961-1970

Age	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Under 1 year ..	161	154	164	144	165	170	113	123	120	113
1-4 years ..	17	17	23	24	22	21	29	24	24	26
5-44 years ..	199	173	185	205	175	184	147	165	175	175
45-64 years ..	913	850	848	859	881	912	850	931	911	871
65 and over ..	2,559	2,623	2,547	2,372	2,413	2,651	2,417	2,603	2,644	2,709
TOTAL DEATHS	3,849	3,817	3,767	3,604	3,656	3,938	3,556	3,846	3,874	3,894

Marriages

There were 2,787 marriages during the year, the marriage rate being 18.5 compared with a rate of 16.6 in 1969.

EPIDEMIOLOGY

BY

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

Senior Medical Officer

Infectious Diseases

Observation of the pattern of infectious diseases occurring in Nottingham and the investigation of individual cases and outbreaks have continued during 1970, and thanks are expressed to Dr. Mitchell and Dr. Lewis of the Public Health Laboratory and to Dr. Don at Heathfield Hospital for their help and collaboration. In July, Dr. Don kindly agreed to forward a copy of each patient's discharge letter and this arrangement has proved invaluable for providing relevant information and in enabling follow-up visits to be made by the health visitors.

The table below shows the statutory notifications for 1970 and figures of the previous four years for comparison.

NOTIFIABLE DISEASES 1966-1970

<i>Notifiable Disease</i>	1970	1969	1968	1967	1966
Acute encephalitis:					
infective	3	1	4	3	11
post infectious	2	10	4	5	2
Acute meningitis	18	19	9	1	6
Acute poliomyelitis					
paralytic	—	—	—	—	—
non-paralytic	—	—	—	1	—
Cholera	—	—	—	—	—
Diphtheria	—	—	—	—	—
Dysentery	98	60	74	50	141
Food poisoning	42	24	23	30	36
Infective jaundice(a)	81	44	33	—	—
Leprosy(b)	—	—	1	1	—
Malaria	1	—	3	—	—
Measles	3958	330	1380	3509	2389
Ophthalmia neonatorum	2	—	3	3	1
Paratyphoid fever	—	1	—	—	1
Scarlet fever	79	37	88	148	133
Smallpox	—	—	—	—	—
Tetanus	—	—	—	—	—
Tuberculosis	117	112	121	140	128
Typhoid fever	—	2	1	—	—
Whooping cough	112	28	109	157	183

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

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

ACUTE ENCEPHALITIS

There were 5 cases of acute encephalitis notified during 1970 of whom 4 died. A youth aged 19 made a good recovery from an acute

meningo-encephalitis following mumps. The supervision of encephalitis caused the death of a 3 year old boy with whooping cough.

The three cases of infectious encephalitis all died; a baby aged 18 months, a boy aged 4 years and a boy aged 6 years.

ACUTE MENINGITIS

18 cases of acute meningitis were notified and there were 3 deaths. Meningitis due to *escherichia coli* supervened in a woman aged 48 suffering from pyelonephritis. A baby aged six weeks died from a streptococcal meningitis and a virus, not identified, was responsible for the death of a 2 year old boy.

The other 15 cases of meningitis recovered. Four were due to *neisseria meningitidis* in children. There were four cases of virus meningitis occurring in adults and children and in one of these a coxsackie type 5B5 virus was identified. Three children under 2 years of age were infected by *haemophilus influenzae*. One case of pneumococcal meningitis was notified and no causal organism was identified in the remaining three cases.

ACUTE POLIOMYELITIS

There has been no case of poliomyelitis reported in the city since 1967.

CHOLERA

In September 1970, as a result of the rapid extension westwards of cholera from Middle Eastern countries, the Department of Health and Social Security introduced a 5-day surveillance period for travellers arriving from countries affected by cholera. No cases notified for surveillance occurred in the City.

DIPHTHERIA

No cases of diphtheria were notified during the year.

DYSENTERY

During the year, 98 cases of dysentery were identified. *Shigella sonnei* was the causal organism in 82 cases consisting of two outbreaks and 30 sporadic cases; the remaining 16 cases were due to *shigella flexneri* type 3A.

Children's Hospital

An outbreak of sonnei dysentery was reported in the Children's Hospital in January. An isolated case of dysentery had occurred in a child who was admitted to the E.N.T. ward on 16th January. She was transferred to Heathfield hospital on 21st January, and subsequent screening of the staff and other children in the ward revealed no further cases. One week later, five children in the medical ward developed dysentery. Admissions to the ward were

stopped, and examinations showed six more cases among the remaining children and eight amongst the nurses of the ward who were all kept off duty until they had been cleared. No new cases were identified after the end of January.

Junior Training Centre

The Junior Training Centre experienced a mild outbreak of sonnei dysentery in May. A total of 33 cases represented an incidence of 15% amongst children and staff. On 1st May, a child who had been sent home the day before with symptoms of diarrhoea was reported to be bacteriologically positive for sonnei dysentery. Six days later, two more children were found to be positive and seven more on 12th May. At this stage, further children developing symptoms of enteritis were considered to be clinical cases of dysentery and were excluded from the centre until after the half-term break of a week at the Spring holiday. General practitioners were informed. By 22nd May there were thirty-two children and one member of staff who had experienced symptoms, and ten of these had been identified bacteriologically as suffering from sonnei dysentery. When the centre re-opened after the holiday on 1st June, four children returned still with mild symptoms of enteritis but were again excluded until bacteriologically negative. The outbreak was contained and there were no further cases.

Flexner Dysentery

An outbreak of *shigella flexneri* type 3A involving 15 cases of whom 11 were admitted to hospital occurred in February and is of interest. A further sporadic case was identified as a result of the investigations carried out. During the first week of February, four cases suffering from *shigella flexneri* type 3A were admitted to Heathfield hospital from one household in the city centre. The address was in the same street where a chance isolation of *shigella flexneri* type 3A had been made six months previously from the stools of a symptomless immigrant girl aged 11. No known link could be established with this case. During the following week five more cases were admitted to hospital from an address on the Broxtowe Estate, making nine cases in all.

Investigation led to the discovery of three more cases and the information that the members of these two households were related and constantly visited one another. General practitioners in these two geographically separate areas were informed of the outbreaks and asked to assist in the investigation of them by notifying the department of any known cases of diarrhoea in their practice. There were ten such notifications during the next three weeks and four more cases were identified in a further three households, two of which were in the same road as the family already involved in Broxtowe. The fourth case occurred in a child living elsewhere in the city, with no known connection with the families in the other two areas.

ENTERIC FEVER

There were no cases identified of either typhoid or paratyphoid fever in the city during 1970.

"Holiday typhoid" and contacts of Enteric Fever

During the 4-month period from July to October, notifications were received from the Department of Health and Social Security or from medical officers of health in other local authorities of contacts of cases who had contracted typhoid or paratyphoid fever while on holiday abroad. In Nottingham, 29 individuals from 13 households who had been to Spain or France were involved. No cases of enteric fever were disclosed as a result of bacteriological examination. *Salmonella oranienburg* was isolated from the stools of a girl aged 18 who had been to Benidorm, Spain, in July.

Screening of employees in the Water Department

It is recommended in the Ministry of Housing and Local Government's circular 51/67 and memorandum entitled "Safeguards to be adopted in the Operation and Management of Waterworks" that employees in the Water Department whose work involves the purity of the water supply should be screened every three years in order to detect unsuspected enteric fever infection. These examinations were first carried out in 1968 and arrangements were accordingly made in December 1970 to commence screening again early in the New Year. There are approximately 240 employees who will be submitting blood samples for Widal testing, followed by examination of stool specimens for enteric organisms if this should prove advisable.

FOOD POISONING

A total of 42 cases of food poisoning were notified during the year, of which 40 were due to salmonellosis, and 2 were staphylococcal.

Salmonella typhimurium

13 sporadic and unconnected cases were identified. *Salmonella typhimurium* was isolated from the stools of a man aged 56 who died in hospital with ulcerative colitis.

Salmonella panama

17 cases infected with *salmonella panama* were notified from May to September. Two of these were asymptomatic cases discovered in the General Hospital as a result of screening contacts of a patient admitted from the County. There was no connection established between the other 15 cases, but from information received from the Public Health Laboratory, it appeared that *salmonella panama* infection was endemic in the City and County during the summer months.

Other sporadic cases

There were isolated cases of *S. eppendorf*, *S. weltebreben*, *S. enteritidis*, *S. agona*, *S. infantis*, *S. oranienburg*, *S. heidelberg*, *S. muenchen*, and one untyped.

Staphylococci

A man and wife experienced symptoms of severe sickness and diarrhoea within 6 hours of eating *pâté de maison* in a restaurant and presented a clinical picture of staphylococcal food-poisoning although no organisms were isolated from their stools. The presence of *staphylococcus aureus* was found in a sample of the *pâté* examined. No carriers were detected amongst the staff of the restaurant but the refrigerator was found to be defective.

INFECTIVE HEPATITIS

Full details are given by Dr. C. F. J. Lyall on page 29.

LEPROSY

There is one case of leprosy remaining in Nottingham, who is an Indian woman notified in 1968. No other cases have been reported during the year, although an immigrant arrival from Kenya on 2nd December 1970, was diagnosed in early January as suffering from leprosy. The lesions consisted of nodular swellings on the limbs, two ulcers, and pale depigmented patches on the back. Biopsy of the ulcers confirmed the diagnosis, and the condition is expected to respond well to treatment with dapsone on an out-patient basis.

LEPTOSPIROSIS

No case has been reported in Nottingham since this disease became notifiable in October 1968.

MALARIA

One case of malaria was reported in a woman from Pakistan who was admitted to hospital with a pyrexia of unknown origin. No malarial parasites were seen, but the diagnosis was deduced from a previous history of malaria and the patient's dramatic response to antimalarial therapy.

MEASLES

The dramatic fall in the incidence of measles during 1969 which was attributed to the effectiveness of widespread measles vaccination since 1968 was unfortunately not maintained in 1970 when an unexpected epidemic occurred. A total of 3,958 cases were reported for the whole year. Over a 32-week period (February to August 1970) 3,933 confirmed cases of measles were notified in the city, the

majority (3,141) occurring in the second quarter period (April to June). 1,982 were males and 1,951 were females and the comparative age groupings are shown in the table. 2,284 (58·1%) were under the age of five and only 72 (1·8%) were aged ten or over, a pattern of infection similar to that experienced in 1963 and 1967 when 2,205 (57·2%) and 2,210 (63%) were under the age of five in the respective years. The peak of the epidemic was reached in the last week of May when 372 cases were notified, and continued at approximately the same level for three weeks before a progressive fall was observed. (figure 1) Forty-six children were admitted to isolation hospital and ten of these, eight of whom were under the age of five years, had bronchopneumonia. One child had croup and another had very severe laryngitis. None gave a history of previous measles vaccination. No cases of encephalitis or otitis media were reported and there were no deaths despite the overall infectivity of the epidemic.

The immunisation records of all the notified cases were checked, and only 31 (0·8%) of those occurring during the outbreak had a history of previous measles vaccination. Visits to the relevant households revealed that seven of these children had been vaccinated within 14 days of the onset of measles. The remainder had time intervals ranging from 19 days to 2 years. Only one of these cases, a boy of 18 months vaccinated three months prior to his measles, had a severe infection. The remainder were judged to be mild cases.

Figure 2 compares measles notifications for the 10-year period 1960 to 1970, while figure 3 gives measles notifications per 100,000 population in Nottingham compared with England and Wales in 1970. During the last decade in Nottingham the average number of notified cases of measles in epidemic years prior to the introduction of measles vaccination has been 4,824, whilst a similar average for interepidemic years has been 1,248. The sharp rise in measles in the second quarter of 1970 (79·3% of the years' total) showed a more rapid rise and fall compared with previous epidemics (figure 2) and occurred despite the fact that it was a non-epidemic year. There had been a fall in measles vaccinations from 4,068 in 1968 to 2,902 in 1969 as a result of adverse publicity related to the Beckenham—31 strain of measles vaccine temporarily withdrawn by the Department of Health and Social Security. Nevertheless, 1,752 measles vaccinations were carried out in the first six months of 1970 with no apparent effect on the progress of the epidemic, and it appears that there were still enough susceptible individuals remaining in the population for epidemic spread to occur. It is of interest to note that in spite of the apparent overall infectivity of the clinical illness only 46 (1·1%) were admitted to hospital and only 12 (0·03%) were known to sustain complications. No cases of encephalitis or otitis media were reported and there were no deaths. A possible explanation may be the widespread use by general practitioners of antibiotics at an early stage in the disease.

An account of this epidemic of measles was published in the *Medical Officer*, 11th December 1970. (See list of departmental publications on page 124).

Age groups	TABLE <i>Comparative age groups 1970 measles epidemic</i>									Age unknown	Totals
	0—	1—	2—	3—	4—	5—	10—	15—	25+		
1st Quarter	18	39	39	35	42	158	4	1	—	8	344
2nd Quarter	145	372	424	436	448	1,215	43	15	—	43	3,141
3rd Quarter	26	53	74	64	69	143	6	3	—	10	448
TOTALS	189	464	537	535	559	1,516	53	19	—	61	3,933

Notifications of Measles in Nottingham 1970



FIG. 1

Notifications of Measles in Nottingham 1960-1970

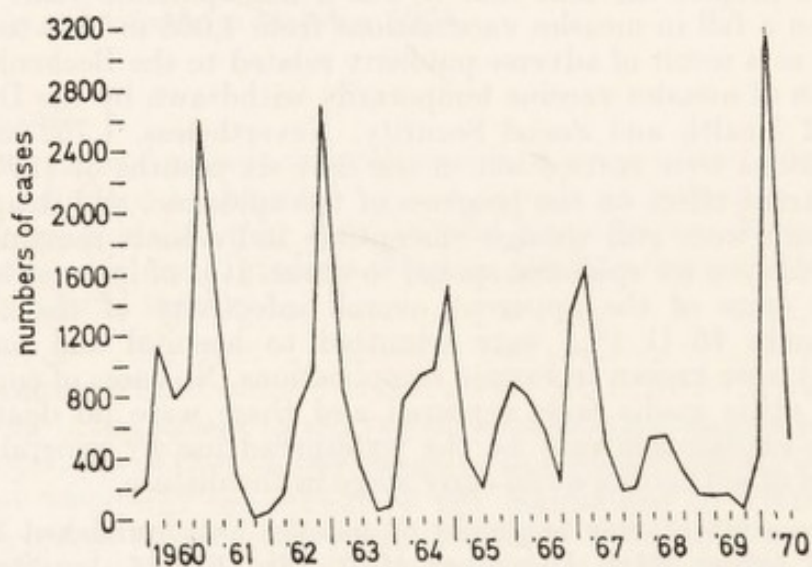


FIG. 2

**Measles notifications per 100,000 population;
Nottingham compared with England and Wales**

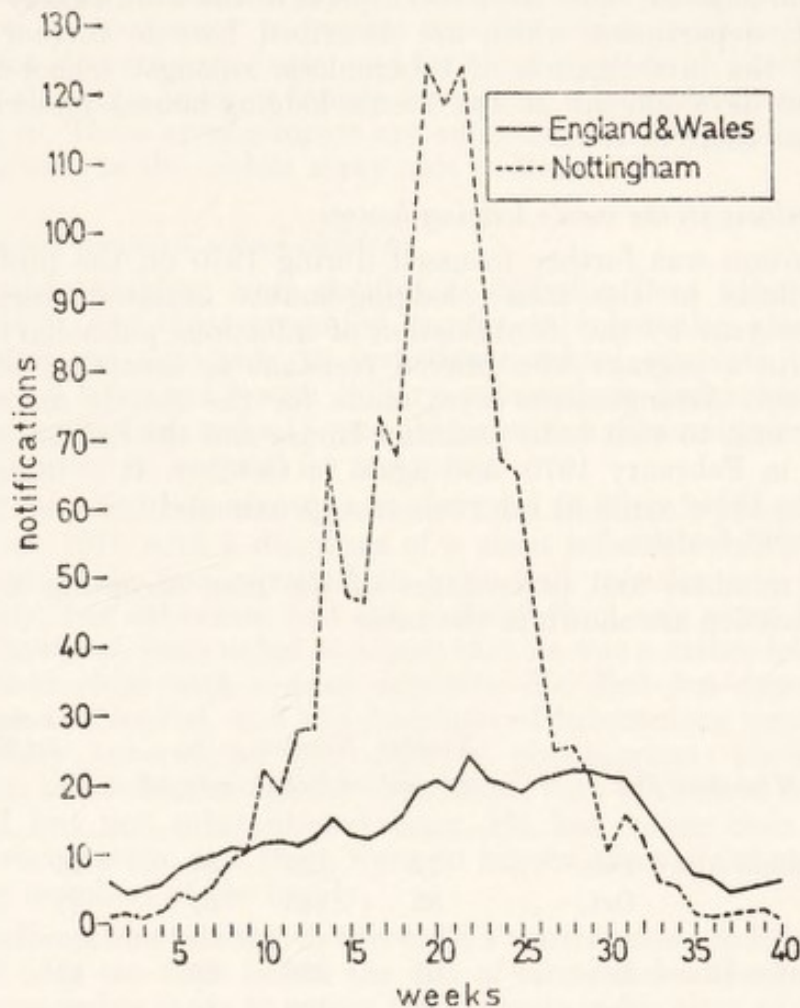


FIG. 3

SMALLPOX

No cases of smallpox were notified during the year.

TETANUS

The mortality figures for this disease which used to carry a high fatality rate, have never been an indication of its true incidence, especially in recent years since the introduction of improved techniques in its treatment. Widespread active immunisation with tetanus toxoid of children and vulnerable groups in the community as a relevant factor in the prevention of tetanus is difficult to assess as it was not made a notifiable disease until October 1968. No cases have ever been notified in Nottingham although the hospitals serve a population of approximately 700,000. However, this follows the national trend reported by the Department of Health and Social Security in 1969, when the number of cases (19) notified for England and Wales equalled the number of deaths recorded.

TUBERCULOSIS

Complementary to Dr. Crowther's report on tuberculosis to be found on page 24, there were two aspects of the work closely involving this department which are described here in further detail, namely the investigation of tuberculosis amongst school-children and the development at the men's lodging-houses following the incidents there in 1969.

Tuberculosis in the men's lodging-houses

Attention was further focussed during 1970 on the problem of tuberculosis in the men's lodging-houses initiated during the previous year by the identification of infectious pulmonary tuberculosis in a vagrant who proved resistant to accepting adequate treatment. Arrangements were made for the mobile mass radiography unit to visit both Sneinton House and the Salvation Army Hostel in February 1970, and again in October. It is intended to continue these visits at intervals of approximately six months as a permanent feature.

The numbers and percentages of the men accepting x-ray on each occasion are shown in the table.

<i>Miniature film</i>			<i>Number x-rayed</i>	<i>Number at Hostel</i>	<i>% x-rayed</i>	<i>x-rayed 1st time</i>	
						<i>No.</i>	<i>%</i>
Salvation Army	Feb.	..	72	125	57	46	64
	Oct.	..	83	145	57	27	33
Sneinton House	Feb.	..	61	230	26	43	70
	Oct.	..	53	120	44	28	53

Two active cases of pulmonary tuberculosis were identified at each visit, and admitted to hospital for treatment. Although the percentage of men accepting chest x-ray remains low, the figures for October showed an improvement over those obtained in February. The results were lower still in 1966, the last time when the mobile unit visited, when 14% were x-rayed at Sneinton House, and 18% only at the Salvation Army Hostel. It is hoped that this gradual but steady rise in the acceptance rate will continue.

In addition to those x-rayed at the visits of the mobile x-ray unit to the hostel, a further batch of 26 men from Sneinton House accepted chest x-ray in July 1970, as a result of the sudden collapse and death of a 64 year old resident there. He had flatly refused his opportunity of chest x-ray when the mobile unit had visited the hostel in February, and post-mortem examination revealed that he had died from tuberculous bronchopneumonia. A further two cases of active pulmonary tuberculosis were identified in the group of 26 men who consented to attend for chest x-ray.

In January 1970, Sneinton House was transferred to the management of the Housing Department, and agreement was reached during the year for chest x-ray at 6-monthly intervals to be made a condition of occupancy of special cubicles which were to be upgraded for long-stay residents, and for chest x-ray to be encouraged for men staying a week or longer, by issuing a letter to them when booking in. These arrangements are expected to be implemented at the next visit of the mobile x-ray unit in March 1971.

Tuberculosis amongst school-children

Ten school-children were notified as suffering from tuberculosis during 1970, and these presented mostly as tubercular glands. It was considered advisable to investigate school contacts in two instances: a boy aged 5 with miliary tuberculosis and tuberculous meningitis who died, and a 17 year old girl with a minimal pulmonary lesion admitted to hospital for treatment.

The 5 year old boy was admitted to the Children's Hospital on 22nd June 1970 with a diagnosis of a chest infection and possible encephalitis. He was reported to have had measles one month previously, but otherwise had not suffered from any overt illness. It had, however, been noted at school that he was a rather lethargic and listless child with a poor appetite. He died ten days after admission to hospital, and the diagnosis of tuberculous meningitis and miliary tuberculosis was made at post-mortem; there were numerous tubercles throughout both lungs, with cavitation initially reported but not substantiated later. He had never been given B.C.G. vaccination, and there were no known cases of tuberculosis amongst members of the family.

The information relating to this child's tuberculous condition was received only ten days before the end of term, and when arrangements were being made to screen the contacts in his class at school, it came to light that he had been a pupil at three different schools during the nine months preceding his death; one of these was a nursery school where most of the contacts had since dispersed. It proved possible, however, to carry out and read a Heaf-test on all the relevant children before the schools closed, except for absentees who were given appointments at Forest Dene Chest Clinic during August. In one school, the whole infant section was involved as the classrooms were interconnected, besides being cramped and crowded. A total of 350 school-children altogether were screened by means of Heaf-testing and chest x-ray where necessary. Members of staff attending for x-ray of the chest totalled 25. A further 58 children who were possible contacts in the Children's Hospital over the relevant period attended Forest Dene for tuberculin testing. No further cases of tuberculosis were identified amongst these 408 children and 25 adults investigated.

Twenty five members and friends of the family were checked. The child's mother was found to have a small lesion in the right lung with sputum negative on direct smear, but positive on culture and she was given treatment on an ambulant basis. She was not

considered to be the index case. An older brother had a strongly positive tuberculin reaction with enlarged hilar glands on chest x-ray and was given prophylactic chemotherapy. The other members of the family were all clear.

The source of the infection was thought possibly to be a neighbour when the family had been living at a previous address in another area of Nottingham until the beginning of June 1970. This neighbour was a known quiescent case of tuberculosis, but unfortunately refused to attend for a check x-ray of the chest.

The second case occurring in a school-child during 1970 was identified in a girl aged 17 who attended the mass miniature radiography unit as a volunteer. A small pulmonary tuberculous lesion was observed and she was admitted to hospital for treatment. Screening of 54 contacts amongst pupils at school and 12 teachers revealed no further cases. The source of the infection was not discovered.

The last occasion when investigation of school contacts revealed further cases occurred in 1957, when a boy aged 9 with a cavitated pulmonary lesion was identified, and thirteen other cases were discovered in his class. Since then, there have been five children whose condition prompted further investigations, in addition to the two carried out this year, all with negative results.

Tuberculosis Quarterly Liaison Meeting

This meeting which is attended by personnel from the Health Department and Chest Clinic was held three times during the year at Forest Dene, when matters of mutual interest and importance were discussed. In October it was decided that three meetings a year were sufficient and that the scope of the discussion should be broadened to include chest diseases besides tuberculosis.

WHOOPING COUGH

Notifications were received for 112 cases of whooping cough, all occurring in children. The ages ranged from 2 months to 9 years. 17 (15.2%) were aged under one year, and 43 (38.3%) were 5 years old or more. A 3 year old boy died in hospital from post-pertussive encephalitis. He had received a full primary course of triple antigen in his first year of life, and a booster dose when aged 15 months. Of the 112 cases identified 20 (17.9%) had a history of previous vaccination.

SCABIES

During 1970, cases of scabies have continued to be notified to this department for supervision of their treatment by health visitors, with the emphasis on the identification and simultaneous treatment of all cases in a household to prevent re-infection. After discussion with Dr. D. I. McCallum, consultant dermatologist, all general practitioners were informed in April of these existing arrangements and since then a number of family doctors refer their cases for supervision. Arrangements were also made for each welfare centre to hold a small supply of antiscabetic preparations to enable prompt treatment to be instituted when the patient had delayed in obtaining a prescription.

Whooping Cough 1970

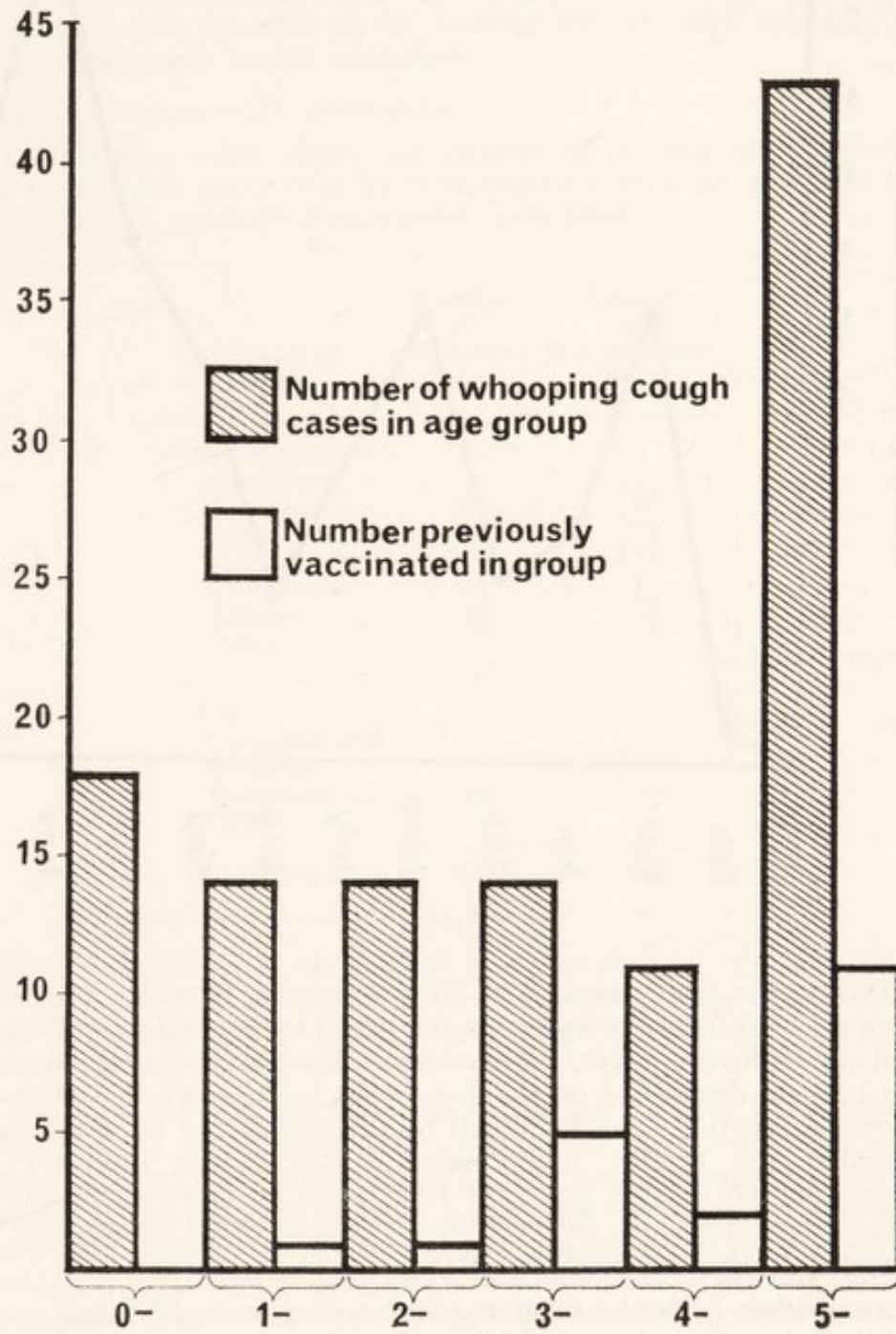


FIG. 1

Whooping Cough 1970

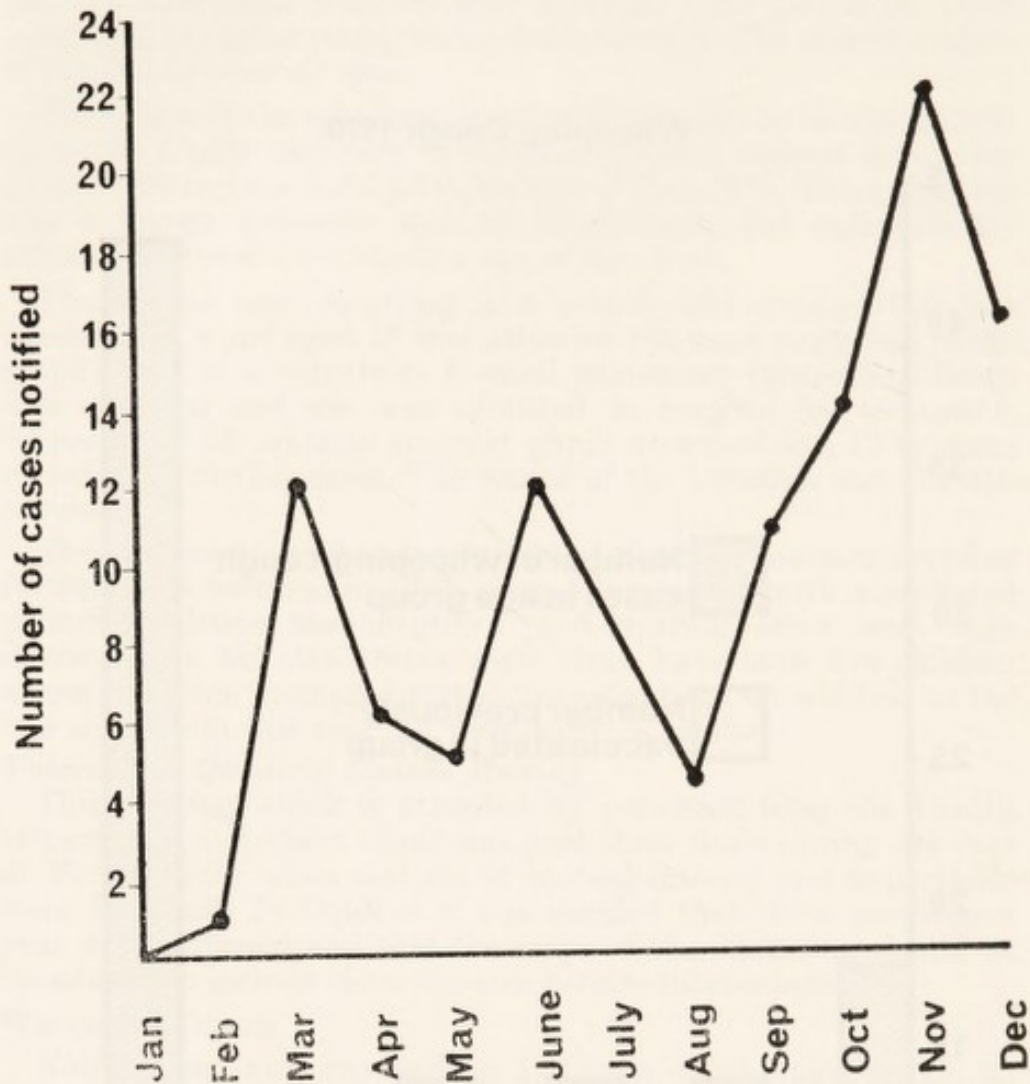


FIG. 2

During the year, there were 83 index cases, of which 38 (46%) were referred from the hospitals, 33 (40%) by general practitioners, and one by his employer. One case was self-referred, and the remaining 10 were discovered on the district by health visitors during the course of visiting. The follow-up by visiting of the 83 index cases revealed 190 further individuals affected. These numbers are approximately double those for 1969 when 38 index cases and 98 others were identified. General practitioner referrals account for the majority of the increased numbers.

As in 1969, no bath or running hot water were to be found in one third of the affected households.

Of the households affected, 25 (30%) were located in Sneinton, 13 (16%) in Bilborough and Aspley, 10 (12%) in the Meadows and 9 (11%) in the central area of the City. There were 7 cases in each of the areas Radford and Edwards Lane.

In addition to the 273 cases described above, a further 122 infections were reported by the School Health Service occurring amongst school children, making a total of 395 known cases identified during 1970, compared with 275 in 1969.

A copy of the memorandum entitled "*Scabies*" issued by the Department of Health and Social Security in December 1970 was supplied to each member of the nursing services, and copies also given to the public health inspectors.

HEALTH OF LONG-STAY IMMIGRANTS

The following table shows the number of notifications received from port health authorities in 1970, together with the countries of origin and the number of successful visits made.

<i>Country of origin</i>	<i>Number of notifications received</i>	<i>Number of first successful visits</i>
<i>Commonwealth countries:</i>		
Caribbean ..	109	96
India ..	85	63
Pakistan ..	217	176
Other Asian	21	17
African ..	46	33
Other ..	11	9
<i>Non-Commonwealth countries:</i>		
European ..	17	10
Other ..	3	—
TOTAL ..	509	404

These numbers show an increase in immigrant arrivals compared with 1969 when 425 were notified to this department. The increase occurs from all Commonwealth countries except India but mainly in those from Pakistan which numbered 43 more than in 1969.

In accordance with the Commonwealth Immigrants Act of 1968, notification of conditional entry was received in respect of one woman aged 21 years from Pakistan who had shown a few small opacities at the left apex on chest x-ray. She was visited in Nottingham within two days of her arrival, and discovered to have enlarged glands in the left side of neck and axilla and an enlarged left epitrochlear gland. These were found to be tuberculous with caseation and she was admitted to hospital for treatment.

During the course of visiting immigrants the Tuberculosis visitors have been finding several individuals whose arrival in the country has never been notified by the immigration authorities, and these totalled 10 for 1970.

The case of leprosy mentioned on page 14 was identified in an unnotified arrival from Kenya in December.

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.

		1970	1969	1968	1967	1966
IMMIGRANT NATIONALITY						
Chinese	..	1	—	—	—	—
Asian	..	25	19	38	35	34
West Indian	..	4	7	1	1	5
European	..	2	—	10	2	5
African	..	—	1	—	—	—
Eirean	..	7	1	3	2	5
TOTAL	..	39(1)	28 (9)	52 (8)	40 (1)	49 (13)
NON-IMMIGRANT TOTAL						
	..	78	66	84	89	80

These figures follow the pattern observed over the years with tuberculosis developing in 34 of the 39 immigrants notified after being resident in the country for two years or more.

The School Health Service continues to screen immigrant children for worm infestation at the school entry medical examination by examination of stool specimens. During 1970, 17 cases of hookworm (ankylostomiasis) were identified, two of which were also infected with roundworm (ascariasis) and six with whipworm (trichuriasis). There was one further case of roundworm, seven of dwarf tapeworm (hymenolopsis nana) and four of whipworm making 29 cases altogether. Screening for sickle cell anaemia and thalassaemia prior to dental anaesthesia also continues.

Chest Diseases

BY

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Consultant Chest Physician

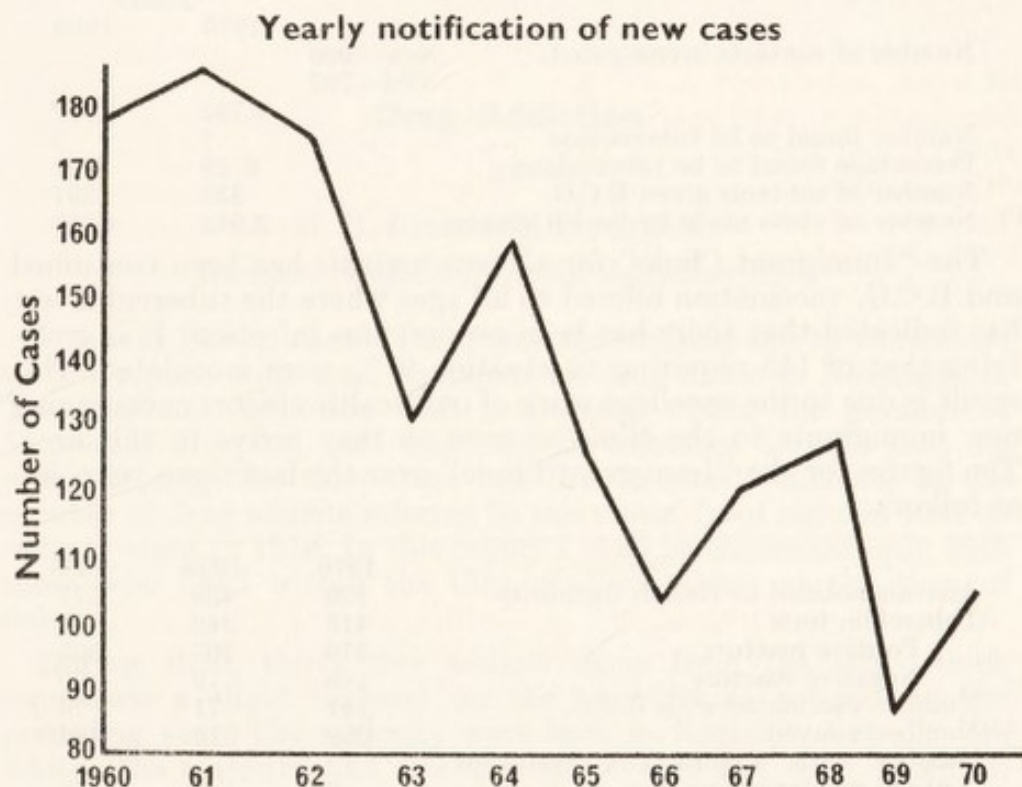
After the encouraging fall in notifications of tuberculosis last year, it is disappointing to report that the number of pulmonary cases notified in 1970 was 102 as against 85 in 1969. Non-pulmonary cases were 15 making an overall total of 117 against 112 in 1969. The increase was due to the greater number of cases in immigrants (see below). The trend over the last 10 years is shown on Graph I.

Analysis of the ages of new notifications over the last 5 years shows a steady shift of the maximum incidence to the older age groups especially in males. It seems that disease often contracted in early life, unknown and symptomless, is contained though not completely healed by the body's natural power of resistance. This resistance mechanism tends to break down in old age and the dormant disease is re-activated. Hence the increasing number of cases being found in geriatric wards where the medical staff are now alert to the problem and with whom we have a close liaison.

The problem of tuberculosis in males living at the two hostels in the City still presents a challenge. With the co-operation of the mobile x-ray unit, two visits were paid to Sneinton House and the Salvation Army Hostel in February and October. Two active cases were detected on each visit and transferred to hospital for treatment. The unit plans to visit these hostels at six-monthly intervals and in between these visits attempts will be made to encourage new arrivals to attend for an immediate chest x-ray.

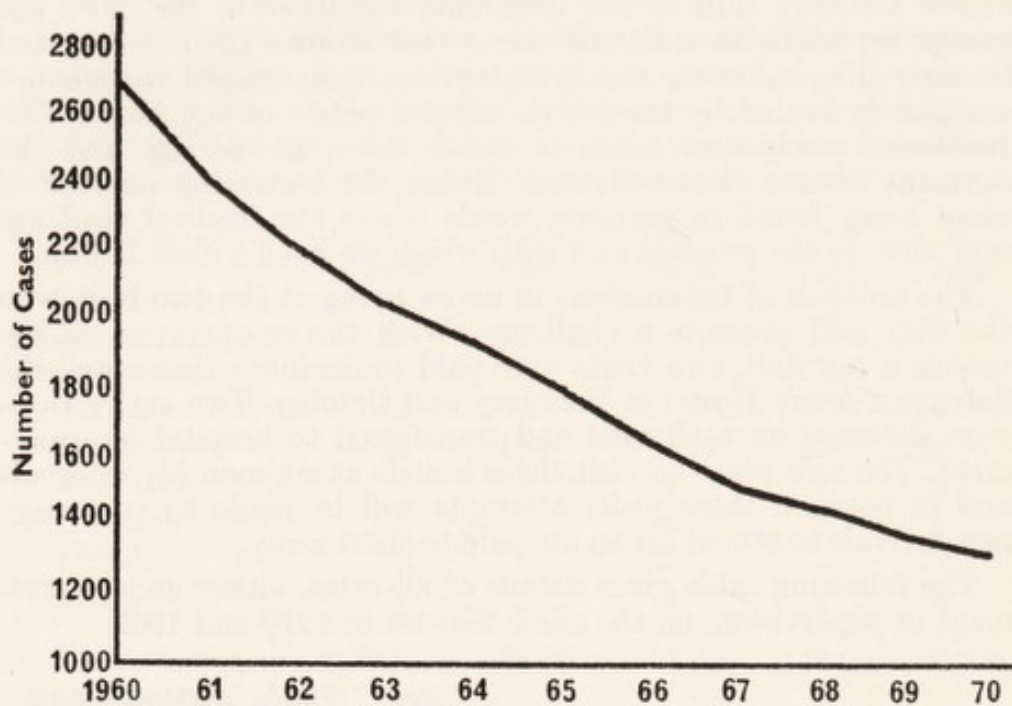
The following table gives details of all cases, either under treatment or supervision, on the clinic register in 1970 and 1969.

				<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
Pulmonary	..	..	1970	568	620	127	1315
			1969	600	644	129	1373
Non-pulmonary	..	..	1970	30	90	28	148
			1969	36	92	26	154



GRAPH 1

Cases of Pulmonary Tuberculosis on clinic register



GRAPH 2

Graph 2 also shows the steady diminution in numbers on the clinic register over the last ten years.

Examination of Contacts.

		Totals	
		1970	1969
Number of contacts investigated:	New—996 Old—797		
	—	1,793	1,912
Number found to be tuberculous ..	..	7	5
Percentage found to be tuberculous ..	..	0.39	0.26
Number of contacts given B.C.G. ..	..	337	397
Number of visits made by health visitors ..	..	2,942	4,257

The "Immigrant Clinic" for all new arrivals has been continued and B.C.G. vaccination offered to all ages where the tuberculin test has indicated that there has been no previous infection. It is gratifying that of 145 requiring vaccination 97% were inoculated. This result is due to the excellent work of our health visitors encouraging new immigrants to the clinic as soon as they arrive in this area. The figures for the "Immigrant Clinic" over the last three years are as follows:

	1970	1969	1968
Arrivals notified to Health Authority ..	529	438	577
Tuberculin tests	416	348	415
Positive reactors	270	267	303
Negative reactors	145	79	90
Number vaccinated with B.C.G. ..	141	71	76
Number x-rayed	259	319	382
Number with abnormal x-rays kept under regular supervision	6	9	10

This year the notified cases of tuberculosis in immigrants rose to 38 (one child born in this country) from 19 in 1969. However, no active case was found in any of the new arrivals.

Although the number of tuberculous cases are steadily declining, this does not mean that the clinic work is diminishing. The fall in tuberculous cases is more than made up by other chest conditions, especially chronic bronchitis, cancer of the lung and asthma.

Chronic bronchitis and cancer show a high correlation with the smoking of cigarettes, as recently confirmed in the second report by the Royal College of Physicians "*Smoking and Health Now*". The lungs of sufferers from these two diseases are usually so badly damaged by the time they reach the clinic, that treatment can often offer little more than temporary and marginal help. I feel, therefore, that I must stress the importance of educating young people, especially those at school, not only on the dangers of smoking but also on the positive benefits to health of not developing this habit. This preventive approach seems the most important way to diminish the numbers of chronic bronchitis and lung cancer sufferers in the future. However, it would also be of some benefit even now if steps could be taken to prohibit smoking in public places such as buses, cinemas, shops and theatres and wherever people are crowded together indoors. It would especially help those who already have some degree of bronchitis and asthma. In addition this publicity about the health aspect of smoking might be a significant support and encouragement to many other people who are anxious to give up smoking.

Drug Addiction

BY

E. B. RITSON, M.D., D.P.M.

Director, Sheffield Regional Addiction Unit

I should like to thank Dr. Parry for inviting me to contribute to this report, with some comment on drug abuse in Nottingham. The Regional Addiction Unit is situated within the grounds of Mapperley Hospital, and has been in existence for the past six years. During this time there has been a steady increase in the number of drug addicts referred to this clinic, from eight in 1967 to seventy-eight in 1970. In this report I shall be concerned only with those who lived within the City of Nottingham at the time of referral.

During 1970, thirty five addicts came from the city, which represents a slight increase on the twenty-nine referred in the preceding year. The majority were born in England, and all were white. The majority had erratic work records and were unskilled. Only nine were married, and three of these were separated. Table 1

shows the sex and age range of these addicts. It can be seen that most were young and indeed more detailed questioning revealed that nineteen of the patients had first experimented with drugs while they were of school age.

TABLE 1
Sex and age range of addicts

				Males	Females
16—20 years	..	..	..	15	2
21—30 years	..	..	..	10	5
31—40 years	..	..	..	1	1
41—50 years	..	..	..	1	—
				<u>27</u>	<u>8</u>

Figure 1 shows the drugs on which the patient was principally dependent at the time of referral. It is clear that amphetamine abuse is the chief drug problem in this area. It is encouraging that recently the local medical committee and pharmacists have voluntarily agreed to restrict the availability of these drugs.

It is important to understand that those who abuse drugs will usually take whatever is available, and rarely restrict themselves to one kind of drug. In many respects, they are more addicted to the drug scene than any particular drug.

Drugs principally abused at time of referral

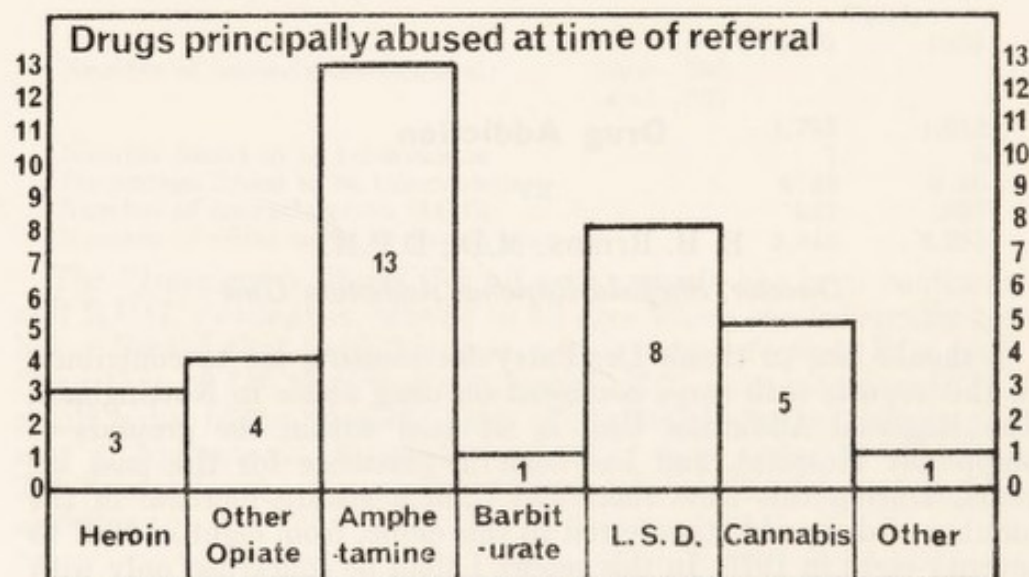


FIGURE 1

The source of referral of the patients is shown in Table 2. We have noticed that more addicts are referring themselves for treatment, which is an encouraging development, as addicts are notoriously reluctant to seek help. It should be explained that the unit does not prescribe drugs to addicts on an out-patient basis, and the expectation of obtaining drugs is rarely a reason for coming to the clinic.

The staff of the unit are perturbed by the dramatic increase in the number of referrals during recent years. Although the numbers seem small in themselves, each patient referred represents only the tip of the iceberg of drug abuse in the community.

TABLE 2

Source of referral

By the patient him/her self	..	..	13
General Practitioner	..	..	7
Psychiatrist	..	..	1
Probation Service	..	..	6
Clergy	..	..	1
Other	..	..	7
TOTAL			<hr/> 35 <hr/>

I should like to acknowledge the help of Miss Penny Toller, Research Sociologist, in preparing this report.

Infective Hepatitis

BY

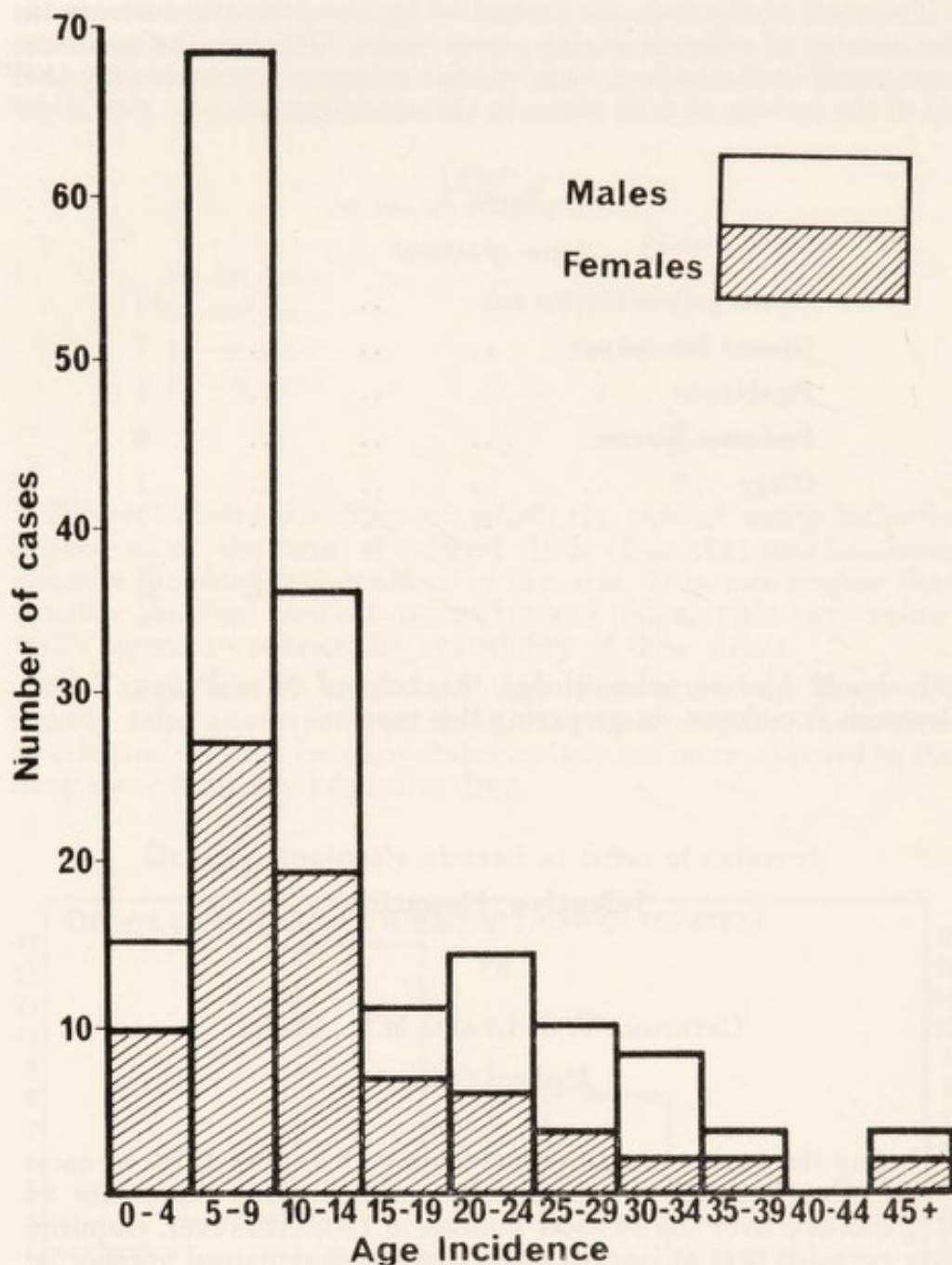
CATRIONA F. J. LYALL, M.B., Ch.B.

Medical Officer

During the twelve-month period ending December 1970, 81 cases of infective hepatitis were officially notified. This represents an 84% increase over the 44 cases notified in 1969. However, enquiries have revealed that at least 87 other cases have remained unreported by general practitioners. Thus, since it is impossible to take any sensible account of the anicteric incidence of the disease, it appears that something less than 45% of all occurrences have been routinely reported during the year.

AGE AND SEX INCIDENCE

Although the ages affected ranged between 18 months and 53 years 126 (75% of all cases) were school children. Of these, 68 (60%) were in the age groups 5 to 9 years, and 31 (21%) between 10 and 14 years. No discernible difference in the susceptibility of males or females was observed at any age (graph 1).



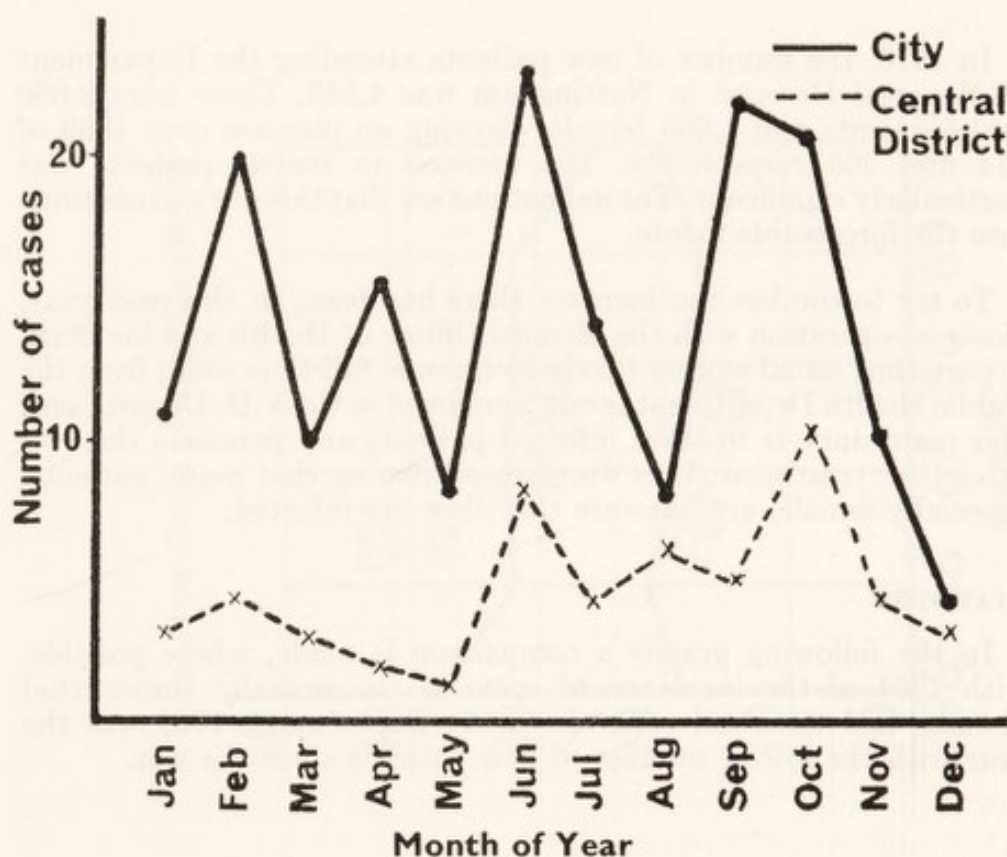
GRAPH 1

SPREAD

Out of the 42 adults who became ill, it would appear that 17 were directly infected by a child in their family, and a further 9 could possibly have been infected by anicteric children. Since only 66 (60%) of the 113 school-child cases attended the five schools involved in the four main well marked outbreaks, interfamilial spread in the city is also important; and there was a higher percentage of adult cases in districts where the illness remained sporadic involving no more than a first or second wave of contacts, suggesting that during an epidemic of any size involving school children, local schools inevitably become centres of infection.

EPIDEMICS

Of the four district outbreaks in the city, two had a definite focus in local primary schools in each area. In the first, 23 out of those 32 affected attended the same school, in which cases occurred from January to August with two peaks in April and June before a "tail-off" during the summer holidays. The 9 remaining cases, with 1 exception, were members of affected families. The second outbreak occurring at the same period of time involved 11 children from the one school with direct spread to 2 adults and 2 siblings out of a total of 19 victims. The other two outbreaks occurred in the second half of the year in more densely populated areas, and involved primarily children who played together from neighbouring streets. Enquiries revealed many cases of playmates taking ill in two to three-weekly sequences. A child who had returned some two weeks previously from a caravan holiday in Skegness may have been the source of one of the outbreaks which became concentrated in a local primary school when the schools resumed in Autumn, and involved one of the teachers towards the end of it. It lasted in this closely-knit community from September to November with 21 victims, compared with 46 in the other outbreak which "smouldered" on from February to December in the central part of the city with no definite source. This closely mirrors the total incidence (graph 2) for hepatitis in the city with its two-monthly peaks and high autumn incidence.



GRAPH 2

ISOLATED CASES

The transfusion service was notified of one regular blood donor along with 8 other close case contacts who were donors. Although there were no cases of proven serum hepatitis, there was one sporadic case of a youth who had given himself intravenous drug injections during the preceding six months. It was proved that a further 2 cases of hepatitis were secondary to glandular fever. In-patient hospital care was needed for 12 cases, 8 of whom were adults, and 4 were children. A 6½ lb. live male infant was born in hospital, his mother having severe hepatitis, and one boy developed icterus two days after appendicectomy. Adults throughout the city were about twice as ill as children, with higher morbidity and relapse rates, although they were infected four times less often than the children.

Venereal Diseases

BY

JOHN B. BITTNER, T.D., M.B., Ch.B.

Consultant Venereologist

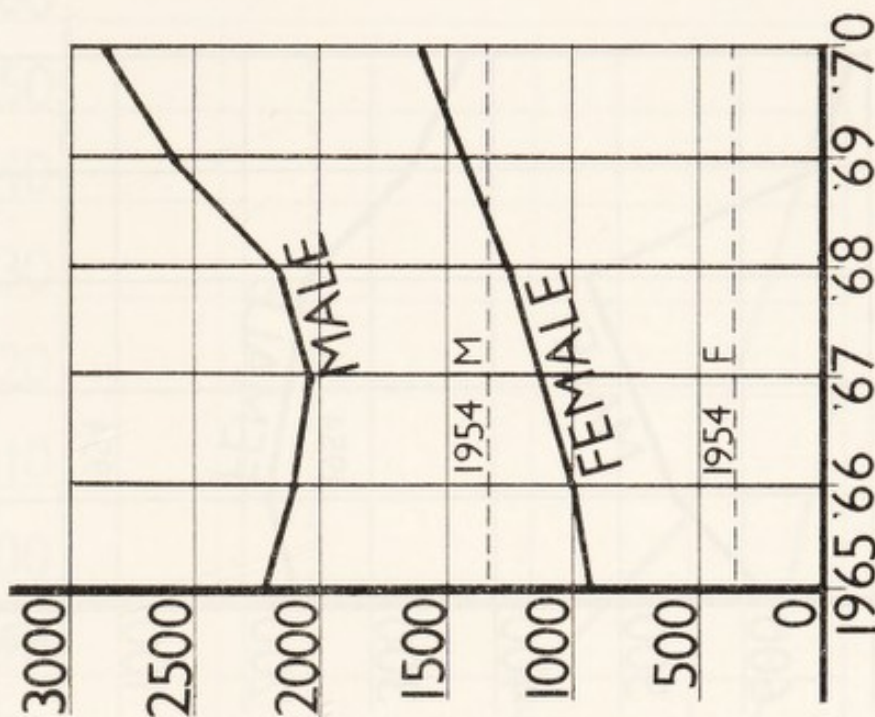
In 1970, the number of new patients attending the Department of Venereal Diseases in Nottingham was 4,545. These were 2,880 male patients and 1,665 female, showing an increase over 1969 of 214 and 265 respectively. The increase in female patients was particularly significant. The indications are that this rise will continue into the foreseeable future.

To try to combat the increase there has been, in the past year, closer co-operation with the Medical Officer of Health and his Staff. A part-time social worker (likely to become full-time soon) from the Public Health Department is now employed in the V.D. Department. Her main duty is to trace infected patients and persuade them to attend for treatment. It is worth remembering that many patients, especially female, are unaware that they are infected.

STATISTICS

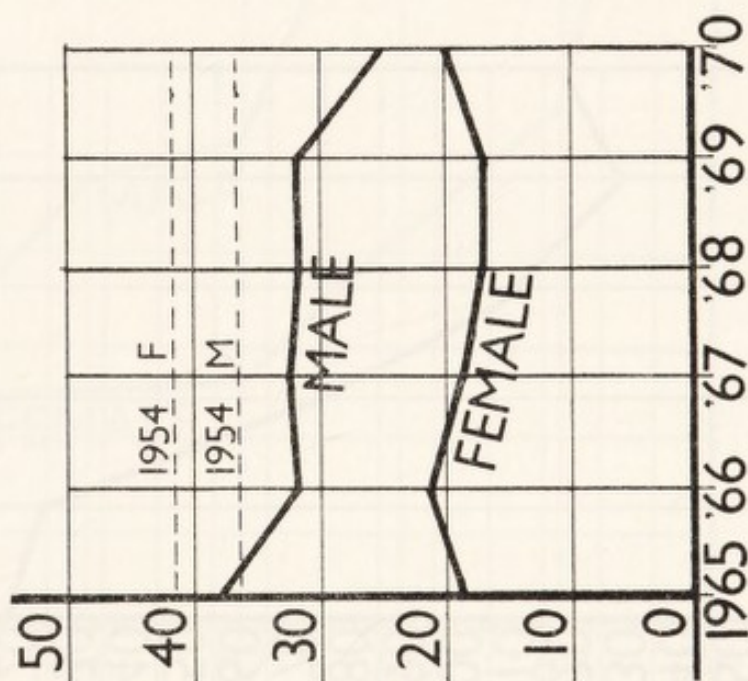
In the following graphs a comparison is made, where possible, with 1954 of the incidence of some of the sexually transmitted diseases and the total referrals to the Department. 1954 was the year with the lowest number of new patients since the war.

Total New Referrals 1965-70



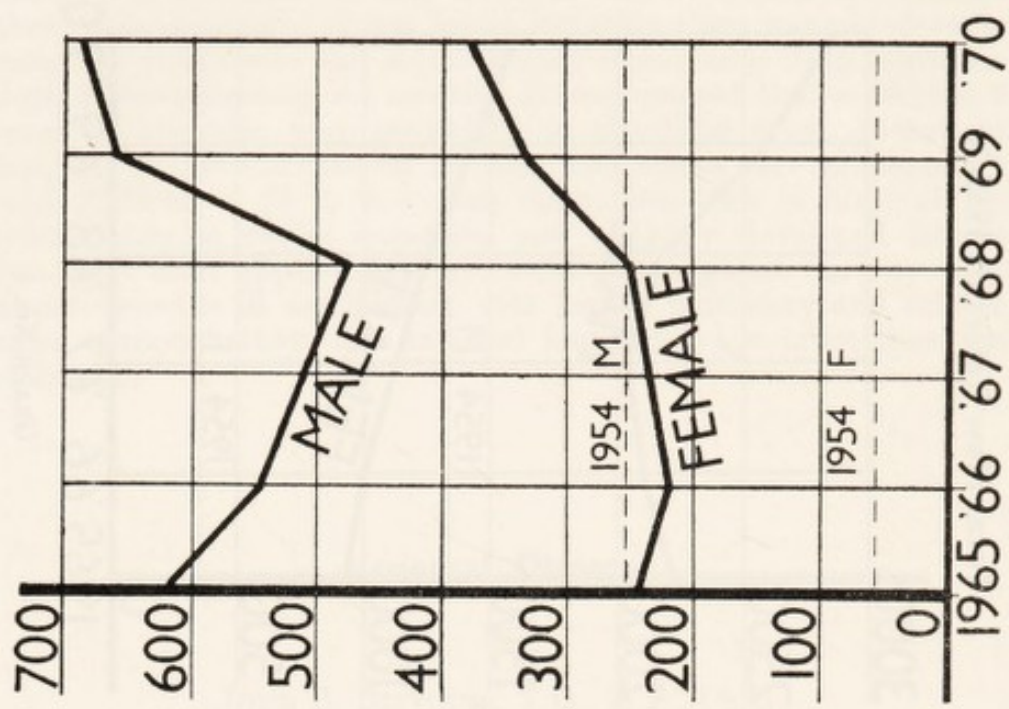
GRAPH No. 1

Total New Cases of Syphilis 1965-70



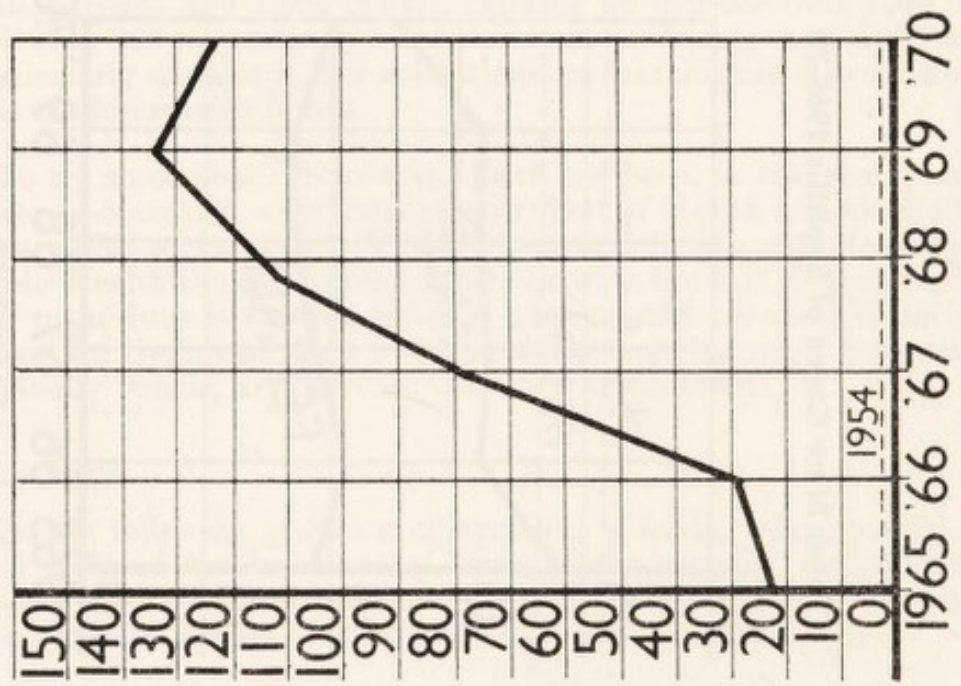
GRAPH No. 2

Total New Cases of Gonorrhoea 1965-70



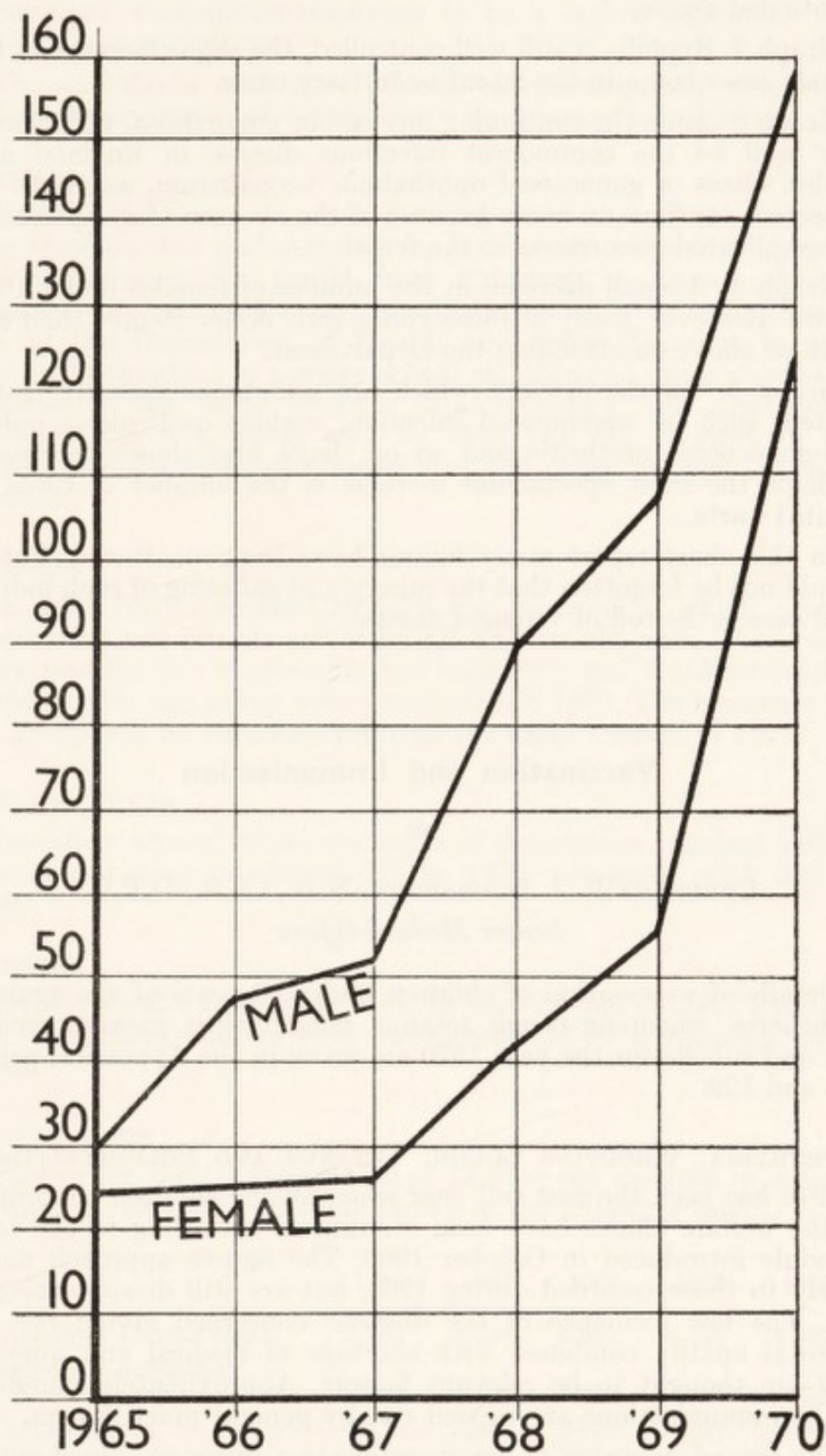
GRAPH No. 3

Females—15 and under 1965-70



GRAPH No. 4

Genital Warts 1965-70



GRAPH No. 5

Graph 1 shows the total referrals which have already been mentioned above.

Graph 2. Syphilis is still well controlled, the slight increase in the female cases being in the latent or tertiary cases.

Graph 3 shows the continuing increase in gonorrhoea, which may now well be the commonest infectious disease in England and Wales. Cases of gonococcal ophthalmia neonatorum, as might be expected, continue to occur because of the absence of symptoms in uncomplicated gonorrhoea in the female.

Graph 4. A small decrease in the number of females under 16 is shown. However, many of these young girls under 16 give their age as 16 or above on attending the Department.

Graph 5. All the diseases which are sometimes sexually transmitted, such as trichomonal infection, scabies, pediculosis pubis, non-gonococcal urethritis and so on, have also shown increases. Perhaps the most spectacular increase is the number of cases of genital warts.

In this short report many figures have been mentioned, but it should not be forgotten that the misery and suffering of each individual case is the toll of venereal disease.

Vaccination and Immunisation

BY

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

Senior Medical Officer

Details of vaccination of children under 16 years of age against diphtheria, whooping cough, tetanus, poliomyelitis, measles, small-pox and rubella for the year 1970 are given in the Appendix, pages 128 and 129.

DIPHTHERIA, WHOOPING COUGH, TETANUS AND POLIOMYELITIS

1970 has been the first full year when all the children concerned at the welfare clinics have been immunised according to the new schedule introduced in October 1968. The figures approach more nearly to those recorded during 1968, but are still disappointingly low. The low incidence of the diseases concerned giving rise to parental apathy combined with shortage of medical and nursing staff are thought to be relevant factors. Approximately one-fifth of the immunisations are carried out by general practitioners.

The second opportunity for immunisation arises at school entry when the response is good and it is estimated that 96% of school-children aged from 5 to 15 years are immunised against diphtheria, and 92% against poliomyelitis.

SMALLPOX

Smallpox vaccination continues to be a rather unpopular procedure amongst infants.

The ambulance staff were offered vaccination again this year; 101 were vaccinated of which four were primary vaccinations.

MEASLES

4,843 children were vaccinated during the year, and this encouraging response was probably due in part to an epidemic of measles occurring during the period from February to August. Special arrangements had been made, in accordance with the recommendation of the Department of Health and Social Security, to offer measles vaccination to nursery school children and other vulnerable children in the early summer. Unfortunately the unexpected epidemic was well under way by then but 177 children in the nursery schools were vaccinated and 440 other children at open sessions.

RUBELLA

In July 1970, circular CMO9/70 was received in which rubella vaccination was recommended for all 13 year old girls. The acceptance rate for this vaccination has been 80% and 1,415 schoolgirls in the eligible age-group were vaccinated in 1970. The remainder of the group will be vaccinated during the early months of 1971.

YELLOW FEVER

Travellers abroad whose countries of destination required yellow fever vaccination numbered 616 in 1970, compared with 548 in 1969.

ANTHRAX

Employees at a tannery in the city were offered anthrax vaccination. 9 primary courses were completed and 26 reinforcing doses given.

TUBERCULOSIS

Figures for B.C.G. vaccination of 13 year old children in schools during the years 1966-1970 are shown in the following table:

	1966	1967	1968	1969	1970
Number of 13 year olds ..	5,103	5,095	4,952	4,720	4,907
Percentage accepting					
Heaf test	71.3	74.9	73.9	74.3	77.3
Number tested	3,875	3,888	3,735	3,707	3,883
Number of positive reactors	924	1,280	282	186	141
Percentage positive reactors	26.7	36.1	8.4	5.7	4.3
Number vaccinated ..	2,533	2,263	3,053	3,058	3,156

The acceptance rate for B.C.G. vaccination has shown a small improvement this year rising to 77·3% compared with 74·3% in 1969. The positive reactor rate remains at a satisfactory low level, being 4·3% for 1970.

The vaccination and follow-up of Heaf I positive reactors which commenced in October 1969 was continued to the end of the school year in July. A total of 129 children were observed, and on examination 4 to 6 weeks after vaccination showed a vaccination lesion measuring 2 to 10 mm in 103 children, 11 to 19 mm in 20, and 20 to 25 mm in the remaining 6. No accelerated reactions or complications were noted, and the vaccination sites were similar to those of negative reactors. In consultation with the chest physicians, it was agreed that in future grade I positive reactors to the Heaf test in the absence of previous B.C.G. vaccination should be treated as negative reactors and vaccinated.

ATTENUATED SMALLPOX VACCINE TRIAL (CVI—78)

In May 1970, the Medical Research Council invited both the City of Nottingham and Kent County to participate in a study of the Rivers attenuated smallpox vaccine (CVI—78) and its use in the vaccination of eczematous children.

In Nottingham, with the collaboration of Dr. D. I. McCallum, consultant dermatologist at the General Hospital, 26 children suffering from eczema were vaccinated in October and November, and the local and systemic reactions to this vaccination observed during the following twelve days. A blood sample to measure the antibody response was taken on the 28th day from 18 children in whom the primary vaccination was successful.

In Kent, 52 children with no known skin condition were similarly investigated, and a further 9 vaccinated with standard smallpox vaccine for comparison.

The results of this pilot study are in the process of evaluation and will be further reported in next year's annual report.

THE PROGRESS OF HEALTH CENTRES

BY

MARGARET W. SEYMOUR, M.B., Ch.B., D.P.H.

Senior Medical Officer

Hyson Green (Mary Potter) Health Centre

The general background information regarding this health centre was given in the 1969 Annual Report.

This is Nottingham's third purpose-built health centre and has been operational since March 1970. It was officially opened by Mr. Richard Crossman, O.B.E., M.P., Secretary of State for Health and Social Security, on the 8th May, 1970.

The health centre is a single storied building and adjacent to the health centre, on the same site, there is a nurses' hostel for midwifery and nursing staffs, and also a bungalow in which lives the caretaker, who is the cleaner and general handyman at the health centre.

The approximate population served by the health centre is 30,000. There are 8 general practitioner suites (11 general practitioners) and accommodation for the full range of local health authority facilities including chiropody and a dental suite mainly for local education authority purposes. There is also accommodation available which could be used in the future for specialist consultant sessions.

Based at the health centre and liaising with the general practitioners are 2 community health teams, each team consisting of 2 health visitors, 4 home nurses and 2 midwives. One member of each team has been appointed Area Nursing Officer and she has the overall responsibility of seeing that the work of the team runs smoothly.

Bulwell Health Centre

A general outline concerning this health centre was given in the 1969 Annual Report. The general practitioner facilities to be provided are for 3 separate medical practices comprising 8 doctors and in addition local health authority and local education authority dental services. The population served will be ultimately 28,000.

Sketch plans were approved by the Department of Health and Social Security in August 1969.

However, the cost limit was low and was exceeded by the tender price. It was not until November 1970 that an agreed cost limit was reached between the local authority and the Department of Health and Social Security. The agreed cost limit was £87,050 for erection and £11,700 for furniture and fittings. Application for loan sanction was therefore made on the revised cost figure and this was approved early in December.

The contractors commenced on the site on the 7th December 1970, a month later than was originally envisaged.

St. Ann's Well Road Health Centre

This proposed health centre is to serve an area which is undergoing extensive redevelopment. The centre will provide local health authority facilities, including one consulting room and one examination room and will also accommodate 10 general practitioners (6 practices) in 6 general practitioner suites, together with a treatment room and other facilities.

The estimated population to be served by the health centre is 15,000 and the centre will serve as a base for health visitors, midwives, home nurses and clinic nurses working together as a community health team.

A caretaker's flat is provided in the plans to afford constant supervision as the centre will be sited in an area noted for vandalism.

By the end of 1970 the compulsory purchase order for the site, which was made in 1969 had not been confirmed by the appropriate Government Department, neither had the Department of Health and Social Security approved the plans nor granted a cost limit. Since the date of commencement of the project is March 1971, it was decided in January 1971 to go ahead on the basis of an estimated cost provided by the City Architect and he obtained approval to go out to tender to five nominated firms.

Royal Society of Health Meeting

On the 12th November 1970, a provincial meeting of the Royal Society of Health was held in the Guildhall, Nottingham. Over 100 members of the Society attended and the following papers were read:

1. "The Community Physician of the Future"
by Dr. W. H. Parry, Medical Officer of Health.
2. "The Development and Progress of Health Centres"
by Dr. M. W. Seymour, Senior Medical Officer.
3. "The Design of Health Centres in Nottingham"
by Mr. D. Jenkin, City Architect.

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

BY

L. ANN WILSON, M.D., B.Sc., D.P.H., D.C.H., F.R.S.H.

Senior Medical Officer

AND

MARGARET W. SEYMOUR, M.B., Ch.B., D.P.H.

Senior Medical Officer

The Maternal and Child Welfare Services were founded on social and medical needs of mothers and young children of that time. If we believe that the promotion of health be a continuous process, then we must ensure that our services meet present day needs. It is hoped that the planning of the Health Services of the future will enable a new vision of maternal and child care to emerge from a closer association with other services concerned with the mother and her child.

NOTIFICATION OF BIRTHS

In 1970, 9,526 births were notified of which 9,361 were born alive and 165 were stillbirths; these included confinement of women normally resident outside the city, whose delivery took place within the city boundary and numbered 4,277 live births and 82 stillborn. Hospital confinements of Nottingham mothers numbered 3,602 (71.95%) compared with 3,703 (69.7%) in 1969. Details are given in the table on page 130.

The number of women confined in hospital and who were discharged early for nursing at home was 2,792 (77.51%) of hospital confinements, an increase of 19.01% over the figures of last year; 934 of these were discharged after 48 hours in hospital. The figure includes 2,650 mothers booked for hospital delivery and early discharge; 138 were booked for confinement at home and admitted to hospital because of abnormality in pregnancy or labour, and 11 were unbooked cases. Because of unsatisfactory home conditions arrangements were made for 627 women to be delivered in hospital from a total of 741 requests; 25.8% of those accepted were immigrants, a decrease of 3.4% on 1969.

The following table shows the race distribution of immigrant women resident in the city, who were confined in 1970, together with the outcome of their pregnancy.

*Live Births and Infant Mortality in 1970
Related to Country of Origin of Mother*

<i>Country of origin of mother</i>	<i>Live Births</i>	<i>% of total</i>	<i>Pre-mature</i>	<i>% prem.</i>	<i>Illeg.</i>	<i>% Illeg.</i>	<i>Infant Deaths</i>
G.B. & N.I.	4,299	85.7	320	7.5	808	18.8	103
Eire	129	2.6	4	3.1	14	10.9	2
W. Indies	253	5.0	21	8.3	92	36.4	4
India	118	2.4	18	15.3	5	4.2	1
Pakistan	125	2.5	18	14.4	2	1.6	2
Others	89	1.8	4	4.4	4	4.4	1
TOTAL	5,013	100	385	7.7	925	18.5	113

ILLEGITIMATE PREGNANCIES

Of the 5,011 live births to city mothers, 925 (18.5%) were illegitimate, compared with 16.7% in 1969.

<i>Year</i>				<i>% total births</i>
1965	..	.	..	14.5
1966	..	..	..	14.5
1967	..	..	..	15.8
1968	..	..	..	15.5
1969	..	..	..	16.7
1970	..	..	..	18.5

In this age of permissiveness, condoned by parents and connived at by society, illegitimacy must inevitably increase, and so, too, must the need for help; there should be a balance between not singling out the girl with an extra marital pregnancy and not ignoring the problems which she engenders by reason of age, immaturity, feeling of inadequacy and lack of support from those among whom she lives, and it is important also that this support should not be withdrawn too soon.

All expectant mothers applying on social grounds for confinement in hospital attended the health services department where the unmarried among them were seen by a special social worker or senior health visitor. In all 90 were interviewed of whom 59 were under twenty years of age, but 3 were under the age of sixteen. Those in need of accommodation were referred to the Southwell Diocesan Board of Moral Welfare and to the Catholic Children's Society. During the year 18 unmarried expectant mothers were interviewed by the Board's welfare workers and in 9 cases the Corporation accepted financial responsibility for their maintenance in mother and baby homes as well as 2 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 age distribution of these unmarried mothers is given below:

AGE DISTRIBUTION								
<i>Age Group</i>			1970	1969	1968	1967	1966	1965
Under 15	..	..	1	—	1	—	—	2
15 and 16	..	..	2	6	11	11	4	5
17 and 18	..	..	4	9	18	8	4	11
19 and 20	..	..	1	6	11	15	7	9
Over 20	..	..	3	8	8	6	16	15

ANTE-NATAL CLINICS

Despite a further decline in the numbers of domiciliary confinements there was a slight increase over last year in the percentage of mothers who booked their family doctor for confinement at home.

<i>Year</i>				<i>G.P. booked</i>	<i>Home confinements</i>	<i>%</i>
1969	..	..		1,688	1,716	97.9
1970	..	..		1,378	1,404	98.2

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

In all 795 sessions were held. These fall into two categories:

- (a) Those conducted by a local authority medical officer, numbering 244 at which there were 299 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 551, at which there were 11,320 attendances, comprising domiciliary cases where the family doctor was booked for home confinement, by agreement with him.

ANTE-NATAL CARE

Besides care given by general practitioner obstetricians, the following screening procedures were carried out as routine measures at the ante-natal clinics:

Chest Examination

Chest x-ray is not carried out where there is definite evidence that the woman has been x-rayed within the past two years or has received B.C.G. immunisation; those who have had tuberculosis or are contacts are referred for investigation. During 1970 twelve expectant mothers were referred for examination and none needed supervision.

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 venereal disease; both these can be cured in the early stages. Blood samples were obtained from every expectant mother attending clinics and general practitioners also referred women in like condition for this purpose who were booked for home confinement under their care. During 1970 samples were examined as follows:

Grouping and rhesus factor (ante-natal and post-natal)	1,005
Wassermann and Kahn reactions	1,317
Haemoglobin estimation	2,730

Rhesus Factor

Of 1,005 samples of blood examined for rhesus factor 12 women were found to be iso-immunised; all had live babies.

A total of 125 rhesus negative mothers were considered to be 'at risk' of iso-immunisation, but only 25 were found to be so and received a protective injection of anti-D immuno-globulin.

Test for Venereal Disease

During the year 32 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 from 50 expectant mothers who attended at 9 ante-natal clinics and from 973 expectant mothers referred by general practitioners only for blood examination, no one was found to have syphilis.

Haemoglobin

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 the foetus and to her at the time of delivery. These examinations are repeated as necessary, but specially at the 32nd to 34th week of pregnancy. If the result be found at any time to be 10 mg per 100 ml of blood or less a blood count is carried out as a routine procedure and 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 treatment at school clinics, as a result of which 51 accepted treatment. Further details are given on page 60.

Prevention of Rubella in Early Pregnancy

The disastrous effect of german measles in early pregnancy is well known, so anything which can be done to prevent such a calamity should be explored. It is now possible to ascertain whether a woman has had rubella or not by examining her blood for the presence of antibodies, their absence indicating that she has not had the disease and so is at risk of infection.

Through October and November a scheme was devised in collaboration with the Director of the Public Health Laboratory and the general practitioners to investigate mothers resident within the city and who were having their babies at home and were attending the midwives' ante-natal clinics with overall supervision of their family doctor.

In order to assess whether an expectant mother is immune and therefore not at risk following an accidental exposure to a case of rubella during the first trimester 5 ml whole blood are examined. In the presence of antibodies no further action is required; if they be absent advice is given having regard to the nature of the contact (i.e. family, brief, accidental) and where there be no history of contact and no antibodies in the blood, consideration is given to future immunisation.

This investigation began on 1st December, and by the end of the year 13 samples had been examined, in 10 of which antibodies were present and in 3 they were not detected.

Outcome of Pregnancy

During the year 1,404 home confinements of women who had attended local authority clinics for ante-natal care resulted in 1,397 live births, 7 stillbirths and there were 5 sets of twins. Of the 1,397 babies born alive 9 died in the first week of life and none between the first and fourth weeks of life.

The sum of stillbirths and deaths during the first week of life are classified as perinatal deaths. There were 81 stillbirths to city mothers and 58 infants died during the first week of life giving a perinatal mortality rate of 27.48 per 1,000 total births as compared with 26.76 in 1969.

<i>Primary factors in causation</i>				<i>Total</i>	<i>Premature infants</i>
<i>Ante-natal causes:</i>					
Toxaemia including haemorrhage	..			5	4
A.P.H. without toxaemia	..	..		12	6
Rh. incompatibility	..	..	..	8	5
<i>Intra-natal causes:</i>					
Injury	..	..	..	8	5
Anoxia	..	..	..	12	2
Intra-uterine death	..	..	..	13	6
Congenital malformation	..	..	..	25	14
Prematurity only	..	..	..	20	20
Respiratory distress syndrome	..	..	..	9	9
Other causes	..	..	..	12	4
Placental insufficiency	..	..	..	15	9
All causes	..	..	..	139	84

MATERNAL DEATHS

There were four maternal deaths during the year as compared with one in 1969. The cause of death was certified as follows:

15.2.70 Age 26 years

- I a Pulmonary oedema
 - b Inhalation of gastric contents
 - c Caesarian section for shoulder presentation.
- Inquest P.M.

This was the second pregnancy of an Indian woman who was booked for delivery in hospital because of unsuitable home conditions. The ante-natal period was uneventful save for breech presentation; but she was admitted in labour with presentation of the left shoulder. During induction of anaesthesia for caesarian section gastric juice was inhaled after vomiting; she was delivered of a stillborn child but failed to respond to resuscitation and died soon afterwards.

26.3.70 Age 40 years

- I a Pulmonary embolism
 - b Thrombosis of legs
 - c Diabetes
- II Caesarian section (38 weeks)
- P.M.

This was her first pregnancy, during which she was found to be diabetic and was admitted to the General Hospital when 26 weeks pregnant for stabilisation; during this time she had deep vein thrombosis of left leg. She was admitted to the Women's Hospital

on 20.3.70 for elective caesarian section at 38 weeks on 25.3.70; she was cyanosed during the operation and collapsed immediately afterwards. She was transferred in coma with cardiac arrest to the intensive care unit of the General Hospital. Cardiac arrest and resuscitation occurred repeatedly until her death the following day. The child died on the third day.

30.4.70 Age 31 years

- I a Congestive cardiac failure
- b Recurrent pulmonary emboli
- c Puerperal deep vein thrombosis

P.M.

This was the fourth normal pregnancy resulting in delivery at home by a city midwife on 26th December 1969 of a live child at term. She was admitted to the General Hospital on 31.3.70 with R. lower lobe pneumonia of embolic origin with deep vein thrombosis, endogenous depression and personality disorder. She smoked 30 cigarettes a day. Eleven days later she took her own discharge; after three days illness at home she was re-admitted to hospital on 20.4.70 with pain in the right hypochondrium and right iliac fossa, thought to be due to mesenteric thrombosis; the right lower lobe was unresolved. On 28.4.70 she suffered cardiac arrest and died on 30.4.70.

15.10.70 Age 19 years

- I a Pulmonary embolism
- b Leg vein thrombosis
- c Recent confinement

Inquest P.M.

This was her first pregnancy; she was booked for confinement in hospital because of an unsuitable home. She was delivered on 2.10.70 under spinal anaesthesia by mid-cavity forceps for deep transverse arrest. With the birth of a live child and subsequent suture of an epistomy, she was sent home for nursing on the fifth day. She was alive and well in bed at 7.15 a.m. on 15.10.70 when her husband, a boy of 18, went out to work, but she was found dead at the side of the bed by a neighbour two hours later.

POST-NATAL CLINICS

Post-natal clinics are 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 13 women attended compared with 26 last year and there were no return cases. General practitioners see a few of their patients, but most women do not attend anywhere.

PHENYLKETONURIA *The Guthrie Test*

In 1965 a working party on phenylketonuria was set up to study and report on different mass screening methods for the early detection of phenylketonuria. Their report included the recommendation,

which was accepted, that phenistix testing for phenylketonuria is unreliable and should be replaced by the Guthrie test using a specimen of blood taken from the child between the sixth and fourteenth day of life.

Several spots of blood from the young infant are collected from a heel prick on specially absorbent filter paper and referred to a regional laboratory for examination. Further details appear on page 49.

FAMILY PLANNING CLINICS

The Family Planning Association held daily clinics at their headquarters in Regent Street, and a weekly session at the local authority's welfare centre at Sneinton and at John Ryle Health Centre at Clifton.

	<i>F.P.A. Headquarters</i>	<i>Sneinton Welfare Centre</i>	<i>John Ryle Health Centre</i>
No. of sessions	516	47	90
No. of patients	2,745	320	526
No. of patient visits	7,789	692	1,476

The Midlands (Family Planning) Association Limited continued to hold three sessions a week at its headquarters in the General Dispensary and one session weekly at three of the local authority's clinics as in previous years.

Total No. of sessions	272
No. of patients	2,577
No. of attendances	5,984

CERVICAL CYTOLOGY

During 1970 the service was continued of the taking of cervical smears. This is a measure designed to detect early malignant changes in the cells of the cervix. The scheme also provided for examination of the pelvic organs as well as breasts and gave the woman an opportunity to discuss any anxieties concerning her health. 126 morning sessions were held in conjunction with ante-natal clinics at three welfare centres; and, commencing on 1st July, twelve screening sessions were held also in the mornings at the John Ryle Health Centre.

Through lack of support the evening clinic held monthly at Sneinton Welfare Centre was closed and transferred to Basford, commencing on July 21st. This is another densely populated working class district and one in which rapid new development is taking place; the attendances have justified the exchange.

In addition 35 evening sessions were held monthly at three welfare centres for those unable to attend in the day-time. During the year 3,550 smears were taken as compared with 2,705 smears in 1969. The increase was, unfortunately, not due wholly to new attendances, but to recall cases.

		1970	1969	1968	1967
Negative smears	.. ..	3,536	2,705	2,573	2,917
Positive smears	.. ..	14	20	25	31
No. of positive smears per 1,000 smears		3.9	7.1	10.0	9.5

It is well known that any plan for mass screening is refused by those who need help most; this is borne out by the paucity of attendances at clinics, particularly in working class areas. The encouragement which was received last year from the ready acceptance by employers of a visiting team to examine their female staff prompted a further venture into industry. The table below gives the result.

<i>Firm</i>	<i>No. Examined</i>	<i>% of total Employed</i>	<i>No. of Positive Smears</i>	<i>Rate per 1,000 Smears</i>
John Player	830	21.0	4	
Raleigh Industries	482	33.0	3	
Bairnsware	106	17.7	1	
E.M. Gas Board	41	22.8	—	
Local Authority	214	4.5	1	
Griffin & Spalding	107	47.6	—	
Jessop & Son	216	37.1	—	
Government Buildings	72	22.8	—	
G.P.O. Telephones	187	27.1	1	
Total	2,255	average 17.7	9	4.4

SOCIAL CLASS OF POSITIVE REACTORS

<i>Class I</i>	<i>Class II</i>	<i>Class III</i>	<i>Class IV</i>	<i>Class V</i>
Nil	1	5	9	9

So successful were these visits that dates have been arranged in every case for further screening sessions to be held next year.

Fewer general practitioners carried out screening tests on their patients. In the area of the Nottingham and Nottinghamshire Executive Council 1,606 women were examined as compared with 1,934 last year; these refer to women over the age of 35 years for whom a fee is payable.

Cervical screening was made available to the general public in Nottingham on 1st January 1966. In the autumn of 1970 the results of 4½ years' experience were reviewed in a paper entitled "*Cervical Cytology in Nottingham 1966-1970*" and published in "*The Medical Officer*" on 12th February 1971. The following extracts may be of interest:

"Of the 17,142 women who attended over a period of 4½ years, 160 were referred for further pathological examination (a rate of 9.3 per 1,000 compared with the national average rate of 7.5 per 1,000).

"These figures included 15,411 women examined in local authority clinics and 1,731 who were examined by a local health authority team at their place of work during the eighteen month period January 1969-June 1970 and of this latter group, 11 (6.3 per 1,000) were referred for further examination. Out of the 160 smear referrals 151 (94.3%) proved to have definite malignant changes (a rate of 8.8 per 1,000), 23 being invasive uterine carcinoma and 113 carcinoma-in-situ (cone biopsy) all of which required immediate operation and/or radiation. The remaining 15 showed early malignant changes for which early treatment was given followed by regular re-examination."

CHILD HEALTH CLINICS

During 1970 these clinics have been held in Nottingham as in previous years. No new child health clinics were opened during the year except that the Hyson Green Clinic was transferred in March 1970 into the new Hyson Green (Mary Potter) Health Centre, and the clinic in the old premises on Gregory Boulevard discontinued. General practitioners have given valuable help, on a sessional part-time basis in the child health clinics, which has helped to alleviate the medical staff shortage.

Screening tests are used at the appropriate age to detect deafness and eye defects. The test for phenylketonuria involving phenistix was superseded in July 1970 by the Guthrie test. Between January and July the test using phenistix and a nappie freshly soaked in urine was done on 2,531 children and from 1st July until 31st December 1970, 2,448 children had the Guthrie test. Blood for the Guthrie test is usually obtained by means of a heel stab at or around the sixth day after delivery from the baby by the midwife. A small spot of blood is put on a specially prepared card and analysed at a Regional laboratory. An abnormal level of phenylalanine can be detected in the blood in positive cases. One important aspect of the Guthrie test is that it can be done much earlier in the child's life than the phenistix test, which was previously carried out between the 4th and 6th week. The sooner a child who has an abnormal metabolism of phenylalanine can be recognised, the better, since this enables the relevant dietary regime to be started sooner, and with a greater chance that the child's mental abilities will develop normally. During 1970 all tests for phenylketonuria were negative as also were all Guthrie tests for abnormal levels of phenylalanine in the blood.

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 1970 72 children were notified with 85 malformations.

		1970	1969	1968	1967	1966
Central nervous system	..	33	19	26	21	50
Eye, ear	.. ..	—	2	6	2	3
Alimentary system	..	6	20	12	23	13
Heart and great vessels	..	3	5	4	10	8
Respiratory system	..	—	—	1	1	2
Urino-genital system	..	9	6	5	6	9
Limbs	..	27	35	48	54	55
Other skeletal	..	—	1	2	2	4
Other symptoms	..	2	2	11	21	33
Other malformations	..	5	4	10	6	9
TOTALS	.. ..	85	94	125	146	186

“AT RISK” REGISTER

During 1970, as in previous years, a continual watch has been kept on those children in whom some basic physiological factor might interfere with normal development. These factors could arise in the ante-natal period and have a genetic basis 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.

The consultant paediatricians’ discharge letters are very informative and a direct liaison with the general practitioner can be very helpful. As the years go by, and more health centres are built and community health teams based there, this liaison with the general practitioner will become an important feature with regular meetings taking place to discuss the problems and management of a particular child.

On the 31st December 1970, 283 children were on the “at risk” register compared with 315 on the 31st December 1969.

CATEGORIES OF CHILDREN ‘AT RISK’

<i>Category</i>	<i>Number on Register at 31st Dec. 1970</i>
Congenital abnormality ..	31
Family history of defect ..	19
Complication of pregnancy ..	77
„ „ labour ..	16
Post-natal factors ..	34
Symptomatic group ..	106
TOTAL	283

REGISTER OF HANDICAPPED CHILDREN

<i>Category</i>			<i>Number on Register at 31st Dec. 1970</i>
Mentally Subnormal	..	..	57
Developmental	..	..	63
Cerebral palsy	..	..	27
Cardiac	..	..	34
Eye defects	..	..	16
Orthopaedic	..	..	31
Deafness	..	..	15
Epileptic	..	..	11
Other	..	..	55
TOTAL	..	..	309

At the 31st December 1970 there were 9 children below the age of 5 years each with multiple severe handicaps.

DEAFNESS

Screening tests to detect hearing defects 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 1970, 31 full-time and 2 part-time health visitors had been trained in the Ewing method of ascertainment, as adapted by the University of Manchester Department of Audiology and Education of the Deaf. 8 of these health visitors were trained during 1970, the training course being held every 2 years here in Nottingham. A total of 3,434 tests were carried out in 1970 as compared with 3,213 in 1969.

21 children were referred for further investigation, of whom 5 had normal hearing, 11 had impaired hearing and 5 were under review at the end of the year.

WELFARE FOODS

	<i>First quarter</i>	<i>Second quarter</i>	<i>Third quarter</i>	<i>Fourth quarter</i>	<i>Total</i>
National dried milk	3,245	2,700	2,735	2,443	11,123
Orange juice ..	11,821	13,833	12,736	12,387	50,777
Cod liver oil ..	925	697	719	858	3,199
Vitamin tablets ..	757	791	738	734	3,020

With the exception of orange juice there was a further decrease in sales, again offset to some extent by an increase in the sales of certain proprietary dried milks which are also available at the centres.

The Battered Baby Syndrome

BY

MARGARET W. SEYMOUR, M.B., Ch.B., D.P.H.

Senior Medical Officer

During recent years the term "battered baby" has been used to cover those cases of physical injury to babies or young children which cannot be explained other than arising from the use of violence by an adult in the family, usually one or other parent. The battering of children can occur in families regardless of social class, and unless preventive action is taken when these cases come to light, the child may be at risk of further injury or other children in the family may be at risk of injury.

In February 1970 there was a joint letter from the Home Office and the Department of Health and Social Security to Medical Officers of Health and Children's Officers of each local authority asking for a report by the 1st October 1970 on the local arrangements to deal with the problem. In addition, at the end of July the Standing Medical Advisory Committee for the Central Health Services Council circulated a memorandum on the battered baby to all general practitioners and copies were also sent to Medical Officers of Health and Children's Officers.

The problem of the battering of young children may be regarded as a disease which afflicts certain families in the community. At the present time, in some families the disease is only recognised when it is well advanced, i.e. when a child of the family has already been seriously injured or in extreme cases, murdered. On the other hand there are families where the children have sustained relatively minor injuries, such as bruising, but where there is the probability that more serious injuries will occur in the future. It is with these families that much preventive work can be undertaken by the "workers in the field" i.e. health visitors and child care officers. One of the initial tasks is to recognise these families. During 1970 a card index file has been started of families where one or more of the children had sustained minor injuries, which were not adequately explained by the parent of the circumstances. Families for this file are brought to the attention of the Medical Officer of Health, either by letters from the hospital where the child has received treatment, or directly from the health visitor as a result of her observations of the child in the home. This file is in effect an "at risk" register and by the end of 1970 there were 19 families under special supervision by the health visitor with visits also in several cases from the N.S.P.C.C. inspector and the child care officer.

Apart from the liaison of the officers in the city involved in the problem of the battered baby a liaison with the appropriate county officers has also been established. This liaison not only facilitates an exchange of ideas, but enables families involved in battered baby cases to be closely followed up if they change their address between city and county. It has been found that these families tend to change their addresses frequently.

Health visitors and child care officers are fully aware of the condition of battered babies and suspicious cases are brought to the co-ordinating committee meetings, which are held frequently and regularly.

The three hospital consultant paediatricians have been in close liaison with the Children's Officers of both city and county and representatives of the Medical Officers of Health of both city and county and a form of referral to the Children's Officer in the case of a suspected battered baby agreed upon.

A method of identification of the casualty card of a child when the injuries arouse suspicion is being considered by the hospitals, so that further visits of the child or possibly of siblings, can be linked to the previous visit.

The general practitioners have been assured by the Children's Officer and the Medical Officer of Health that any help required for a particular child is readily forthcoming.

The subject of battered babies has been considered by the Paediatric Advisory Committee of the Sheffield Regional Hospital Board, and methods of streamlining the hospital procedure discussed. The matter is to be considered further by the Medical Advisory Committee of the Board. Therefore, during 1970 there has been much thought and discussion, at various levels, regarding the procedure and management of cases of battered babies, and the machinery set up for dealing with these cases if and when they arise. In addition, the preventive aspect of the problem is being looked at in some detail.

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 URBAN AID PROGRAMME—FIRST, SECOND AND THIRD PHASES

A general outline of the Urban Aid programme was given in the 1969 Annual Report.

A NEW DAY NURSERY

In 1970 a new 50 place day nursery was built in Independent Street, following a grant under phase I of the Government's Urban Aid programme to help those areas with social and immigrant problems. Although the city had 7 day nurseries, no new day nursery accommodation had been provided since the 1939-45 war.

Independent Street is situated in a redevelopment area of the city known as Radford, an area of high birth rate with a large settlement of immigrants. Situated approximately $\frac{3}{4}$ and $1\frac{1}{2}$ miles from the site of the new day nursery are two older day nurseries,

being a 30 place and a 35 place nursery respectively. In 1969 it was found that although this total of 65 places were all occupied by children in the priority groups, each day nursery had a waiting list of approximately 35 children, thus emphasising the urgent need for extra accommodation.

A vacant site in Independent Street of 1,444 sq. yards was found to be suitable having regard to orientation, access and adjoining uses. However, this site was not really large enough to give an external play area of 200 sq. ft. per place as recommended by the Department of Health and Social Security. In May 1969 the Department of Health and Social Security agreed in principle to the provision of a day nursery under the Urban Aid programme. The prototype day nursery plan was to be used with a suggested overall cost limit for loan sanction of £30,000, and £5,000 was allowed for furniture.

In addition, the value of the land to be purchased was £4,500 and the services of the City Architect's and the City Engineer's staff accounted for a further £2,500. The final total cost of the project therefore became £42,000 and in July 1969 the Department of Health and Social Security approved the cost limit. In August formal consent to borrow £35,000 was obtained from the Ministry of Housing and Local Government.

Building began in March 1970, and the nursery was finally taken over by the local health authority from the building contractor on the 22nd September 1970. Children were admitted to the day nursery from early in October and the building was formally opened on the 3rd November 1970.

The day nursery design is based on small mixed age groups of 8 to 9 children with rooms of a slightly differing size to allow flexibility. Toilet accommodation is centrally placed with easy access to the group rooms. The open central area of the building allows the use of group play and in practice has proved excellent, in particular for group painting sessions. Emphasis has also been laid on a number of irregular corners to enable imaginative play. The matron's office is used both as a medical examination and isolation room. No milk room as such is provided as modern trends in the practice of bottle sterilising and storage, as well as the use of a refrigerator, makes such a room unnecessary and space wasting.

THE FUTURE PLANNING OF DAY NURSERIES UNDER URBAN AID

In April 1970 approval was given by the Department of Health and Social Security under phase 2 of the Urban Aid programme to replace an existing 30 place day nursery in Queen's Drive with a new 50 place day nursery in Brierley Street.

By the end of 1970 application had been made under phase 3 of the Urban programme to replace a further 30 place day nursery in Heathcoat Street with a similar 50 place day nursery on a North Sherwood Street site.

THE LOCAL HEALTH AUTHORITY DAY NURSERIES

Until October 1970 the seven existing day nurseries offered a total of 230 places, but with the new Independent Street day nursery, which by the end of December 1970 was admitting its full complement of children, this number increased to 280 places.

However, the overall reduction in the number of places to 230 for the existing 7 day nurseries introduced in mid-1969 to comply with recommendations from the Department of Health and Social Security on standards of accommodation and space needed per child, is reflected in total attendances for the year. There were 43,369 total attendances, the nurseries being open for 236 days. This gives an average daily attendance of approximately 180. From early in October until the end of December there were 1,234 attendances at the new day nursery: the numbers of children being built up gradually over the weeks, so that the children attending could more easily get to know the staff and form relationships with each other. Details of the attendances are given in the table on page 133.

Approximately 80% of the children came from single parent families, where this parent was the sole breadwinner. As in previous years, approximately 5% of the children were admitted for mainly medical reasons, for example mental and physical handicaps. The rest of the children were admitted for reasons such as insufficient family income, bad housing conditions, and admissions from professional families were further reduced to approximately 4% from 7% in 1969.

There was no change in the daily charges for admission to the day nurseries in 1970 and by the end of December there were 229 reduced charges in cases of hardship, compared with 208 in 1969.

During 1970 there were 12 staff resignations and 1 retirement. New staff appointments totalled 17 nursery nurses, 1 warden, 1 deputy matron and 1 matron, the extra staff being needed for the new day nursery. The number of working days lost due to staff sickness was 1,102, which shows an increase on the 1,040 days lost in 1969. These lost days were all due to illnesses of a minor nature.

PRIVATE DAY NURSERIES, PLAY GROUPS AND CHILD MINDERS

By the end of 1969 a total of 163 children were being looked after daily by 103 registered child minders. During 1970, a further 30 child minders were registered with the authority, giving a total of 133 registered minders with a total of 209 places by the end of December 1970.

A further 8 play groups were registered during 1970 offering 182 places, giving 29 registered groups by the end of 1970, and a total of 670 places.

No new private day nurseries were registered in 1970; the three registered nurseries have a total of 109 places and in addition there is a hospital day nursery of 20 places.

Therefore, by the end of 1970, 1,008 children under the age of five years were receiving full-time or part-time day care outside their own homes. These children are in addition to children attending local health authority day nurseries or nursery schools under the Education Committee. The comparable figure for 1969 was 780.

From the 1st February 1971, the Director of the new Social Services department has taken over the administrative supervision of day nurseries according to the provisions of the Social Services Act, 1970.

Nursing Agencies

BY

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

Senior Medical Officer

1970 has seen a number of changes amongst the nursing agencies in the City. One agency of many years standing notified this department of its intention to close at the end of the year and did not apply for renewal of the licence. Two new agencies were approved and opened during the summer. The conduct of both was found to be satisfactory when inspected in December and in each case the licence was renewed for 1971.

The necessity and efficacy of the Nurses Agencies Regulations of 1961 were clearly demonstrated in dealings with an agency which opened in early 1969. After a few months the occasional complaint was being received in this department from nurses who were experiencing considerable delay and difficulty in receiving payment for work carried out. Only small amounts of a few pounds were involved, and individuals were advised to place the matter if necessary in the hands of a solicitor. The difficulties experienced by the nurses in making direct contact with the owner and manager of the agency were shared by the medical officer who made unsuccessful visits and found the telephone to be consistently answered by a recording machine. There was a reluctance on the part of the nurses concerned to reveal their identity and to lodge an official complaint. Nothing further was heard for several months but the incidents were noted for consideration when the licence fell due for renewal at the end of the year. When the application form failed to be returned in December 1969 it appeared that the situation might be resolving itself spontaneously. However, its eventual arrival in January coincided with a large number of further complaints containing sufficient detail to enable a realistic check of the agency's records to be made. A visit for this purpose was arranged, and the records available thoroughly inspected, somewhat to the discomfort of the owner who provided a running commentary during the exercise punctuated by dramatic stories of personal exploits when a deficient or anomalous section was being examined. It was obvious that few details

had been recorded for at least three months and the two days preceding the visit had been the occasion of much hard work attempting to complete the books. A copy of the regulations was left, and those in relation to the keeping of records carefully explained.

The next step which involved making a recommendation to the Health Committee to either grant or refuse the licence presented something of a dilemma. There is a natural reluctance to deprive a person of their livelihood without very good reason, or to embark on a course of refusing a licence without irrefutable evidence. In addition, an agency is entitled to continue operating until an official decision has been made. The situation was carefully assessed and consideration given to recommending a conditional renewal of the licence to enable the records to be brought up-to-date with the intention of frequently inspecting them during the coming year. It was found, however, that such a recommendation was not permissible but also realised that committee procedure would allow time and opportunity for the affairs to be set in order. The recommendation was therefore made to the Health Committee in February for refusal of the licence on the grounds of incomplete and unsatisfactory record-keeping.

The agent took the opportunity of appearing before the Committee in March, bringing a fresh set of records which proved to be as inconsistent and incomplete as the previous ones. Enquiries made to various nurses the morning before Committee had revealed that payments in all cases except one were still outstanding after several months. The decision to refuse a licence was upheld, and the right of appeal to a Court of Summary Jurisdiction was not exercised by the agent.

If any faint doubts lingered on regarding the assessment of this case and the severity of the action taken, the sequel to this chain of events would be sufficient to dispel them. Nine months after the nursing agency had been officially closed in Nottingham, information was received from a medical officer of health in the south of England, where this agent was conducting similar activities, and had been convicted for fraud on two known occasions.

This case helps to illustrate that professional competence and experience although essential are insufficient in themselves to enable the successful management of a nursing agency. A good business head is also a necessary attribute combined with integrity and sound financial backing.

NURSING HOMES

There are two nursing homes registered with the Corporation one of which came under new ownership during the year. Between them 37 beds are provided for medical and geriatric cases.

ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

In accordance with the regulations set out in the Nottingham Corporation Act 1952, sixteen of the establishments registered renewed their licences in 1969. One establishment closed during the year.

DENTAL SERVICES

BY

NORMAN H. WHITEHOUSE

B.Ch.D., L.D.S., D.D.H., D.D.P.H.R.C.S.(Eng.)

Chief Dental Officer

During 1970, dentistry was the subject of a series of reports which may have a fundamental effect on its future role in the health services.

Early Spring saw the publication of the long awaited Adult Dental Survey, whose purpose was to provide information about the dental health of the United Kingdom. For the first time, details of the patterns of dental disease in adults were published. Particular care was taken to evaluate the effect of free or minimal cost dentistry on that age group (16-34) who are young enough to have felt the benefit since 1948. Among this group, 45.3% were found to attend for regular dental examinations, a figure which, while not commendable, is considerably higher than might have been the case had no subsidised service been available. The survey further highlighted the lack of resources that dentistry had suffered during the last twenty years, a lack which has inevitably reduced the demand for treatment.

During this period, the local authority dental services both nationally and locally have been grossly understaffed. The pattern of treatment caused by the consequent restriction of service has affected in particular those who most needed educating in dental care and has thus prejudiced the dental health of subsequent generations.

Although the availability of professional staff has increased in the last few years, dentistry has a duty to ensure that its personnel are used to their maximum potential. In Nottingham this has been partially achieved by the wide use of dental auxiliaries, a use restricted only by their availability. If this experience is reflected nationally, perhaps it is time to examine the need for an expansion of the number of girls being trained and the possibility of a second dental school.

Furthermore, a much wider application of dental epidemiology is required so that the influence of prevention and treatment can be continuously monitored and valuable professional time allocated more precisely to those areas of greatest need.

With these factors in mind, the aim must be to continuously develop the services for children and to influence as much as possible their attitude to dental treatment. It is unfortunate that proposals introduced during the autumn will lower the age limit at which patients are liable to pay charges in the general dental service before this education is complete. Public health dentists are greatly

concerned that this and similar measures must, in the long term, adversely affect the distribution of dental treatment in the community. It will be a sad reflection of our society if in twenty years' time we find that the proportion of adults receiving regular dental examinations has fallen rather than risen, dramatically.

Last year also saw the publication of a Green Paper on the Health Services. Although the change of government at the last general election will inevitably mean changes in detail, there is little doubt that the principles embodied in the report will form the basis of a White Paper in 1971. It is, of course, dangerous to attempt predictions, but it seems likely that the local authority dental service, as a personal health service, will be incorporated into whatever administrative structure is proposed. A change in the role of the service is thus inevitable in the long term and it is hoped that community dentistry as a reality will emerge from the change. A reinforcement of the school dental service is essential to provide a foundation for future dental health but the role of the dental officer in the prevention of dental disease must be extended. In the last few years, the impossibility of solving dental problems by treatment alone has been demonstrated times without number and yet nationally there has been no move to introduce a policy of prevention. Surely a country which spends more than £70 million per annum on dentistry should have a nationally co-ordinated preventive dental service.

The development of community dentistry is a new and interesting concept. In Nottingham, the first step towards its introduction was taken in February 1970 when a new two-surgery dental unit was opened at the Hyson Green (Mary Potter) Health Centre. A dental team was installed in these premises, made up of a dental officer, a dental auxiliary and two dental surgery assistants. The team are responsible for the dental health of the school-children and priority groups in the area, and it is hoped that their work may soon be supplemented by a preventive unit. Unfortunately, the general dental services which must form the major partner in any worthwhile scheme are not involved in this health centre. Let us hope that the difficulties which are preventing their involvement will be resolved in future centres. Given the presence of general dental practitioners and local authority dental officers in sufficient numbers, it seems a logical step to provide advisory consultant services, locally, on a regular basis.

By working in this environment, dentists from all spheres, because of their inevitable involvement in the local community services may appreciate at first hand the social problems which exist and the unequal spread of the dental services.

Under these circumstances and given a more favourable manpower situation, a further extension of the local authority dental services into geriatrics and the treatment of the mentally and physically handicapped and other special groups would be desirable. In these categories alone, there exists an enormous pool of dental neglect and hardship which is difficult to justify in 1970. Obviously, only a salaried dental service could economically treat such a group.

The value of the new premises at Hyson Green has been underlined by the enormous demand for treatment which developed within a few months of its opening. The presence of a dental officer in the midst of the general medical practitioners has already affected the numbers of pre-school children treated during 1970. The total number of dental visits by these children in the city increased from 325 in 1969 to 501 in 1970, of which no fewer than 157 were made at Hyson Green. Not only were more children seen but a radical change in the type of treatment occurred. The number of fillings inserted increased five times from that of 1969 while the numbers of extractions and emergency visits fell slightly. Whilst aware that this is only a humble beginning, the trend is very definitely in the right direction. The help of the Health visitors and nurses has been much appreciated in contacting the parents of those children who attend their clinics. It is a great pity, however, that there is no way of influencing the silent majority who prefer to delay dentistry in their small children until they attend school, when it is so often too late.

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

PART A—ATTENDANCES AND TREATMENT

	<i>Children 0-4 (incl.)</i>		<i>Expectant and nursing mothers</i>	
	1970	1969	1970	1969
<i>Number of visits for treatment during year:</i>				
First visit	305	273	51	59
Subsequent visits	196	52	165	134
TOTAL VISITS	501	325	216	193
 Number of additional courses of treatment other than the first course commenced during the year ..	 1	 2	 1	 1
 Treatment provided during the year:				
Number of fillings	248	54	70	34
Teeth filled	209	48	62	31
Teeth extracted	443	505	145	169
General anaesthetics given ..	212	234	25	33
Emergency visits by patients ..	183	229	15	22
Patients x-rayed	2	6	4	7
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	32	9	24	29
Teeth otherwise conserved ..	2	—	—	—
Teeth root filled	—	—	1	—
Inlays	—	—	—	—
Crowns	—	—	—	—
 Number of courses of treatment completed during the year ..	 118	 87	 35	 32

PART B—PROSTHETICS

	1970	1969
Patients supplied with full upper or full lower (first time)	6	10
Patients supplied with other dentures	14	11
Number of dentures supplied	24	29

PART C—ANAESTHETICS

	1970	1969
General anaesthetics administered by dental officers	33	19

PART D—INSPECTIONS

	<i>Children 0-4 (incl.)</i>		<i>Expectant and nursing mothers</i>	
	1970	1969	1970	1969
Number of patients given first inspections during year	A 273	230	D 41	36
Number of patients in A and D above who required treatment	B 244	225	E 39	33
Number of patients in B and E above who were offered treatment	C 238	221	F 39	32

PART E—SESSIONS

	1970	1969
Number of dental officer sessions: (equivalent complete half-days) devoted to maternity and child welfare patients:		
For treatment	47	39
For health education	22	20

THE NURSING SERVICES

BY

MISS PATRICIA MORTON

Diploma in Social Studies, S.R.N., H.V., P.H.N. Admin.Cert.

Chief Administrative Nursing Officer

Towards the end of 1970 the scheme put forward in the 1969 Annual Report of the City of Nottingham Health Services for the re-organisation of the nursing services gradually began to take shape and some progress was made towards achieving one of the major objectives—that of improving co-operation and co-ordination among the three main services of midwifery, home nursing and health visiting. The interchange of ideas in themselves gave rise to the emergence of positive proposals for implementing change which would lead to the development of community health teams.

Four Principal Nursing Officers, appointed during 1970, would each retain certain professional responsibility for one of the three services but would also assume responsibility for building up nursing teams within a prescribed part of the City. It was envisaged that as teams began to function effectively some of the present centralised administration of each separate service would be transferred to the Nursing Officer in control of these teams. The system of communications would need careful adjustment before any major changes were introduced and time was required to keep nursing staff informed, through informal staff meetings, of the progress with plans for re-organisation.

The report of the Joint Working Party on Group Attachment states that "A community health care team is ideally placed to provide personal and preventive service to the population it serves, defined not by district but by the patients on the doctors' lists." The formation of nursing teams would be purposeless unless they could work harmoniously with general practitioners. Thus the means of achieving a second major objective—that of establishing closer links with general practitioners was seen as an essential part of this policy for change. Over the next few years more general practitioners are expected to work from the new health centres but in the interim period it is hoped to adjust the case loads of the nursing staff so that as far as possible they visit the patients or families registered with a certain number of general practitioners only. Under the present system of working in a prescribed geographical area a health visitor, for example, may visit families on the lists of up to 60 general practitioners. For such re-organisation account would have to be taken of increased travelling commitments particularly for those without cars, personality factors and of general practices which have a high or low usage rate of nursing services. It would possibly take up to three months of initial planning before teams could be formed.

Long term planning would take account of foreseeable changes and it is here that each nursing service has rather different adjustments to make. Increasing emphasis is placed on hospital confinements and the domiciliary midwife is already adapting to a different working pattern. More patients are being cared for in the community and there is a need for district nurses to concentrate their skills and delegate some basic nursing duties to less qualified staff. Health visitors will have increasing contact with age groups other than the 'under fives' and a greater emphasis will be placed on liaison schemes with hospitals in the area.

It is hoped that the year 1971 will see some of our ideas put into action.

Health Visiting

BY

MISS M. HOLDROYD

S.R.N., S.C.M., B.T.A., H.V., P.H.N. Admin.Cert.

Deputy Chief Administrative Nursing Officer

At the end of 1970 the staff complement of health visitors was thirty-four full-time and three part-time; twenty were essential car users. Because of redevelopment areas and redistribution of population, case loads were changing and varied from 300-900 families. Some health visitors were asked to relieve on the heavy areas until plans were formulated for the re-organisation of the nursing services.

Resignations were received from five full-time health visitors, one of whom accepted a senior appointment with another health authority, and four others resigned for personal and family reasons. Two newly qualified health visitors joined the staff having successfully completed their course of studies with the Nottingham and Nottinghamshire Training School.

One full-time clinic nurse was appointed to the Hyson Green (Mary Potter) Health Centre making a total of two full-time and twelve part-time nurses.

The slight increase in sickness absence to a total of 83 more working days in 1970 was partly attributed to the influenza epidemic in the early part of the year, but two members of staff had prolonged sick leave following major surgical operations though both are now back on full health visiting duties.

Health visitors made a total of 106,074 home visits during 1970. Although the overall total is less than in 1969 there were more successful and fewer no access visits. Visits to the elderly show an overall increase of 1,024 during the year. Many of the requests for the services of the health visitor were made by relatives, friends and voluntary organisations. During the power crisis there was an intensified effort to offset the hazards of hypothermia among the elderly.

Midwives and health visitors held joint classes for expectant mothers for relaxation exercises and parentcraft teaching, which were very well attended.

There was an increase in the number of requests received from secondary modern schools for talks to be given to girls of 14-15 years. These have been arranged and given by health visitors, who also gave talks to other groups such as young wives' groups and old peoples' clubs.

ASCERTAINMENT OF DEAFNESS IN PRE-SCHOOL CHILDREN

Screening tests were carried out by health visitors on a total of 3,434 children in 1970 compared with 3,213 in 1969. Of the total 340 (9.9%) were regarded as being at special risk compared with 342 (10.6%) the previous year.

Due to unsatisfactory responses 21 children were referred for further investigation; of these 5 were considered to have normal hearing; 11 had some significant hearing loss and 5 were under review at the end of the year.

A special two day course for training health visitors to undertake screening tests for hearing was held at Bestwood Park Health Centre in April 1970 and was attended by 8 health visitors. It was run in conjunction with the Department of Audiology and Education of the Deaf of the University of Manchester.

PHENYLKETONURIA

In 1970 2,531 children were screened for phenylketonuria by the phenistix urine test at the age of 6 weeks. This procedure was replaced by the Guthrie (heel stab) blood test from 1st July 1970 and is carried out by the midwives on the 6th day of life.

CO-OPERATION WITH HOSPITALS AND OTHER AGENCIES

Health visitors attended the Firs Maternity Hospital ante-natal clinics to give talks to expectant mothers. Liaison health visitors continued to visit the City Hospital post-natal clinic, the Children's Hospital and the General Hospital for the purpose of discussing the after-care of patients. Joint visits were made by a health visitor and a home nurse to the day centre and wards of Sherwood Hospital in connection with the care and after-care of elderly patients. A similar liaison continued with the medical social workers at the City Hospital and covered a wide range of medical and social problems.

Meetings of the co-ordinating committee on families with social problems were held regularly throughout the year, and were attended by health visitors.

Health visitors attended meetings and served on the committees of community groups in several areas of the city. These included the Playgroups Committee at the Meadows and Sherwood Community Centres.

REFRESHER COURSES

Two health visitors attended a refresher course at St. John's College, York, arranged by the Health Visitors' Association. One health visitor completed the field work instructor's course at the Royal College of Nursing, London.

VISITORS TO THE DEPARTMENT

Visits to child health clinics and individual homes were arranged for 271 students from the following training courses:

Nottingham and Nottinghamshire Joint Training Course for Health Visitors; home nurses studying for the National Examination for District Nurse Training; the General, City, Children's and Highbury Hospitals. Also medical and social work students from the University of Nottingham spent some time with a health visitor.

Visitors from other local authorities including general practitioners have shown considerable interest in the Hyson Green (Mary Potter) Health Centre.

CHILD HEALTH CENTRES

Child health centres were attended by 62.6% of children born in 1970. An increase of 7.1% on 1969 and the overall attendance at the child health clinics increased from 46,999 in 1969 to 48,502 in 1970. There was a decrease in the number of toddler sessions during 1970 because of a shortage of medical staff.

At the end of the year there were 29 child health sessions and 7 toddler sessions held weekly. Full details of attendances at clinics appear on page 132.

ANTE-NATAL RELAXATION AND MOTHERCRAFT SESSIONS

The continuing trend towards hospital and general practitioner obstetric care resulted in a reduction in the number of ante-natal clinics at which health visitors were present. Weekly ante-natal sessions combined with cytology continued to be held at Radford and Sneinton Centres and twice monthly at Edwards Lane Centre. There was also an ante-natal session twice monthly at Sherwood Rise Centre.

CONSULTANT CLINICS

A consultant paediatrician attended Ernest Purser Child Health Centre weekly until the latter part of the year when illness and shortage of consultant medical staff necessitated suspension of the clinic.

TUBERCULOSIS AND B.C.G. VACCINATION

In 1970 the senior tuberculosis visitor retired as well as two other members of the staff. Difficulty was experienced in recruiting new staff and it was necessary to replace one full-time tuberculosis

visitor by two part-time staff. One tuberculosis visitor was promoted to senior visitor. At the end of the year the Chest Centre was staffed by a senior tuberculosis visitor, two full-time and two part-time tuberculosis visitors, and for two sessions weekly a member of the general health visiting staff.

During the year 2,942 home visits were made to 745 tuberculous households, including all newly notified cases. The tuberculosis visitors followed up and gave advice to 416 new immigrants who were reported to be living in the city.

Clinical sessions at the Chest Centre necessitated 909 attendances by tuberculosis visitors.

PARTICIPATION IN RESEARCH

Health visitors participated in several surveys which were carried out during the year. These included a survey in Medical Care by the Institute for Social Studies and the "Pre-attachment" Study of the Attitudes of Nurses in the City of Nottingham by Dr. W. H. Parry, Medical Officer of Health and Dr. J. E. Lunn, University of Sheffield, published in *"The Medical Officer"* (reference on page 124). The findings of this second study showed that at present health visitors occupied a relatively isolated position in terms of establishing satisfactory communications with general practitioners compared with home nurses and midwives. It is hoped that the quality of their work will be enhanced when the community health teams are developed and that there will be a greater appreciation of the significance of the health visitor's contribution to the promotion of family health care.

IN-SERVICE TRAINING

Invitations were extended to health visitors to attend lectures and seminars at the General, Sherwood and Mapperley Hospitals and the University of Nottingham. All members of the staff visited the Nottingham branch of the Family Planning Association for discussion on recent advances in family planning.

Health visitors who had attended refresher courses and conferences during the year talked to their colleagues on topics of special interest.

As in previous years the staff were able to see films appropriate to their work.

HEALTH VISITORS' TRAINING COURSE

The 1969/70 session of the Health Visitor Training Course ended on 18th September 1970 and was the fifth course to be run under the new syllabus and rules introduced in 1965 by the Council for the Training of Health Visitors. It was also the twenty-third course to be held under the joint auspices of the Nottingham City Council and Nottinghamshire County Council.

Nineteen students registered for this session; one withdrew after 10 days; one withdrew after completing Part I of the examination and seventeen students successfully completed the course and were awarded the Health Visitor Certificate of the Council for the Training of Health Visitors. One of the students received commendation for her achievement in Part II of the examination.

Miss A. Adair, Principal Health Visitor Tutor in the School of Hygiene, Liverpool, is the external examiner for the whole of the examination. Part I consists of four 3 hour written papers, Part II consists of (a) writing a long essay (3-5,000 words) on a project related to the community, (b) making and writing four family studies (each approximately 2,000 words) and (c) an oral examination based on the project and family studies. Dr. W. H. Parry acted as internal examiner for this part of the examination. The course makes heavy demands on the students, both academically and in field work practice. However, for most students it is a rewarding experience and provides an academic year of full-time study which is enlightening and stimulating. It brings, among other things, a greater awareness of what is going on in the community, particularly in the wider field of community health.

Training schools are approved by the Council for the Training of Health Visitors for periods of not longer than five years and during the year under review details of the course, including curriculum, field work arrangements and arrangements for the examination were submitted for re-approval. The Council approved the course for a further five intakes in the years 1970-1974 inclusive for a maximum of fifteen students with one tutor.

We were pleased to welcome Mrs. B. M. Williams, a student from the Community Health Nurse Teacher Course of the Royal College of Nursing, who spent 6 weeks with the course to undertake teaching practice and to gain some experience of training school administration.

OTHER TRAINING COURSES

Lectures were given to the nursing students at the hospital training schools in the city and to the Diploma Course for Teachers of Mentally Handicapped Children at Trent Polytechnic.

Home Nursing Services

BY

MRS. M. HOGAN

S.R.N., S.C.M., R.F.N., H.V., Q.N.

Principal Nursing Officer

Although there has been an increase in the number of new patients from 3,802 (1969) to 4,142 (1970) the reduction of total visits followed the pattern of previous years. The staff establishment has not really kept pace with the changing demands for home nursing care and is slightly below the establishment of 10 years ago.

<i>Year</i>	<i>Average No. of staff per month</i>	<i>Average case load per nurse</i>	<i>Total visits per year</i>	<i>Total No. of patients nursed</i>	<i>No. of patients over 65</i>	<i>Staff absence</i>
1960	68	276	224,594	6,610	54.4%	1,219
1970	62	228	161,116	6,217	65.3%	1,617

The changes in medicine are reflected in the work of the district nurse. It has become much less technical, and most visits take longer. The number of visits to diabetic patients has halved in 10 years although the number of patients visited has not greatly changed. The decrease in the incidence of tuberculosis has had a remarkable effect. Oral diuretics and antibiotics has considerably reduced the number of injections now given. Maternal complications and infectious diseases have declined. The number of patients with a diagnosis of arthritis, trauma, senility, has risen sharply in contrast with other diseases. 65.3% or 4,048 of our patients are over 65 years of age, and the anticipated increase in the number of post-operative dressings has not materialised, as shown below:

<i>Year</i>	<i>Diabetics</i>		<i>Tuberculosis</i>		<i>Total No. of patients nursed</i>		
	<i>No.</i>	<i>Visits</i>	<i>No.</i>	<i>Visits</i>	<i>Arthritis</i>	<i>Trauma</i>	<i>Senility</i>
1960	275 pts.	35,262	210 pts.	9,377	130	200	241
1970	271 pts.	17,407	70 pts.	2,932	488	434	412

This change in the content of the nurses' work is linked not just with the advances made in medicine, but with the changes in the structure of society, the demands for health care, and awareness of the services available. Greater life expectancy with its ensuing problems, mental confusion, incontinence, pressure sores, loneliness and falls, need care that is time consuming and exhausting. The ever increasing demand for care by both statutory and voluntary bodies who offer home nursing services regardless of need, so very often found to be social and not nursing, increases the difficulty in trying to assess priorities with the resources available.

To fully utilise the skills of the district nurse, ancillary staff is urgently needed to support her in caring for the aged, e.g. bath attendants to carry out work that now occupies approximately 30% of her time, routine work not requiring the expertise of the qualified nurse. The increase in the number of students for training is an added strain. Teaching community care, maintaining supervision, delegating duties whilst still retaining responsibility, and reviewing progress leaves little time for preventive and rehabilitative work.

STAFF

Three State Registered Nurses and four State Enrolled Nurses were appointed. Five nurses resigned and two retired. Mrs. Hazel

retired after approximately 20 years of service, and Mrs. Wass retired on medical grounds also after 20 years of service. Leave of absence for sickness amounted to 1,324 days, maternity leave 205 days, compassionate leave 20 days.

TRANSPORT

52 nurses were eligible for essential car users' allowance and 5 for a casual allowance (an increase of 12). One mini-van was provided by the Corporation. Five nurses claimed an allowance for riding their own scooters. Cycles were used by three part-time nurses.

DISPOSABLE NURSING EQUIPMENT

Time is conserved by the wider use of disposable equipment. This helps to maintain a high standard of care and eliminates the risks of cross infection. Nursing procedures can be carried out in an efficient time saving manner. In addition to disposable syringes, nurses use sterile disposable forceps, gloves, masks, catheters, pre-packed dressings and stitch cutters. Low reading centigrade thermometers used with "steri-temps" avoid contamination and the need to disinfect same after use.

LOAN OF NURSING EQUIPMENT

There was an overall increase in the use of nursing equipment. The demand for wheelchairs and commodes exceeded the supply at times. During the summer months it was necessary to limit the time a patient was allowed to keep a wheelchair to one month. The provision of three wheelchairs by the Nottingham Darts Association for the use of patients going on holiday will be much appreciated during the coming months. Supplies of incontinent pads, inco. roll and polythene sheeting continued to escalate (see page 135). This led to an increase in the collecting service as did the increased turnover in loan of nursing equipment.

REFRESHER COURSES

Three district nurses attended a General Practitioner Attachment Course, arranged by the Queen's Institute of District Nursing, in London. 8 others attended general refresher courses held at Stamford Hall, Leicester, and the Queen's Institute in London.

DISTRICT NURSE TRAINING SCHOOL

All 13 nurses taking the National Examination in District Nursing in January 1970 were successful. Two nurses, from the City of Nottingham, commenced the 16 week course in September and thirteen the twelve week course in October including one City midwife seconded to training, three nurses sponsored by Nottinghamshire County Council, four by Derby Borough and five by Derbyshire County Council. Four weeks' theoretical training was given and 8 or 12 weeks' practical work according to experience.

A second training course is planned to commence in January for 17 nurses which will include 9 from the City of Nottingham. This will combine the training of state registered and state enrolled nurses. The course for enrolled nurses will extend over a 10 week period with two weeks' theory and 8 weeks' practical work. A National certificate will be awarded to successful candidates.

MARIE CURIE MEMORIAL FOUNDATION SERVICE

Welfare grants and nursing care for cancer patients with special needs were provided through the Service. Under the day and night nursing service help was given to 161 patients. This greatly alleviated anxiety on the part of the patient and helped to safeguard the health of the relatives. The physical and mental strain imposed on the family unit during the long term care of a relative with a malignant disease puts enormous stress on personal relationships. In many cases, complete breakdown was prevented by the support given by this service.

Arrangements were made for five patients to be admitted to a Marie Curie Home in Birmingham for long term care. In each case the patient lived alone and had few if any relatives. Short term care was provided for six patients in local nursing homes.

Sample Case

A retired park caretaker aged 73 diagnosed as cancer of the bronchus lived alone, his nearest relative a niece lived 15 miles away. Prior to the request for care from the Home Nursing Service he had managed with a home help, and a friend popped in during the evening to make him a cup of tea. As the weeks progressed his condition deteriorated. Dyspnoea increased at the slightest exertion and he had difficulty in swallowing solids. He became very depressed and frightened of being left alone for any period of time. He was particularly worried about facing the weekend without help to see to his domestic needs. He wept as he confided in the district nursing sister. Arrangements were made for him to be admitted to a local nursing home, expenses paid by the Marie Curie Memorial Foundation.

AUXILIARY SERVICE

Depleted home nursing staff establishment made it necessary to curtail the night sitter service during the first three months of the year. To maintain a skeleton day nursing service and give a little if not wholly adequate amount of care to as many patients as possible it was necessary to deploy auxiliary workers. Without their help and co-operation, supplemented on a few occasions by some members of the health visiting staff, it would not have been possible to prevent a breakdown in the nursing service. Some of the misery, neglect and distress encountered in the elderly was prevented even if only in a small way.

Night sitter help was given to 63 patients, a total of 192 evenings were covered. Hospital admission was avoided in a number of cases by giving continuous care over a 24 or 48 hour period during the acute stage of the illness in elderly patients living alone.

Midwifery Service

BY

MISS R. E. M. LAVELLE, S.R.N., S.C.M., Q.N.

Principal Nursing Officer

STAFF

There were many staff changes during the year, probably due to the uncertainty of the future of domiciliary midwifery and the inevitable future integration of hospital and domiciliary midwifery services when unification of the Health Service occurs.

Eight full-time midwives resigned for different reasons though mainly to gain further experience in hospital. One was re-employed after working in a 10 bedded maternity unit for two months. Two part-time midwives left the service—one for domestic reasons and the other retired. Two part-time midwives changed to full-time duties and two full-time and three part-time midwives were appointed during the year. At the end of the year the staff consisted of twenty-nine full-time midwives (two of these responsible for special care baby nursing only and two responsible for special care baby nursing and parentcraft classes) and eight part-time.

STATISTICS

During the year midwives attended 1,405 confinements compared with 1,724 in 1969. General medical practitioners were booked for 1,378 of these confinements compared with 1,688 in 1969 and were present at the delivery of 65 cases compared with 87 in 1969.

Midwives ante-natal clinics were held weekly at 11 health and welfare clinics. There were 12,089 attendances at 600 sessions compared with 12,409 at 609 sessions in 1969. In addition the midwives take the blood samples at nine of the clinics because of the shortage of medical officers.

Relaxation and parentcraft classes were held at nine centres. Altogether 968 mothers attended a total of 426 classes compared with 739 attending 396 classes in 1969. 459 mothers attending were booked for hospital confinement and 509 for home confinement. One evening class was introduced in August and continued every six weeks. This gave husbands the opportunity of attending with their wives. Because of the popularity and demand for these classes it is hoped to increase their number.

Midwives held combined ante-natal sessions with three general practitioners at their own surgeries.

The following is a summary of the visits made by midwives during 1970 compared with the two previous years:

	1970	1969	1968
Home visits during the ante-natal period	12,481	13,605	14,029
Home visits during the post-natal period	38,985	38,529	40,391
Social emergency investigations ..	774	917	778
Other visits, mainly mothers booked for hospital delivery and early discharge ..	9,421	9,137	9,905
Visits to mothers confined in hospital and discharged home before the 10th day	2,792	2,166	1,801

SCREENING OF THE NEWBORN FOR PHENYLKETONURIA

Starting on 1st July the Guthrie Test was implemented to replace the phenistix test. The midwives were responsible for obtaining the samples of blood on the 6th day after birth. This test increased their work considerably as there were also requests for repeat samples, as many as thirty per week, the original samples not being adequate.

By the end of the year the requests for repeat samples were greatly reduced probably due to increased proficiency on the part of the hospital and domiciliary midwives.

MEDICAL AID CALLS

There were 1,191 calls to doctors of which 1,147 were to their own booked cases and 44 were made under the Emergency Medical Services including the Emergency Treatment Service. In 1969 there were 1,614 calls to doctors of which 1,561 were their own booked cases. The reasons and numbers are as follows:

	1970	1969	1968
Ruptured perineum	505	588	685
Prolonged labour	52	101	84
Foetal distress	87	82	74
Ante-partum haemorrhage ..	44	45	52
Premature labour	45	61	47
Other reasons	458	491	524
Infants	285	246	158

MATERNITY EMERGENCY SERVICE

There was a further decrease in the number of calls to the mobile obstetric unit based at the City Hospital. 14 calls were made compared with 23 during 1969.

USE OF THE OBSTETRIC UNIT

	1970	1969
Retained placenta	6	13
Post-partum haemorrhage	4	2
Ante-partum haemorrhage	1	2
Birth before arrival and retained placenta ..	—	1
Retained placenta and episiotomy	1	1
Retained placenta and post-partum haemorrhage ..	2	1
Post delivery fits	—	1
Eclamptic fits	—	1
Raised blood pressure	—	1
TOTAL	14	23

DOMICILIARY SPECIAL CARE BABY NURSING

This service continued during 1970 and the number of premature babies born at home decreased. The following is a comparison of the figures for 1968 and 1969.

	1970	1969	1968
Premature babies born at home	50	80	55
Subsequently removed to hospital	30	31	38
Discharged from hospital for domiciliary care	384	260	282
Visits paid during the year	5,415	3,706	4,416

CENTRAL STERILE SUPPLY

The supply of sterile packs containing necessary equipment for home confinement was continued due to the co-operation of the Adult Training Centre and the General Hospital.

THE CENTRAL TELEPHONE SYSTEM

In co-operation with the ambulance personnel, this service was continued enabling calls to be transmitted to midwives by telephone or radio-telecommunication throughout twenty-four hours.

NIGHT ROTA SCHEME

With the reduction of the number of midwives this scheme has been very difficult to maintain with four midwives, occasionally five "on call" between 6.00 p.m. and 8.00 a.m. averaging six nights "on call" in 28 days. This has meant midwives have had to travel to any part of the city during the night.

POST GRADUATE COURSES

Three midwives attended statutory courses during the year. One midwife was granted three months' leave of absence in September to attend the approved course in district training in Nottingham.

NURSES AND PUPIL MIDWIVES TRAINING

In association with the Firs Maternity Hospital 12 approved district teaching midwives assisted in the training of 41 student midwives in preparation for the certificate of State Certified Midwife. During the year 71 student nurses from the General, the City and the Children's Hospitals made visits with midwives as part of their training. In compliance with the Certificate of General Nursing of the General Nursing Council for England and Wales, 1962, 63 students undergoing three months' obstetric training spent two days with a midwife so as to give them an insight into the work involved. Nine students taking the special care baby course at the City Hospital spent two days with the domiciliary midwives responsible for special care babies.

ACCOMMODATION FOR PUPIL MIDWIVES

The two hostels used by the pupil midwives were closed by the end of February 1970, and the new hostel was ready for occupation by 1st March. There have been 8 or 9 pupils resident throughout the year. This number was quite enough because of the problems encountered in the new building and the difficulty of obtaining suitable staff. On 1st July a warden was appointed who took over the responsibility of the day to day running of the hostel and by the end of the year she was still in post. There are also 2 part-time cleaners and one part-time cook employed. Having the pupils resident in one building makes the job of organising their district training less complicated. The facilities available are so much better than the cold, damp hostels used in the past.

DISTRIBUTION OF PRACTISING MIDWIVES AT THE END OF THE YEAR

	1970	1969
Domiciliary Service ..	39	43
City Hospital ..	48	39
Firs Maternity Hospital ..	16	14
Women's Hospital ..	32	27
Highbury Hospital ..	18	19
Nursing Homes and Agency Midwives ..	2	—
Private Practice ..	—	—

PREVENTION OF ILLNESS

Care and After-Care

BY

L. ANN WILSON, M.D., B.Sc., D.P.H., D.C.H., F.R.S.H.

Senior Medical Officer

Under Section 28 of the National Health Act 1946, provision has been made for a variety of care and after-care services following illness. Those relating to tuberculosis are referred to on page 78 and the after-care of mental illness on page 88. The service for the supply of incontinence pads, introduced in June 1964, developed still further during the year.

CHIROPODY

The treatment of persons in the priority groups continued to be provided through the agency of the Nottingham General Dispensary. The total number of patients treated increased by 88, from 4,720 in 1969 to 4,808 in 1970, but there was a decrease in the number of treatments given from 26,051 in 1969 to 23,227 in 1970. This was due in part to a shortage of chiropodists and also to the state of the economy, both national and local. The average number of treatments per patient decreased from 5.5 in 1969 to 4.8 in 1970. Of the 23,227 treatments given, 2,905 were carried out in patients' own homes and 326 in old people's homes. 4,587 patients were aged 65 and over, 4 were expectant mothers and 217 were handicapped.

New patients were recommended by general practitioners, medical officers, health visitors, home nurses, midwives, and by members of the Women's Royal Voluntary Service.

CARE OF OLDER PEOPLE

The ever increasing number of old people in the community made yet greater demands on the Home Nursing Service and the Home Help Service; as was anticipated the most difficult problems were presented by those who had no-one to care for them, by the feeble and the confused.

On the recommendation of their 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.

Following an inspection in 1969 of the accommodation used by the Welfare Services Committee for old people at "The Gables" and Ward I of Sherwood Hospital, it was decided that early steps should be taken to discontinue their use. A report on the unsatisfactory condition of this accommodation resulted in the immediate closure of "The Gables" and temporary improvements to Ward I on the understanding that it would be closed within six months. This was carried out in 1970.

During the year 191 patients were admitted to the joint assessment and early treatment unit at St. Francis Hospital for accurate diagnosis as compared with 197 last year.

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

NUFFIELD HOUSE

Throughout the past sixteen years since it was opened 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 the companionship of their contemporaries, an opportunity which is often not to be found in a wider community.

But the pattern of Nuffield House has changed. It has become an extra-mural centre for care by the community of those who, a few years ago, would have been looked after in hospital, whereas it was originally established to provide a centre for rehabilitation where people could be helped to regain their confidence and become self-reliant and so return to normal life. Those who are recommended now are received far too late to help, save in looking after their physical needs. It is hoped that in planning the new unit, much more will be done towards prevention of breakdown.

ATTENDANCES

The average daily attendance throughout the year was 41, one more than the original number of places. New members numbered 57, of whom 46 were women and 11 men, while the number of members on the register at the end of the year was 145. Of the new admissions, 5 came for less than one week, 3 were admitted to hospital and did not return to Nuffield House, 8 were admitted to residential accommodation, 6 needed treatment in geriatric hospital, while 2 went into hospital and returned to Nuffield House after a short stay. The reason why 14 members ceased to attend after several months was unknown; 4 members moved away from Nottingham and 10 died during the year.

STAFF

The psychiatrist, Dr. L. C. Hurst, resigned on 31st October to take up a post in Plymouth. Until such time as the post could be filled Dr. E. Mateu, senior registrar at Mapperley Hospital was appointed locum tenens; by the end of the year the post was still vacant.

Due to a car accident in July 1969 Peter Wright the driver retired after a year's sick leave. He served Nuffield House well for 13 years, not only as the driver of the bus, but as friend and confidant to the old people. Mr. Tom Betts was appointed in his place on 21st September. There were no other changes in the staff.

General Social Welfare

BY

MRS. DOROTHY L. FREEMAN

AND

MRS. A. J. PATERSON, B.A.

During the year staff changes occurred. One new social worker was appointed in May, and another in November, to replace the two who had resigned.

The Health Department's two new social workers continued to deal with a heavy caseload involving a wide variety of medico-social problems and frequent home-visiting. Since the illness of one member of a family can bring to light the problems of the whole family, as far as it was possible, family-directed casework was undertaken.

Referrals from the family doctor, who is a central figure in the network of social help, tended to deal mainly with "neglected groups" such as the elderly and chronic sick often living alone in poor conditions.

The following are among the main groups visited:

- (a) Direct financial help to people suffering from cancer is provided by the National Society for Cancer Relief, through the Medical Officer of Health. Each patient is visited regularly by the social worker who often continues to give supportive visiting to the dependents following the death of the patient.
- (b) Home visits are undertaken to all areas of the City and housing reports are made on the medical and social circumstances of those people requesting a recommendation for priority re-housing on medical grounds.
- (c) Referrals are received from Forest Dene Chest Clinic, mainly concerning financial problems and general after-care of patients suffering from tuberculosis and other chest conditions.
- (d) The social problem group covers referrals from various sources both professional and from the general public. It also includes those individuals seeking direct help or advice.
- (e) The Health and Welfare Committee's allocation for the provision of convalescent holidays comes under Section 28 of the National Health Service Act 1946. Through the Medical Officer of Health, the social workers were able to refer those most in need of a recuperative holiday.

The social workers continued to play a small but active role in the early detection and prevention of social problems arising from sickness. Their job was to ensure that the patient was fully provided

for, and this often involved liaison with other medical and domiciliary services. Numerous organisations and professionals assisted by way of referrals which were investigated by the social workers, who thus provided necessary liaison within the network of community care.

SOCIAL WORK WITH PATIENTS IN RECEIPT OF AID FROM THE NATIONAL SOCIETY FOR CANCER RELIEF

The social workers continued to administer the grants provided by the National Society for Cancer Relief to patients suffering from malignant disease. A high proportion of the patients were terminal care cases. Such patients were well supported by their family doctor, the Home Nursing, and other Services. The financial help provided by the N.S.C.R. covered the special nursing needs, with attention to nutrition, hygiene, and the relief of pain or discomfort. It usually took the form of a weekly grant of £1.00, which did not affect the patient's sickness benefit or supplementary pension, and continued until the patient recovered sufficiently to return to work or until his death.

The social worker prepared an annual financial assessment and report on the home circumstances of each patient. A medical report was obtained from the family doctor. These reports were submitted to the Society for their discretion in the allocation of grants.

Relatively few referrals for N.S.C.R. grants were received from general practitioners during the year. The main sources were the Home Nursing Service, health visitors, hospitals, and other social agencies in the City.

28 patients were being helped by the N.S.C.R., through this Department, at the beginning of 1970. A further 25 new patients were referred during the year, and by 31st December 31 patients were in receipt of help, making a total of 53 patients who had been helped by the N.S.C.R.

Because cancer brings extra hardships the N.S.C.R. can relieve the situation by providing special grants for bedding and fuel. On two occasions they have paid outstanding bills and were very generous in providing nursing home fees for one patient, who, due to exceptional difficulties, could not be nursed at home.

The social workers visited each patient regularly, usually every fortnight, more often if urgent need arose. The elderly, those living alone, and those lacking the support of family or friends were given special attention.

TUBERCULOSIS AND THE SOCIAL PROBLEM GROUP

The number of notifications of persons suffering from tuberculosis continued to increase. Of a total of 124 notifications, 102 were classed as respiratory, 1 as meningeal, and 21 other forms were noted.

Referrals from Forest Dene increased this year; details of these are included in the table below.

<i>Type of Assistance</i>	<i>Cases Brought Forward</i>	<i>New Cases</i>	<i>Total</i>
Domestic (involving Home Help Service and other help)	2	26	28
Referrals to Department of Health and Social Security	17	21	38
Financial and general advice	10	19	29
Convalescence	—	16	16
Referrals to other social agencies	—	12	12
Clothing provided	16	12	28
Housing (T.B.)	—	11	11
Loan of nursing equipment	1	3	4
Provision of bedding	4	2	6
Employment arrangements	1	2	3
Training arrangements	—	1	1
Milk at reduced rate	1	—	1
Referrals to child care	—	1	1
TOTAL	52	126	178

The co-ordinating committee of statutory and voluntary social services, established to consider problem families, met on 27 occasions during the year, when 221 case conferences took place on 183 families. Of these cases, 5 were discussed on three occasions, 28 on two occasions, 112 were discussed once and 121 were considered for the first time, and they were referred by 12 different agencies, as follows:

Children's Department	9
Department of Health and Social Security	3
Education Department	12
Health Department	5
General Practitioners	1
Housing Rents Office (City Treasury)	61
Medical Social Workers (Hospitals)	7
Mental Health	1
N.S.P.C.C.	4
Probation Department	9
School Health Service	5
Welfare Services Department	4
	121

These figures show a significant increase, 121 families being referred for the first time, compared with 100 families during 1969.

The following cases illustrate the close liaison with other social agencies and are typical of the day-to-day problems referred to the Health Department's social workers during the year.

Case I

Father, aged 39, suffering from bronchitis, unemployed for eight years, was referred to this department by his doctor for a period of convalescence. His wife had recently spent a period in an addiction unit. Their six children had been taken into care by the Children's Department. Following his convalescence it was arranged for him to attend a rehabilitation training centre. Whilst the house was empty vandals had broken in and as a result the family were rehoused. The children came out of care and the family were able to make a fresh start, helped by supportive visiting.

Case II

A seventeen year old unmarried mother of a six weeks' old baby, was living at home with her father who was unemployed. She was taking out a court order against the seventeen year old father of her child. The girl was practically destitute, she had no money, no pram nor clothing for the baby. The Department of Health and Social Security was contacted and the girl's allowance discussed. The case was referred to Family First who provided a pram. The Salvation Army supplied clothing.

Case III

Father, aged 32, suffering from renal tuberculosis, had not worked for a year. His wife had left him the week before Christmas, taking all the savings, and leaving the three children, including a two year old suffering from pulmonary tuberculosis. The Council of Social Service was contacted and provided a gift of money and clothing for the family. The Red Cross supplied toys for the children. The father did not wish for a reconciliation with his wife, and managed to look after his children with the help of his sisters and continued supportive visiting.

Case IV

Man, aged 69, whose wife had been bed-ridden due to inoperable cancer, was suffering from severe reactive depression following her death. He had quarrelled with his son and the neighbours, and as a result became isolated and aggressive. It was arranged for him to attend Nuffield House one day a week. Home Help was provided. Frequent visits by the social worker helped him over this difficult period.

Case V

West Indian couple with six children. The diabetic father, aged 40, was a shift-worker at a colliery outside the City. The mother, aged 39, was confined to bed with advanced inoperable cancer. Domiciliary services attended in the mornings. The social worker contacted the manager of the colliery and was able to arrange for the man to work a regular day-shift, freeing him in the afternoons to take care of his wife and children. Supportive visiting was given to this family during their time of need.

Case VI

Following an emergency phone call from a general practitioner, requesting a visit to a difficult male patient living alone, aged 70, who had refused all available services, the man was found in a very distressed state. He was undressed, lying on an old sofa in a darkened room without food or any form of heating. He was unwashed and in need of attention. Home Nursing Service was contacted and the patient was subsequently admitted into care.

Case VII

Mother, aged 33, of nine children, was deserted by her husband three years ago, came into the department in a distressed state. She had multiple financial problems, the children were getting out of hand, and she had no friends. Continual supportive visiting was undertaken to help her sort out her finances. She was able to discuss her other problems and friendly support was maintained.

Case VIII

Unmarried mother, aged 28, of two children, suffering from pulmonary tuberculosis, had been cohabiting with the father for eight years. It was an unstable relationship and he frequently left her, causing her strain and anxiety, particularly over money matters. She came into the department to discuss her problems, and follow-up social visits were continued.

Case IX

Father, aged 42, with a family of seven children, developed inoperable cancer of the lung and was referred by the Home Nursing Service. Due to severe financial hardship it was necessary for the mother to take in lace work. The National Society for Cancer Relief and the Department of Health and Social Security were both contacted and considerable financial help was obtained for this family. As a result the mother was able to give all her attention to nursing her bedridden husband and coping with the children. When the father died, necessary supportive visiting was given.

Case X

Widow, aged 72, living alone, suffering from advanced cancer of the cervix, was doubly incontinent, housebound, and completely dependent on the domiciliary services. She was referred to this department by the Home Nursing Service for financial help. A weekly grant was obtained from the National Society for Cancer Relief for extra nourishment and fuel. This old lady had no family or friends, and was visited frequently by the social worker until her admission to hospital.

REQUESTS FOR PRIORITY RE-HOUSING ON GROUNDS OF ILLHEALTH

Requests for priority re-housing on medical grounds showed a large increase during the year; there were 579 requests during 1970,

an increase of 94 over the figures for the previous year. Of these requests 170 were recommended by the Medical Officer of Health and subsequently approved by the Housing Committee, which represented an increase of 32.

The majority of recommendations were made on behalf of tenants living in privately rented property who would not normally be eligible for re-housing by the Corporation, or to register on the housing waiting list. It provided a useful emergency method of housing needy people, for example, the elderly living alone in over-large houses they could not manage.

Applications were accompanied in the majority of cases by a medical recommendation from a hospital consultant or general practitioner. In exceptional cases the recommendation came from the Housing Department, Members of the Council, or Members of Parliament.

This initial recommendation was accompanied by information provided by the applicant, followed by a medical and social report submitted to the Medical Officer of Health by the social worker.

Table 1, on page 137, illustrates the nature of the illness or disability and the age distribution of those who were recommended for priority re-housing. This shows a large proportion of those recommended were between 60 and 80 years, and the major complaints continued to be cardio-vascular—a slight increase over last year; respiratory—a substantial decrease, and rheumatic—a slight decrease. Cases involving affliction of the special senses, in particular, blindness, more than trebled over the last year.

During the year social workers visited a total of 385 houses and prepared reports. Tenants already living in Corporation property were referred to the Director of Housing. In the case of the elderly who were not eligible for priority re-housing on medical grounds, but who were living alone in poor conditions, they were advised to register on the Corporation waiting list for those over 70 years.

Table 2, on page 137, illustrates the pattern of distribution, indicating the main problem areas of the Meadows, Radford and St. Ann's. It is interesting to note the vast increase of requests for priority re-housing in the Meadows area. St. Ann's remained fairly steady, due to the progress of the redevelopment plan for that area during 1970. The Central area showed the most rapid increase.

Where the problem was overcrowding or complaints of dampness, structural deficiencies, or rodent infestation, it was duly referred to the Chief Public Health Inspector for investigation.

CONVALESCENCE

The number of applications during 1970 remained steady. Out of a total of 93 requests, 2 less than the previous year, 25 were approved.

The Health and Welfare Committee paid the total cost of the maintenance of 12 patients at independent homes and contributed

to the cost of a recuperative holiday and travelling expenses for one patient. 11 patients were sent to the Sheffield Regional Hospital Board homes at Skegness and Matlock; one patient spent a period of time at Langwith Lodge.

Patients were referred by their general practitioners, the remainder being referred by health visitors or other social agencies. As in previous years the majority of both male and female applicants were in the age group 60-69. Details are given in the Tables on pages 138 and 139.

Arrangements were made for 2 married couples to go away together. There were 2 applications for female patients over 80 years, both of whom were fit enough to travel. A young mother aged 21, who was in need of a rest, was sent for a recuperative holiday to an independent home at Porthcawl.

LIAISON WITH W.R.V.S.

Close liaison exists between the Health Department and the W.R.V.S. Figures provided by the County Borough Organiser are given below.

MEALS ON WHEELS

The total number of meals provided in 1970 by the Women's Royal Voluntary Service was 54,785. This comprises 53,957 supplied to housebound people and includes meals supplied to the Welfare Services' Occupational Centre.

LUNCHEON CLUBS

14,546 meals were also supplied to the fourteen Clubs in the City run by W.R.V.S.

OLD PEOPLE'S VISITING SCHEME

24 members of W.R.V.S. visit regularly 26 elderly persons in their homes, and the visiting of those resident in hospitals continues.

CLOTHING STORE

Throughout the year 6,996 garments to 1,374 people in need of clothing were issued from the W.R.V.S. Clothing Store.

TROLLEY SHOPS IN OLD PEOPLE'S HOMES

W.R.V.S. trolley shop service continues to operate in twelve Old People's Homes in the City.

LIBRARY ON WHEELS

This service for the elderly or housebound continued throughout the year with the taking of books provided by the City Public Library, to two outlying districts and to four Old People's Homes and flatlets for old people.

W.R.V.S. SCHEME FOR HOLIDAYS FOR TIRED MOTHERS

W.R.V.S. arranged a holiday for one applicant under the above Scheme.

HOME HELP SERVICE

BY

MRS. L. HENSHAW

Home Help Organiser

In my contribution to the last annual report I mentioned the difficult position being experienced at the end of 1969 by the service during the influenza epidemic. The position did not improve during January 1970 and hours lost through sickness of helpers during that month totalled 3,244; in spite of this the waiting list reduced from 445 to 135 by the end of the month. During the whole of the year sickness of helpers accounted for 18,444 hours with pay, a weekly average of 355 hours, almost identical with the previous year. By the end of the year the number of helpers employed increased by 14 to 324 and the total available hours was 7,346. The number of helpers who left the service was 114; this included 3 retirements at 65, one having completed 21 years' service, and 128 new appointments were made. The increase in the number of helpers reduced the waiting list to 65 by the end of the year.

In April the chief clerk retired after serving fifty years with the Health Department, the last sixteen and a half of these with this service. The post was filled by promoting the assessment officer and that post was filled with a new appointment. One district organiser obtained another post in the Health Department and one caseworker left after only 10 months due to pregnancy. Both the posts were filled, one by promotion of a caseworker, so by the end of the year no vacancies existed. Apart from the early part of the year there was little absenteeism amongst the field staff which resulted in a considerable increase in the number of visits they were able to make. A total of 12,890 visits were made for the purpose of dealing with new applications, reviewing cases and assessments, checking helpers, queries and bad debts and this total excluded those made by caseworkers in training.

The recasting of district boundaries made during 1969 continued to work satisfactorily and at the end of 1970 the caseload of 1,998 was very evenly distributed, there being only a difference of 14 between the highest and lowest. Demolition in three areas, St. Ann's, Radford and Old Basford was quickly followed by the building of flats and bungalows, accommodation very suitable for elderly people. Population moves, therefore, took place but this did not affect the case-loads. The modern housing facilities eliminated to a great degree the problem of coping with fires for elderly people who previously lived in older, poorer type houses. The aim to create a more even balance of home help hours available in each district met with some success in three of the districts. The fourth, namely the Western district, had still more hours than the others and consequently the waiting list was often lower in that area and the organiser could be more generous in her allocation of help.

Requests for help received totalled 1,617; of these 433 were personal or self requests, 331 from hospitals, 228 from general practitioners, 71 from home nursing, 103 from clinics and midwives and the remaining 451 from other statutory and voluntary services. Of this total 589 cancelled the application and made other arrangements and 39 did not qualify for help. Of the remaining number, 14 were advanced maternity bookings, 11 were awaiting help at 31st December and help had been supplied to 964. The number of cancelled applications, i.e. 628, created an enormous amount of work for visiting staff as in many cases one visit was not sufficient to deal with the problem. This aspect of the work of the district organisers and caseworkers is, I feel, very important when considering work loads. Of the total of 2,832 cases assisted, 2,550 were people over retiring age, representing 90% of the cases, practically the same as in the previous year. The cases carried forward from the previous year totalled 1,868 and many of these were very elderly, some were well over 80 years of age and several in their nineties. One man who had reached the age of 95 had been receiving help from the service for over twenty years. Admissions of some of the elderly to hospital for a month in and a month out eased the pressure on the service but created work in the organising. Supportive help to families concerned with elderly relatives continued to be an important part of the work of the service. Only 27 cases were receiving daily help at the end of the year.

WEEK-END SCHOOL

I attended the Annual Week-End School of the Institute of Home Help Organisers held at Malvern in September. An excellent programme was arranged and because of delightful weather and an ideal setting I felt it was very well worth-while.

FINANCE

The most important aspect of this I felt was the pay award to manual workers which took effect from 9th November. Females received an increase of $1/4\frac{1}{8}$ d. per hour, increasing their wage to $6/9\frac{7}{8}$ d. and male helpers (four in total) $1/4\frac{1}{8}$ d. per hour to $8/10\frac{1}{8}$ d. This was the largest increase ever granted and it is hoped that this will assist further recruitment and retention of helpers. The cost of the service also rose by an increase in Corporation insurance of 1/- per week for each employee from 6th July.

The wage award increased the full cost rate to 7/4d. per hour. This took effect on 21st December and out of two hundred paying the previous full cost charge twenty-nine were not prepared to meet the increase and cancelled further help. In spite of this reduction in full cost cases, the income of the service for the financial year will amount to approximately £8,500.

A new scale of allowances came into effect on 2nd November and necessitated a financial review of cases. This resulted in some slight reductions but the usual 10/6d. fixed weekly charge to non-dependants remained the same. These factors showed little reflection in the total income of the service.

FUTURE

With the passing of the Local Authority Social Services Act many changes lie ahead for the Home Help Service, the chief one being that as from 1st March 1971 it will be transferred to the new Social Services Department. The staff in general view this with some apprehension and at the time of writing this report wonder just what all the changes are going to mean. In spite of difficulties and changes it is felt that every effort must be made to prevent these reflecting in the value of the service given to those in need, however meagre this may have been in the past.

Finally, before I close what must be my last contribution to the City of Nottingham Health Services Annual Report, I would like to thank everyone at the Health Department for their help, advice, co-operation and interest in the work of the service, particularly Dr. Parry and Mr. Tubb. Although we are parting company I look forward to having, from time to time, contact with former colleagues.

<i>Number of Helpers at 31st December</i>							
	1970	1969	1968	1967	1966	1965	1964
Full-time ..	45	43	38	71	64	78	90
Part-time ..	278	264	310	315	301	309	315
Casual ..	1	3	1	7	4	4	7
TOTAL ..	324	310	349	393	369	391	412

<i>Hours worked</i>							
Weekly average	7,000	7,000	8,000	8,400	8,250	8,500	9,400

<i>Result of Applications</i>							
	1970	1969	1968	1967	1966	1965	1964
Help supplied	964	929	1,114	1,092	1,098	1,020	965
Awaiting help	11	15	27	33	21	13	18
Advance maternity bookings	14	20	36	26	30	32	34
Not qualifying	39	54	42	27	46	45	55
Cancelled or arranged own help ..	589	519	465	492	564	515	564
TOTAL ..	1,617	1,537	1,684	1,670	1,759	1,625	1,636

ANALYSIS OF CASES ASSISTED AND PAYMENTS MADE

		<i>Part cost</i>	<i>Full cost</i>	<i>Nil</i>	<i>Total</i>
<i>Old Age Pensioners:</i>					
Chronic illness	..	140	320	2,074	2,534
Acute illness	..	1	8	7	16
<i>Others:</i>					
Chronic illness	..	15	30	101	146
Blind	.. ..	—	1	3	4
Acute illness	..	5	37	24	66
Maternity	.. ..	5	46	4	55
Tuberculosis	..	—	—	1	1
Social cases	.. ..	1	3	4	8
Mental disorder	..	—	—	2	2
TOTAL	.. ..	167	445	2,220	2,832*

*Includes 1,868 cases brought forward to 1970

ANNUAL EXPENDITURE AND INCOME SINCE INCEPTION

<i>Financial year</i>	<i>Expenditure</i>	<i>Income</i>
	£	£
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 ..	145,168	7,531
*70/71 ..	165,855	8,505

*Approximate actual

MENTAL HEALTH SERVICE

BY

J. E. WESTMORELAND, M.B.E., M.B.A.S.W.

Mental Health Officer

MENTAL ILLNESS

This was no ordinary year. The shadow of coming events was cast over the service by the Seeborn Report in 1968; the passing into law of the Local Authority Social Services Act in the summer of 1970 confirmed that the mental health service as it had been since July 1948 was in its last full year of operation. Subsequent local arrangements hurried on the demise when it was decided that the department should in fact cease to exist on the last day of the year. This would seem the time, therefore, not for the usual report on the events of the past twelve months but rather for a backward glance over the crowded years since 5th July 1948 when we first faced up to the challenge of the "brave new world" of the National Health Service.

It can be said with all modesty that the mental health service in Nottingham faced up well to the challenge. The seeds of success were planted in far off 1914, when the City Council decided that work under the Mental Deficiency Act 1913 should be under the medical direction of the Medical Superintendent of what was then the City Asylum. Because of this decision the Medical Superintendent of Mapperley Hospital, the late Dr. Duncan Macmillan, O.B.E., was already working in close association with the mental health officer in the service for the mentally handicapped. It was easier therefore, to establish an integrated service when the wider mental health service was created as a result of the National Health Service Act.

Although hospitals had had powers to employ social workers under the Mental Treatment Act 1930, few had been able to do so; psychiatric social workers were and still are in short supply. It was Section 28 of the National Health Service Act with its prevention, care and after-care provisions which enabled a wide after-care service for patients from the mental hospital to be established for the first time. It was at this point that close integration of hospital and local authority services started in Nottingham. It was glaringly obvious that both hospital and local authority could have a team of social workers who could work without regard or possibly knowledge of what the other was doing. In order, therefore, to make more efficient and economic use of man-power it was decided that as the local health authority had the primary responsibility for the community all the social work should be under their direction but the hospital would play a part by contributing some of their workers to a joint team.

In 1948 there were six mental welfare officers and two hospital social workers; very slowly over the years the numbers have grown to eight mental welfare officers and four hospital social workers.

Throughout, the latter have been given office accommodation with the mental welfare officers and supplied with clerical and typing services by the local health authority. This has been a most happy association and the hospital workers have always been regarded as members of the department.

Initially the intention was to offer some degree of after-care to every patient leaving the mental hospital and to undertake intensive casework where necessary. This high ideal could not be maintained for long; it was soon apparent that the work load was growing disproportionately to the development of the work force and all the social workers were soon compelled to be highly selective and the steady supportive case work which was so valuable to so many people had to be curtailed to enable those with urgent and immediate problems to have the service which was essential.

The Ministry of Health recommended that there should be one mental welfare officer per twenty thousand of population which in a City the size of Nottingham would call for fifteen or sixteen such officers but in fact there are only eight, figures which alone show the amount of work which cannot be done. Although public attitudes to mental illness have changed over the years, and the quiet, unspectacular work of mental welfare officers has played its part in altering attitudes, it is still a sad fact that the compassion of the community for the mentally ill has not been aroused to a point where they are prepared to pay for a service which could be fully effective. The mentally disordered still fail to arouse the sympathy which is accorded to other forms of handicap and those who have made the care of the mentally disordered their professional life have been hampered by lack of resources to an acute degree.

It has not all been gloom. There have been many bright patches. The integrated mental health service in Nottingham became nationally and internationally famous in the first ten years of its operation. Professional workers came from all parts of the world to see what was being done here; from almost every European country, from America quite literally by the plane load, from Mexico, Japan, from the other Commonwealth countries and from the emerging African states. The American visitors in particular were astonished at the amount of care bestowed on the mentally disordered members of the community without recourse to the cheque book!

Mapperley Hospital led the world with its "open doors" policy. This policy could only be achieved with the co-operation of the mental welfare officers. So long as the hospital received "certified" patients on orders to be detained, steps had to be taken to detain such patients. The mental welfare officers agreed to avoid certification whenever possible and undertook very heavy personal responsibilities by making extensive use of the famous, or some feel infamous, Section 20 of the Lunacy Act 1890 which gave the lay mental welfare officer power to remove people into the mental hospital for three days. This enabled the hospital to persuade such patients to remain as "voluntary" patients for whom no means of

detention was necessary and so one by one the wards were unlocked and within a year or two the whole hospital was wide open. If this could only have been done a few years earlier the metal from the discarded keys could have made a notable contribution to the war effort!

Mapperley Hospital steadily transformed itself from the old conception of an asylum where people were admitted for long periods and may be for life to a modern mental hospital offering every available form of treatment for mental disorder. In 1948 there were thirteen hundred beds with an admission rate of about 993 patients a year; today there are only eight hundred beds but an admission rate of something approaching two thousand three hundred and sixty patients per annum. This huge increase in the number of people going into and coming from the mental hospital has thrown enormous pressure on the community services which have not expanded at anything like the same rate. It will be a major task for the new Social Services Committee to develop community resources for the mentally disordered to meet the needs of modern psychiatric practice.

The Mental Health Act 1959 was far from being an unmixed blessing. Its many excellencies were marred for mental welfare officers by the time consuming nature of its provisions for compulsory admission. In the quiet of a council chamber the provision requiring two medical recommendations to accompany every application may have seemed logical, just, and in the best interests of the patient, but at 2 o'clock on a cold winter morning the application of the law takes on a different complexion. Obtaining two medical recommendations often seems very like Mrs. Beaton's recipe for jugged hare "first catch your medical practitioner". The immutable laws of nature having fixed the number of hours in the day at twenty-four the inevitable result is that the additional time spent in this way has to be taken from that which could otherwise have been spent in social work to the detriment of that service.

Over the whole period since 5th July 1948 close on 20,000 cases have been reported as in need of admission to the mental hospital. Every case has been fully investigated and as a result of the mental welfare officer's work on the case over 11,000 have been admitted to the hospital for treatment but admission was avoided in 9,000 cases. When one thinks of the necessary report writing and other clerical work attaching to each of these cases the total effort expended under this one section of the work is quite staggering. Admission work is only one part of a mental welfare officer's activities; his main effort is directed to social rehabilitation of the patient discharged from hospital and over the years many thousands have benefited from the compassionate interest which the mental welfare officers have consistently shown toward their clients. Actual assistance in obtaining work, in finding living accommodation and in generally resettling into the community and reforging social contacts has been given to many hundreds of patients while hundreds of others requiring no material aid have benefited from being able to

talk out their problems to a friendly, interested social worker. Perhaps the most important part of social work in the mental health field is the proffering of "a friendly ear". Probably the greatest contribution that the service has made to the well-being of a class of people whose mental state set them apart from the rest of the community and who have been misunderstood, misused and quite often shunned, can be summed up in the one word—friendliness.

MENTAL HANDICAP

The greatest need of the mentally handicapped is for training and occupation and the facilities available for this purpose in the City have developed extensively during the past twenty-two years. In 1948 there was one forty-five place occupation centre at Rosebery House, Southwark Street; by 31st December 1970 the service had developed to a point where there were all told 393 on the registers of two active training centres; a Junior Training Centre with 200 at Harvey Road, Beechdale Road and an Adult Training Centre at Bestwood Road, Bulwell with 193 on the registers.

When Rosebery House was purchased in 1945 the plan then was for three occupation centres serving geographical areas of the City, with Rosebery House to serve the needs of the north. However, it proved impossible to find a suitable building for adaptation in the east of the City, and whilst in the west there was a site available, in the aftermath of war with its very serious restrictions on building activities it was not possible to obtain a building licence to construct a purpose designed centre. When Rosebery House had 60 mentally handicapped persons of all ages on its register it was quite grossly overcrowded and with an ever lengthening waiting list a serious situation was developing. In the nick of time the Sheffield Regional Hospital Board decided that they had no use for the old smallpox isolation hospital on Bestwood Road, Bulwell, and this was gladly seized upon for conversion into a training centre with a capacity of 120 to 150. With the addition of a modern kitchen, dining-room and adequate toilet facilities these old buildings of wooden construction were given a new lease of life. This establishment, known as the City Occupation Centre, continued to cater for the mentally handicapped of all ages and with staff trained by the Superintendent, Mr. D. H. Cater and his very able deputy, Miss Ruby Fletcher soon gained a national reputation. As training courses for teachers of the mentally handicapped developed, the City Occupation Centre became one of the places used by the training courses to send students for practical training, and attracted much commendation for the excellence of the work done there.

As the years passed it became apparent that the City Occupation Centre was not large enough to contain the problem of the mentally handicapped in the City of Nottingham and at a time when the register number had reached 209, again with an ever lengthening waiting list, it became apparent that some extension was desperately needed. By courtesy of the Education Committee a disused temporary primary school in the Bilborough area became available

and these premises were rented temporarily in which to establish for the first time a Junior Training Centre whilst the premises on Bestwood Road continued to operate, but now as an entirely Adult Training Centre. This proved to be a very happy arrangement. The Beechdale Junior Centre flourished in its new surroundings; the buildings proved to be excellent for the purpose even though they had begun life as huts for soldiers operating an A.A. battery during the war before subsequently being turned into a temporary primary school.

The Adult Centre, freed of the necessity to provide for children, had more space in which to develop the more industrial side of its work and as experience was gained it was possible to begin the planning of a replacement building for which a site had been acquired adjacent to the Coppice Hospital at Mapperley. The intention is that when the new Adult Training Centre building is ready the present premises at Bestwood Road should form an industrial unit to which those who have completed training can be transferred and when that day is reached in some four years time there will be a complete range of facilities in the City for the mentally handicapped from the most junior to the most senior.

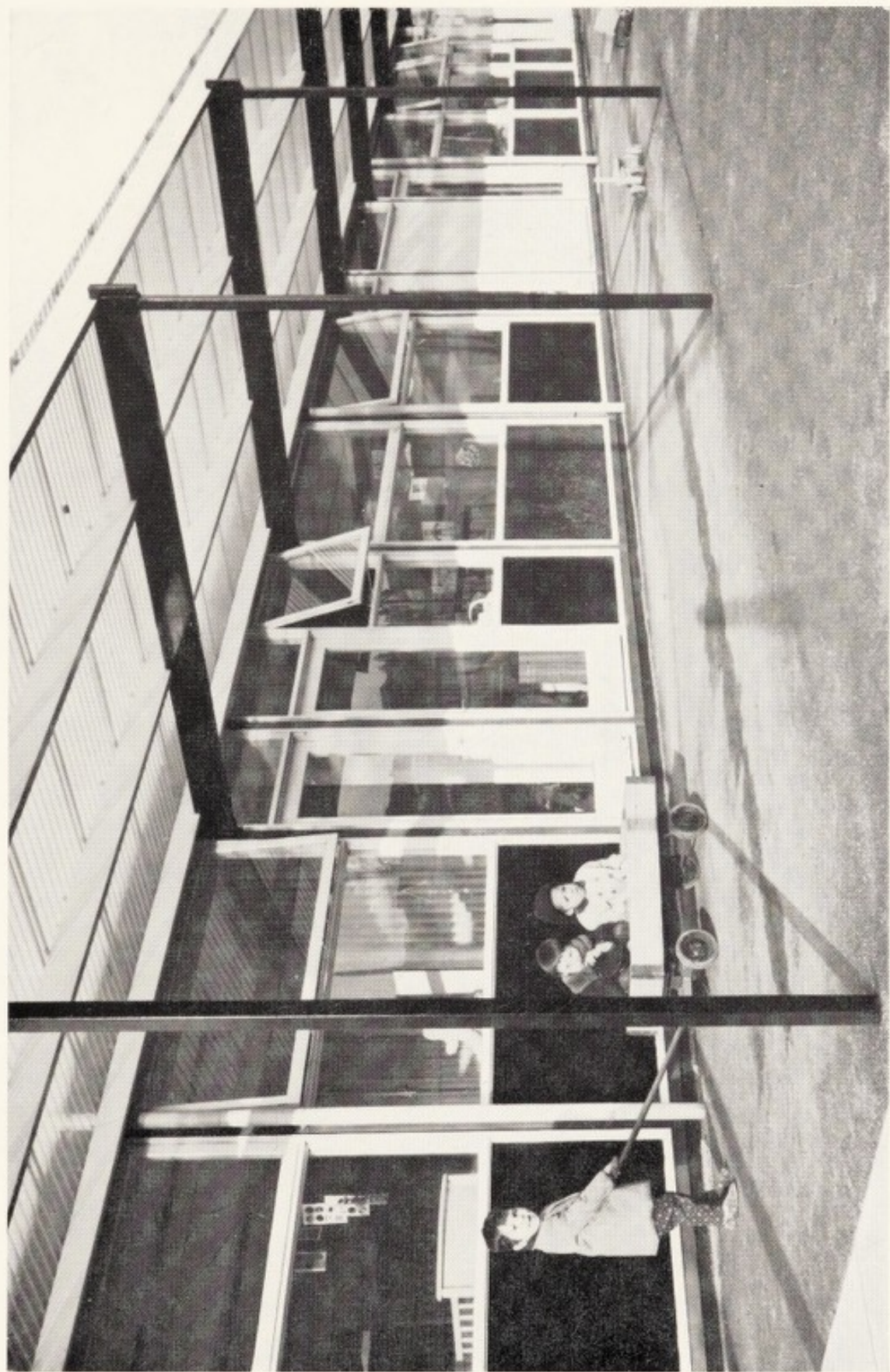
When work for the mentally handicapped first began in far off 1914, the only facilities for the training of what are now the severely subnormal was in institutions. Admission to institution was the method of first choice for every new case which came to attention, but the shortage of institutional places meant that the great majority of cases were dealt with merely by being noted and placed on a waiting list for a problematical place in an institution which for many never actually happened. Occupation centres, as the term then was, were designed in the first place as a holding operation until such time as the defective person could be admitted to the institution where they would get better care and training. There has, over the years, been a complete reversal in thinking about this problem. The success of the early occupation centres staffed largely by completely untrained people proved that where institutional care was not necessary for social reasons, it need not be necessary at all if adequate training facilities were available in the community. New training centres have been provided more quickly than hospital accommodation has been expanded and it is very striking that in 1948 there was a long and growing waiting list of mentally handicapped persons of all ages for whom institutional hospital care was considered essential. At the present day the urgent waiting list contains only one or two names and many of those for whom hospital care was considered to be the only possible answer have, in fact, been happily settled in the training centres for a number of years and because of the training and occupation provided for them have not given trouble to the community. It is felt that such pressure on hospital beds as remains could be further reduced if it were possible for community services to be further expanded. The training centre situation is reasonably satisfactory at the moment and with the provision of new buildings for the adults will become an excellent and complete service for training and occupation.

A growing problem, however, is the number of mentally handicapped persons who on the death of their parents are without a home. By the efforts of mental welfare officers many such persons have been accommodated in lodgings and there are in fact one or two establishments in the City which whilst privately owned and operated as ordinary lodging houses are and can really be considered hostels for the mentally handicapped, since all their lodgers are the nominees of mental welfare officers. The problem is an increasing one and the number of lodgings it has at present been possible to find will not meet the needs of the almost immediate future; there are at the moment some 60 persons attending the Adult Training Centre who are in early or late middle-age whose parents cannot be expected to be here much longer to provide a home. There is pressing need for a hostel to be erected and operated by the Local Authority which will have several purposes; it will be available for helping in the immediate crisis situation which arises at the death of the remaining parent, it will be available to accommodate those who are not yet sufficiently self-reliant to be able to take up a place in ordinary lodgings, and would probably be able to accept a few patients from hospital whose discharge is delayed because there is at present nowhere and no-one to whom they can be discharged able to give proper and reasonable care.

It is now approaching a half century since the present writer first entered the mental health service. In that time the whole social scene has altered dramatically and nothing more so than the attitude to and services for the mentally handicapped. In 1924 there was practically no service in the community other than the "ascertainment of such persons as were mentally defective"; a little home visiting carried on by members of a voluntary association and a very tiny experimental training centre with 6 assorted mental defectives in attendance at any one time. Every effort was made to persuade the parents of trainable mental defectives to allow them to be placed in institutions, and as the authority in those days had no establishment of its own, Nottingham cases were placed in institutions or colonies throughout the length and breadth of the land from Newcastle upon Tyne to Bristol. Visiting was difficult for all parents and virtually impossible for many and the defectives once admitted to institutions were to all intents and purposes entirely cut off from the community. By 1974 there will be a complete service for the care, training and occupation of the mentally handicapped within the community and hospital admission will only be required for those more difficult cases who cannot be contained within the community no matter how extensive the service. When hospital admission is necessary the two main establishments to which Nottingham has access, Aston Hall and Balderton Hospital, are both sufficiently near the City for regular visiting by parents to be possible. There is still much that can be done and must be done but the past years have not been without their achievements. Undoubtedly the present time is a better one for the mentally handicapped than the past and as a result of the plans now in the pipe-line the future will be brighter still.

FINALE

There is some sadness as one pens the last lines to this final report on the mental health service. Despite the frustrating delays which have interrupted progress, mainly for financial reasons, the service has grown—and one has grown into it. One feels a wrench at the parting of the ways with many colleagues who over a long period of time have often been very helpful and with the general spirit of comradeship which has permeated the various sections of the health service, and whilst looking forward to “gay adventures” in the Social Services Department we shall all look back nostalgically to a past which, too, has had its bright moments. I would like to express my deep thanks to Dr. W. H. Parry for the many kindnesses he has shown to me personally since he came to Nottingham as Medical Officer of Health, to Mr. C. V. Tubb the Administrative Officer who has frequently helped to unglue many a sticky situation, and to many others too numerous to mention who have been helpful and contributed in some way to the easier operation of a service which is never easy. May we all continue to prosper in our several ways.



INDEPENDENT STREET DAY NURSERY



NOTTINGHAM FESTIVAL 1970

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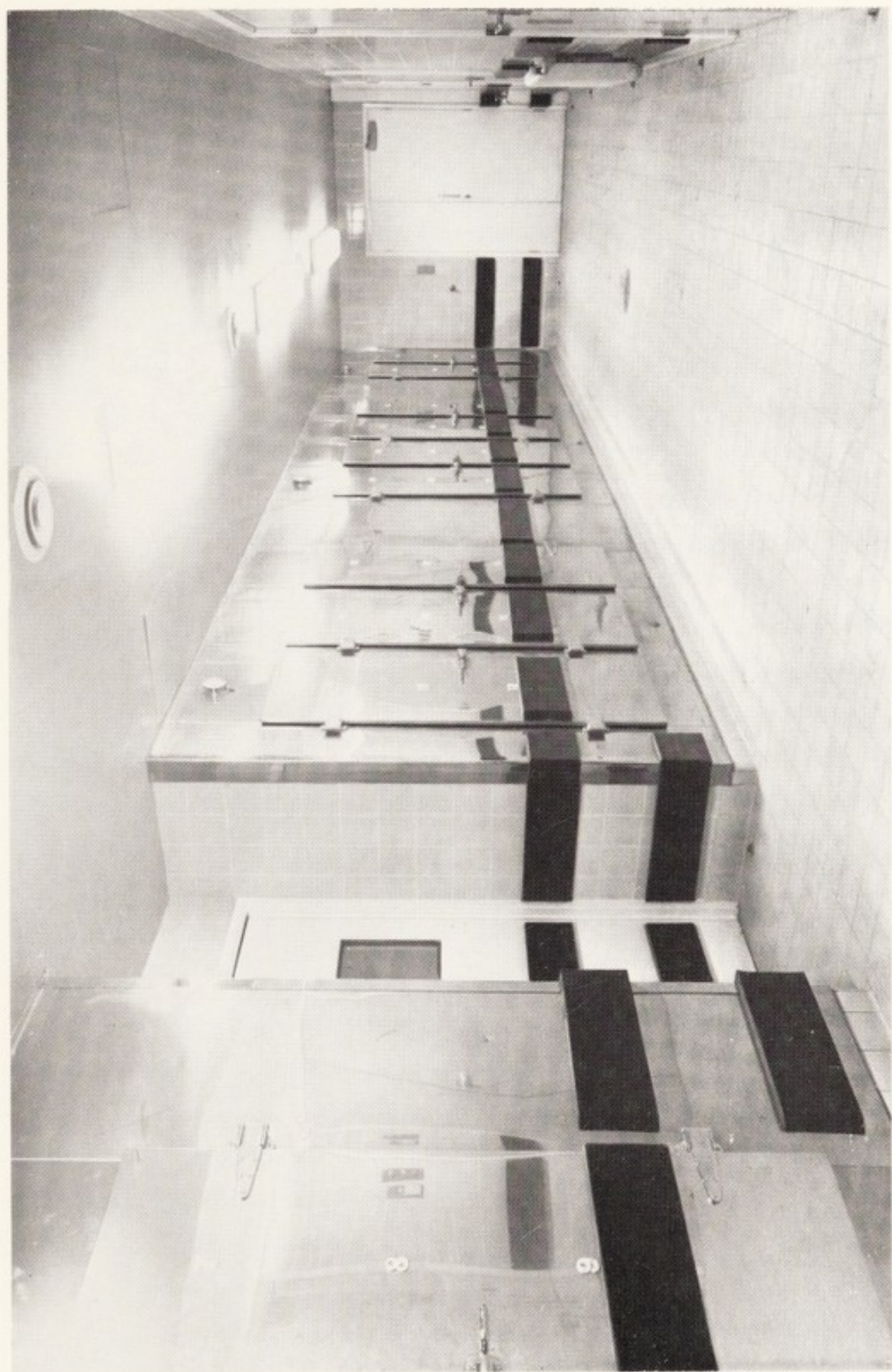


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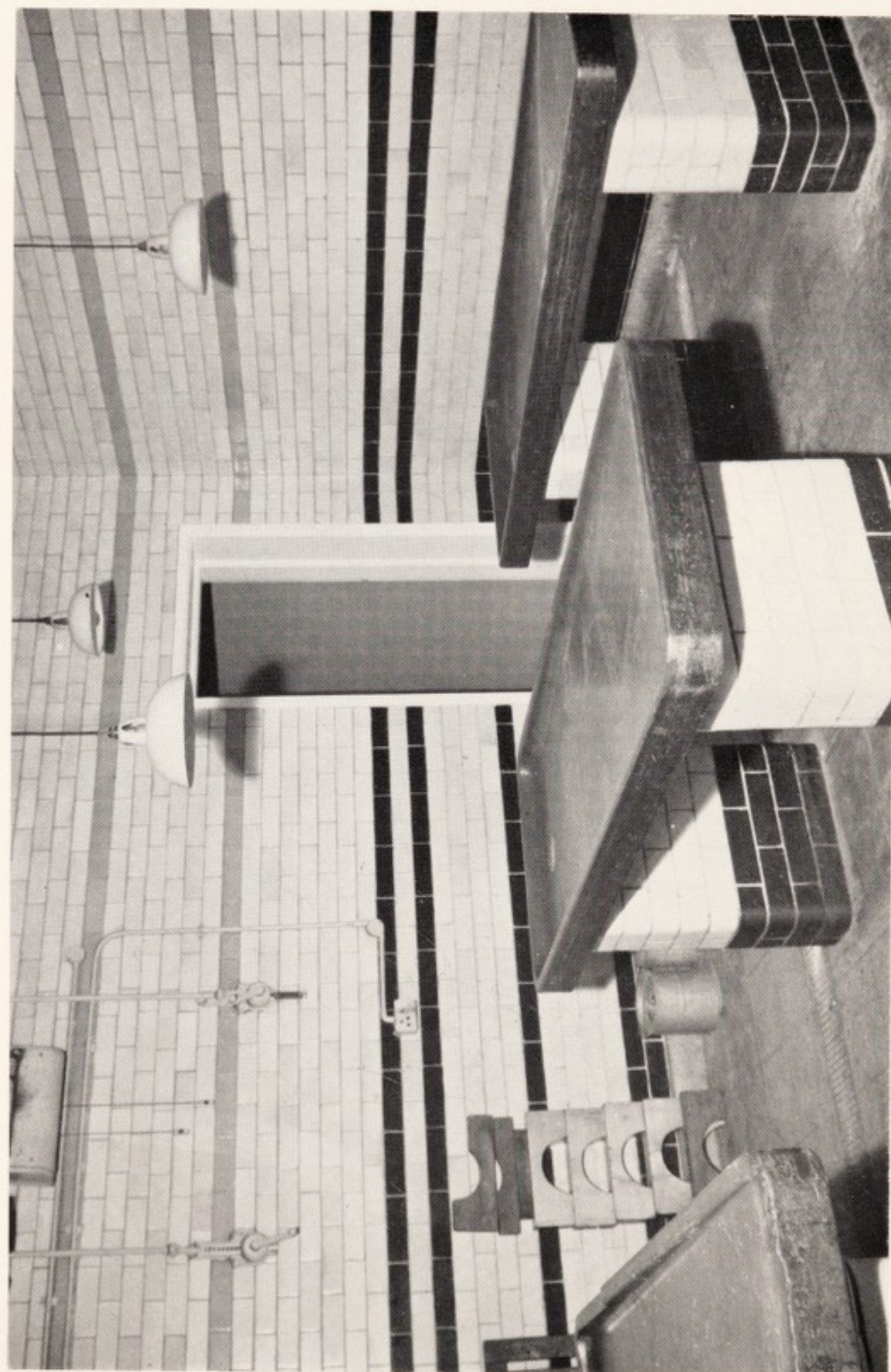
ONE OF THE CASUALTIES



BODY STORAGE CABINETS—THE OLD



—THE NEW



POST MORTEM ROOM—THE OLD



—THE NEW



CLIMBING APPARATUS

AMBULANCE SERVICE

BY

F. WILKINSON, F.I.A.O.

Chief Ambulance Officer

A year has now passed since the Ambulance Service was placed under the control of the Medical Officer of Health, a year in which many improvements have been made, also one in which there has been a great deal of planning for the future.

The automatic vehicle washing machine was acquired in June and has proved a great success. Many other ambulance authorities have sent representatives to see it in operation, the result being that several, including the City of Sheffield, have acquired similar machines.

For a number of years I have felt that the Ambulance Service in this authority has been somewhat misused and events during the period of unrest amongst ambulance operational personnel in October tended to support that view. Accordingly several meetings were arranged with the Hospital Management Committees' representatives during the unrest period by the Medical Officer of Health and the representatives agreed to see what could be done within the hospitals themselves. Further meetings are to be held in 1971 and in the meantime the Ambulance Control staff will keep a constant watch on the situation.

A Joint Productivity Committee has been formed with the co-operation of the Town Clerk's Work Study Department. Several meetings have been held and some progress made. The meetings will continue until a scheme can be devised which will be both satisfactory and beneficial to men and management.

Plans for extensive developments at the Beechdale headquarters have been included in the capital programme for 1971/72 providing for a new block for combined mess and kitchen facilities, locker and toilet accommodation, stores and training room facilities.

After many discussions another 'time saving' device, the teleprinter, will be installed during 1971 at Beechdale, linked to the Nottingham General Hospital and Nottinghamshire Ambulance control. Eventually it is hoped further links will be provided to the City Hospital and new University Teaching Hospital. This machine, already in use on many services, should speed up communications and cut out many hours of writing, especially to the hospitals.

Another development for 1971, in an endeavour to bring management and employees closer together, was the decision to form a Joint Staff Committee, comprising the Chairman and Vice-Chairman of the Health Committee, the Medical Officer of Health, Administrative Officer and the Chief Ambulance Officer together with six appointed members of the operational staff. It is hoped that many local problems can be solved in this way before they become causes for discontent. The first meeting took place in January 1971.

VEHICLES AND MAINTENANCE

Four 20-seater ambulance coaches which were ordered in December 1969 were delivered in December 1970—these vehicles will be engaged in transporting 'day-care' cases to the Mapperley and St. Francis Hospitals, and by using this type of vehicle it will enable four dual-purpose ones to be released for other duties. Experience over a period of time will assist us in deciding if more of this type of vehicle should be acquired.

An order for five replacement vehicles was placed with the Irish firm of N. Hanlon Ltd. and delivery is expected during the summer of 1971. These are standard production vehicles with the special requirements of this authority added. By accepting this class of vehicle as against special specification ones, the cost has been much lower.

The Health Committee decided that maintenance of the fleet would still be carried out for the time being by the City Transport Department, who have the necessary staff and plant for specialised work of this nature. However, included in the plans referred to above are all-round improvements to better the conditions under which the maintenance staff work, including screening off the pit area and additional heating, not only for the maintenance area but also for the whole of the garage space.

PATIENTS—MILEAGE

Due to the period of unrest by ambulance crews in the latter part of this year the total number of patients carried was fewer than 1969—205,203 as against 213,624, a 3.94% decrease. The highest number of patients carried in one day was 900, this being a record to date. There was an increase of 768 in mileage over the previous year. Delays to patients, both inward and return journeys, still occur owing to many factors, chiefly the large numbers being carried to out-patients departments and to a lesser degree traffic congestion at peak periods. Emergency calls and admissions to hospitals can also disorganise pre-planning and vehicles which are withdrawn from pre-planned work only add to the delays of patients' journeys. Mileage still tends to rise and this can be attributed to the ever increasing out-of-town journeys. Many of these journeys are necessary because of withdrawal of services by British Rail in many areas and introduction of coaches which cannot accommodate stretcher cases. Only constant co-operation with all ambulance authorities, i.e. journey grouping and assistance in general keeps the long distance figures from spiralling even more.

LONG DISTANCE JOURNEYS

611 out-of-town journeys were made including 228 to Derby and 122 to Sheffield. These patients travel to see specialists and receive follow-up treatment after operations at these centres. Many others are people who have been involved in accidents whilst in the Nottingham area in which case, it is the full responsibility of this authority to organise the homeward journey. Some are transferred to hospitals nearer their homes.

EMERGENCY CALLS

There were 11,008 calls during the year compared with 10,215 the previous year. The highest number of calls answered in any one day was 52 compared with 75 of the previous year, this latter figure having resulted from a sudden icing up of roads and pavements causing many calls for fracture of arms and legs. Demolition of property in redevelopment areas proved to be a hazard during 1970 and the service had numerous calls to sites where children had been injured or trapped. One site in particular was St. Ann's Well Road where fire and ambulancemen searched for 5½ hours before being sure no more children were in a collapsed building.

OPEN DAY TO PUBLIC

This event again proved a success but fewer people attended than in previous years, this being probably due to the greater attractions at Wollaton Park, which was the centre of attraction during the festival period. The original date of the Open Day was changed to coincide with the festival in the belief that more visitors would attend. Although advertising was carried out at all the festival sites, this was not so. In addition exhibitions and demonstrations of the combined Police authorities and the City Fire Brigade contributed to the prevention aspect of accidents. Also in attendance were the British Red Cross and St. John Ambulance Brigade with whom we have close links throughout the year.

NOTTINGHAM FESTIVAL

The Nottingham Festival held during July involved the Ambulance Service in a great deal of extra work. Two ambulance aid centres were set up in Wollaton Park, one equipped as a "Casualty Clearing Station" with two hospital beds and medical equipment, and staffed by medical, nursing and ambulance personnel.

There was a total of 324 casualties at the following locations:

Wollaton Park	..	..	..	192
The Forest	..	..	..	114
Victoria Embankment	..	..	..	8
Other sites	..	..	..	10

The major casualties were:

Fractures (jousting and knock-out competitions)	..	..	..	6
Suspected heart attacks	..	..	..	4
Scalds	..	..	..	2

The remaining casualties comprised minor incidents such as lacerations, wasp stings, sprains, fainting and fatigue in elderly people.

There was one maternity case.

TRAINING OF STAFF

In October the Training Officer, Mr. P. J. Mann, was appointed to the post of Chief Ambulance Officer, Exeter C.B. and I welcome this opportunity of wishing him well in his new position.

Shift Leader J. A. Wilson who was his assistant has been appointed acting Training Officer subject to him obtaining the necessary qualifications. Allowance has been made in the estimates for 1971/72 to send new entrants to the regional ambulance training school at Leicester, in accordance with governmental recommendations. Arrangements have also been made to send all operational staff to the Nottingham General Hospital (Accident and Emergency Department) for a period of instruction. Excellent co-operation is at hand with the City Fire Brigade and all new entrants visit their main station and are given talks on types of equipment they carry, which may assist the ambulance service at road traffic accidents and other incidents. Fire Brigade personnel have been attending Beechdale station for practical instruction on aircraft ejector seats, which to all intent are akin to bombs until made safe.

VISITS

As in previous years many private groups have visited Beechdale and frequent visits are made by parties of children from the various city schools. They are given talks on the service in general and demonstrations in life saving techniques.

SUMMARY OF WORK

<i>Date</i>	<i>Fleet</i>	<i>Driver Attendants</i>	<i>Patients</i>	<i>Mileage</i>
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
1970	35	95	205,203	704,262

WORK LOAD DURING 1970

				<i>Patients</i>	<i>Mileage</i>
Emergencies .. ..	..	..	..	11,008	64,258
Admissions .. ..	..	..	..	11,763	94,523
Discharges .. ..	..	..	..	11,977	86,678
Out-patients .. ..	..	..	..	170,192	442,596
Unclassified .. ..	..	..	..	263	3,485
Non-service .. ..	..	..	..	—	12,722
Total .. ..	..	..	..	205,203	704,262

ENVIRONMENTAL SERVICES PUBLIC HEALTH INSPECTION

BY

ROYCE YOUNG, F.R.S.H., F.A.P.H.I.
Chief Public Health Inspector

GENERAL

Some of the long-standing vacancies for public health inspectors were filled during the year which was helpful in easing some of the pressures on the department. This was indeed fortunate, as the volume of work increased particularly in the field of housing, and this is referred to later in this report in the Housing section.

The year 1970 will be remembered as European Conservation Year, when attention was focussed on the many ways in which Man has brought about a deterioration in his own environment. It will, however, have been in vain if individuals do not take up the challenge and tackle those evils which are within their power to prevent, such as the depositing of litter, creation of noise, and pollution of the air by smoke. On page 141 will be found details of the wide variety of complaints received and investigated.

It is regrettable to report that the number of complaints arising from accumulations of refuse continues to increase, and it is difficult to understand why people take unwanted materials some distance to leave it on open land to the annoyance of near-by residents and to the detriment of the amenities of the citizens as a whole. The real culprits are rarely found, and the unfortunate owner of the land is held legally responsible for a nuisance, often recurring, which he did not create. Only a change of heart on the part of many citizens will bring about the urgently needed improvement, it will require a vigorous campaign to deal with, and to educate the public, so that they will realise that nuisance from offensive smells, rats and insect pests would be reduced. Considerable sums of ratepayers' money would also be saved in remedying these nuisances and all would enjoy the undoubted benefit arising from a cleaner city if they adopted a more responsible attitude by refraining from thoughtlessly dropping litter or depositing refuse on waste land. Proper storage of refuse at occupied premises to await collection by the Corporation's cleansing service would obviate the unnecessary squalor which showed no signs of abating.

At frequent intervals, itinerant caravan dwellers occupied vacant land, and their presence and activities often resulted in complaints from householders, and in the absence of an official site with all necessary sanitary facilities, officers of the Health and Estates Departments spent a considerable amount of time in persuading the trespassers to move on. Until certain local authorities provide proper sites on which this type of caravan dweller can stay undisturbed for short periods, no solution is likely to be found to the unofficial squatting on unsuitable land which brings forth such reaction from the public and encourages public health problems.

In April, Part II of the Caravan Sites Act 1968, came into force, placing a duty upon county boroughs and county councils to provide adequate accommodation for up to 15 caravans for the use of gipsies residing in or resorting to their area. The term "gipsy" is widely defined in the Act as "persons of nomadic habit, whatever their race or origin". For a number of years, two related families of true gipsies have occupied land on the outskirts of the city which was required for redevelopment. Sympathetic consideration was given to their needs and the Housing Committee, following a request from the Health and Welfare Committee, made available to the families a house, together with provision for the parking of their caravans and grazing for their horses; it is hoped that this will solve a human problem.

The provision of a site with modern amenities as required by the new Act was given careful consideration by the Health and Welfare Committee, which instructed officers of the Health, Planning and Estates Departments to carry out a survey of unoccupied land within the city, and to report on the suitability of such land for use as a caravan site for gipsies. By the end of the year, no final decision had been made and the Secretary of State for the Environment extended the time by which the Corporation were required to report to him on their findings.

An application for a site licence in accordance with the Caravan Sites and Control of Development Act 1960, to establish a site for about 45 caravans was granted. This was the first site for touring caravans to be provided in Nottingham, and will fill a need for such an amenity. Ideally situated on the banks of the River Trent, it will provide touring holiday caravaners with modern amenities, together with the added pleasure of boating facilities.

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

Measures against Rodents and Insect Pests

Infestations of mice once again reached a very high level, and the number of complaints was such that it was not possible in every case for the available staff to follow up an initial treatment to ensure that the infestation had been completely eradicated. In many cases, it was necessary to advise tenants on how to proceed and to revisit only if their efforts failed.

The upward trend of recent years also continued with regard to rat infestations. These were not confined to the central or congested parts of the city, as there has been a noticeable increase in complaints from the outskirts of the city. There is little doubt that the increase was partly due to the large-scale redevelopment that is taking place which produces conditions at all stages of the work which makes control measures more difficult. While property is standing empty, rats can remain and continue to breed undisturbed, and when existing food supplies are exhausted, they move to more favourable quarters nearby. As the work of demolition begins, they move again. Finally a cleared site provides ample harbourage

as brick rubble gives rats plenty of cover, and it is extremely difficult for an operator to detect which cavities are frequented and where bait can be placed to the best advantage. The fact that such sites frequently suffer from indiscriminate dumping of refuse ensures that ample food for the rats is made available. Furthermore, unless great care is taken during re-building, further infestations can arise from open or broken drains during the time new drainage works are being laid.

Common cockroaches in two blocks of flats caused the tenants some understandable anxiety during the spring. When investigation and treatment began, cockroaches were found in several flats from which no complaints had been received, so control measures were extended to cover all parts of the buildings. Periodic re-treatments were continued throughout the summer, and there has been no evidence of infestation for some months.

Perhaps the most spectacular decline has been in the lack of infestation by the German cockroach, sometimes referred to as the "steam beetle". A few years ago they were very widespread, and as their habitat was usually the kitchen of catering establishments, they were a serious nuisance. However, only three light infestations have been encountered in the last six years.

During the hot weather, several complaints were received concerning maggots, and most of these were traced to dustbins which had been neglected by the householder; one complaint, however, presented a tougher problem. For several days maggots had been found on the footpath near to the entrance of a public house, but the source of them could not be found. The wall, footpath and road surfaces were all perfectly sound, and there were no air-bricks or other openings in the wall, and no dustbins nearby. It was eventually noticed that a board bearing the name of the public house was fixed 2" or 3" away from the wall, level with the top floor, and a dead pigeon, barely visible from the ground, had become wedged in this space, and the maggots were dropping around the entrance to the premises from the carcase of the bird.

<i>Rodent and Insect Control</i>	1970	1969	1968	1967	1966	1965
Properties surveyed ..	5,325	4,990	4,996	5,118	5,060	4,834
Infestations dealt with:						
rats	1,883	1,666	1,472	1,629	1,744	1,821
mice	1,570	1,669	1,617	1,222	917	377
insects	1,006	737	987	946	846	1,015
TOTAL VISITS ..	13,169	13,328	11,177	12,731	12,394	13,852

Sewerage

Defective sewers were replaced in Broxtowe Avenue and part of Sherwood Rise, and new sewers were constructed in the redevelopment areas.

Work continued on the River Leen improvement scheme and is now completed up to Western Boulevard.

41 cesspools were regularly emptied and charged to the Corporation and, in addition, a small number of private sumps and cesspools were emptied and charged to the owners.

Sewage Purification

The drainage area served by the sewage treatment works remained unchanged at 53,533 acres. Although there was an increase in the estimated population of the adjacent Authorities, the continued decrease of the population of the City resulted in a slight decrease in the total estimated population of this area to 456,386 persons. The average daily flow of domestic sewage and industrial effluents was 37·5 million gallons, fluctuating between a minimum of 19·3 million gallons and 66·2 million gallons.

The preliminary processes proceeded satisfactorily, during which 4,569 tons of wet grit from the detritus channels and 865 tons of wet paper and rags from the screening processes were removed to an adjacent tipping area without nuisance.

The intensification of the aeration capacity was completed during the year. Since a section of works had to be shut down to allow this to proceed, the full works capacity was only available for four months. Nevertheless, in spite of the increased population load received for treatment, the annual average composition of the final effluent discharged to the River Trent was the best ever produced.

A total of 14,581 tons of mixed primary sewage sludge and surplus activated sludge solid matter was pumped to the sludge digestion plant, of which 4,430 tons were gasified to produce 170,213,100 cubic feet of gas. Most of this was used as fuel for engines driving generators thereby providing electric energy for use on the works.

Inhibition of the sludge digestion processes occurred in November but a slow recovery was achieved during December.

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 147

samples were taken and *escherichia coli* was absent in all treated water put into supply. 218 samples were also taken from the distribution mains system, all of which were satisfactory. In addition samples were taken weekly, 1,006 in all, from the various sources for bacteriological examination by the public health laboratory.

During the year, 161 samples of water were taken at random from dwelling-houses in all parts of the city. This total includes 15 repeat samples taken after unsatisfactory laboratory reports on the original samples. In these repeat cases, the fault was found to be associated with the taps in the houses concerned or, in one group of houses, to a defect in the new water main serving the premises.

All the repeat samples, taken after remedial action in those cases concerned, were satisfactory.

Chemical analyses were made bi-monthly and a table of typical results is shown on page 144.

The number of houses supplied in the City on 31st March 1970 was 102,385, and the estimated population 300,580. All were supplied directly from the mains.

No action was taken concerning fluoridation of water supplies.

Swimming Baths

The year 1970 was a memorable one for the Corporation as no fewer than nine new swimming pools were opened during the year; three at Beechdale in February; two at Bestwood in May; two at Clifton and one each at Noel Street and Elliott Durham School—all during June.

These openings brought the total number of swimming pools in Nottingham to twenty, of which three were teaching pools. In addition, there were two children's paddling pools—one each at the Bulwell and Carrington Lidos. All but four of the pools, together with the paddling pools, were open all year round.

The first teaching pool, that at Willoughby Street, was opened in 1966, and the popularity of this facility was confirmed in the use of the two teaching pools during the year, not only in the use to which they were put by schools and clubs, but also by family groups. An indication of the popularity of the other pools was shown by the fact that during the year, from February, more than 350,000 separate attendances were made at the Beechdale Baths alone.

During the year close co-operation continued between the Baths and Health Services Departments, particularly with respect to sampling at one of the new pools before a satisfactory chemical balance of the water was finally achieved. Routine sampling of water at all pools in use took place every two hours by staff of the Baths Department.

Knackery

The privately owned knackery business at Eastcroft, London Road, received regular inspections throughout the year, and was

found to be conducted in a satisfactory manner. All meat was sterilised in accordance with the Meat (Sterilisation) Regulations, 1969, before leaving the premises.

A total of 18 samples of meat were taken and submitted to the Public Health Laboratory for examination, and four samples were reported as being positive for *salmonella dublin*.

Common Lodging-Houses

There were two common lodging-houses in the city, one in Aberdeen Street provided by the Salvation Army, and the other—Sneinton House, Boston Street, owned and managed by the Corporation.

The Salvation Army premises are to be brought up to a modern standard by the building of a new hostel adjacent to the existing site, and during the year discussions took place with the Corporation on the plans and proposals for this scheme.

In January, the Housing Committee took over the responsibility for running Sneinton House from the Estates Committee. During the year a start was made on improving part of the accommodation provided by enlarging the existing cubicles on certain floors and by providing more furniture in these converted cubicles. Further proposals for up-grading other parts of the hostel, together with the amenities provided, were still under consideration at the end of the year.

Verminous Persons

In the absence of purpose-built facilities for the bathing of verminous persons, men referred by or to the Health Department for such treatment were treated at Sneinton House. More than 50 persons were so dealt with, whilst several more were treated in their own homes.

Rag Flock and other Filling Materials Act, 1951

There were no premises in the city licensed for the manufacture or storage of rag flock, but 21 upholsterers' premises were registered.

Out of a total of 43 samples of various filling materials submitted to the prescribed analyst, only four samples failed to comply with the Rag Flock and Other Filling Materials Regulations, 1961. In each case where the samples failed the appropriate test action was taken by the suppliers, and subsequent samples were found to be satisfactory.

Fertilisers and Feeding Stuffs Act, 1926

Fertilisers and Feeding Stuffs Regulations, 1968

A total of 26 samples of fertilisers and feeding stuffs were taken for analysis, of which three fertilisers were found to be unsatisfactory (see page 145). A sample of pre-packed steamed bone meal contained phosphoric acid (P_2O_5) in excess of the limit of variation. One

sample of John Innes base fertiliser contained an extraneous herbicide which is deleterious to plant life, and a further sample of the same fertiliser at a later date was found to contain insoluble phosphoric acid which had not been declared. In each instance, the matters were taken up with the producers and retailers concerned, and as a result of this approach suitable remedial action was taken in each case.

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 eight approved applications during the year, and 51 premises were removed from the list as they had ceased to operate under the Act. The total number of entries on the list at the end of the year was 128.

In addition to inspections following applications, supervisory visits were made to various premises of listed sellers during the year.

Shops Act, 1950

Shops (Early Closing Days) Act, 1965

A total of 95 notices were sent out drawing attention to infringements of the above Acts; 130 notices in respect of these and outstanding notices were complied with. It was found necessary, following the investigation of several complaints received, to advise the occupiers of certain retail shops on the meal times and hours to be worked by both young persons and adults.

As a result of a poll carried out in the central shopping area of the city on the 29th July 1970, the Nottingham (Central Area) Early Closing Day Exemption Order, 1967, was revoked. An analysis of the voting is shown on page 146.

A new Order, known as the City of Nottingham (Inner Shopping Zone) Early Closing Day Exemption Order, 1970, came into operation on the 12th October 1970. The trade classification used for this vote was as follows: (a) non-food; (b) food; (c) combined (food and non-food) and (d) services. There was a majority vote for exemption in all four classes, indicating a general desire for six-day trading (see analysis of voting on page 146).

The Consumer Protection Act, 1961

The Heating Appliances (Fireguards) Regulations, 1953

Two electric fires were withdrawn from sale and destroyed by the owner after his attention had been drawn to the inadequate guarding of the appliances.

The Stands for Carrycots (Safety) Regulations, 1966

Inspections of goods at both retail and wholesale premises confirmed that generally all types of carrycot stands complied with the

Regulations. In one instance, however, a particular make of cot was found to be without the label stating the dimensions of the carrycot it was intended to support, and arrangements were made for these models to be returned to the manufacturer.

The Nightdresses (Safety) Regulations, 1967

It was necessary on several occasions to draw the attention of certain manufacturers to the requirements of the above Regulations regarding the fixing of labels so as to be clearly displayed inside their nightdresses.

The Toys (Safety) Regulations, 1967

No action was found to be necessary in respect of these Regulations.

The Electrical Appliances (Colour Code) Regulations, 1969 (as amended)

During the course of inspections of various premises concerned with the sale of electrical goods, it was confirmed that all new stock complied with the new colouring of electric wiring as required by the Regulations.

Offices, Shops and Railway Premises Act, 1963

Reference to the tables on page 149 will show (a) details of registrations and general inspections, and (b) an analysis by workplace of persons employed in registered premises at the end of the year.

The total number of infringements listed in notices served during the year was 1,403, and the total number of infringements completed, including some outstanding from 1969, was 1,908.

The number of registered premises was reduced by 140, in comparison with the previous year, whilst the number of persons employed increased by 2,369. The decrease in registered premises was largely accounted for by the continued demolition of business premises in redevelopment areas of the city. The increase in persons employed was brought about principally as a result of the transfer of Post Office personnel from the Factory Inspectorate to the Local Authority under provisions of the Post Office Act, 1969.

The total number of accidents reported was 112, including one fatal accident—the first to be reported in the city since the Act came into operation. This fatal accident occurred to an elderly cleaner, who slipped off a doorstep whilst carrying a metal waste-paper basket to the dustbin. As a result, the lady sustained a fractured leg, together with a grazed shin, resulting in a leg vein thrombosis and pulmonary embolism.

Twenty-one of the accidents were investigated, which resulted in one prosecution, three formal warnings and to informal advice being given in six cases: the remaining eleven cases required no further action. Analyses of all accidents appear on page 148.

Legal proceedings were instituted for offences against the Act in the following cases:

(a) For permitting a young person to clean a machine with the safety control out of operation and the guards not in position.	<i>Result:</i> Fined £25, with £15 costs
(b) Failure to provide a guard on the carriage of a food slicing machine.	Fined £50, with £10 costs

Diseases of Animals Act, 1950

No cases of anthrax, foot-and-mouth disease or swine fever were 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.	2,213, involving 31,877 animals.
Number of Licences received under the Importation of Animals Order, 1955, etc.	16, involving 170 animals.
Number of Licences received from Local Authorities.	709 involving 9,366 animals.
Number of poultry exposed for sale in the Nottingham Cattle Market under the Live Poultry (Restrictions) Order, 1957.	37,998.
Total number of visits in connection with the Act.	610.

Regular inspections of vehicles used for transporting animals and poultry were made and no irregularities or breach of the Orders applicable to such vehicles were found. Following a serious outbreak of fowl pest in the county of Nottingham towards the end of the year, the sale of store poultry from the Nottingham Cattle Market was suspended at the beginning of December, so that all poultry sold by auction was then slaughtered immediately. On the 12th December 1970, a dead bird was found among a consignment of 24 birds at the Cattle Market. Fowl pest was confirmed and all appropriate action regarding disposal of the carcasses and the disinfection of the Poultry Market and pens was taken.

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. Eight premises which had equipment which satisfied the requirements of the Order were licensed, and 40 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 23 cases, and 112 inspections were made to find out whether the conditions under which the Licences were granted were being fulfilled.

Animal Boarding Establishments Act, 1963

At the beginning of the year one premises was licensed under this Act, and three visits were made, but later in the year, the proprietor died and the premises ceased to be used as an animal boarding establishment.

The Riding Establishments Acts, 1964 and 1970

A provisional licence to keep a riding establishment was granted during the year.

HOUSING

The demolition of 2,036 unfit houses during the year was a record for the city and brought the total of houses so dealt with since 1955 to 7,847. Most of the demolitions were within the St. Ann's Redevelopment Scheme, which is being cleared of unsatisfactory housing by means of twelve clearance compulsory purchase orders. To date, seven of the orders have been confirmed by the Minister with but few amendments to the classification of the properties, and the result of a public inquiry into a further order held in November, in respect of 1,263 unfit houses, is awaited. The construction of modern accommodation on the cleared sites of the first phases of the scheme is in marked contrast to the squalid houses that have been replaced, and it was a source of encouragement to inspectors engaged in the elimination of bad housing to see what ultimately has been achieved.

Progress on the removal of unfit housing was maintained in accordance with the Corporation's approved programme, and a start was made in the Meadows by the inspection of over one thousand houses in the first phase of a scheme which will eventually result in the redevelopment of an area of approximately 200 acres which, in size, is second only to St. Ann's. Details of the work in connection with the removal of unfit houses carried out during the year are as follows:

<i>Represented to the Housing Committee</i>					<i>Number of unfit houses</i>
St. Ann's Phase 8	..	..	..	..	514
St. Ann's Phase 9	..	..	..	..	574
Individual unfit houses	..	..	..	..	9
TOTAL	..	..	..	..	<u>1,097</u>

<i>Public Inquiries held in respect of Clearance Compulsory Purchase Orders</i>					<i>Number of unfit houses</i>
Fisher Street No. 1	..	..	..	..	41
St. Ann's Phase 6	..	..	..	..	646
St. Ann's Phase 7	..	..	..	..	1,263
TOTAL	..	..	..	..	<u>1,950</u>

	<i>Orders Confirmed</i>				<i>Number of unfit houses</i>
Fisher Street No. 1	41
St. Ann's Phase 5	676
St. Ann's Phase 6	646
TOTAL	1,363

The Department worked under pressure throughout the year because, apart from the staff being fully committed in maintaining the required level of progress in slum clearance, the full effect of the provisions contained in the Housing Act 1969, with regard to other houses, produced an additional work load which was a source of embarrassment to the inadequate qualified staff. Authority was granted to fill six of the existing vacancies for public health inspectors, and by the end of the year all these appointments were made, which enabled much of the accumulated work to be reduced.

QUALIFICATION CERTIFICATES

An entirely new provision in the 1969 Act permits an owner to apply for a qualification certificate for a controlled house which is already provided with the standard amenities, and is in good repair having regard to its age, character and locality, so that he can subsequently apply to the Rent Officer for an increase in rent. During the year, 1,305 applications were received, and the amount of work involved was such that some delays were inevitable in dealing with them. In the majority of cases, the inspection of the properties showed that the qualifying conditions were not satisfied, therefore, it was necessary to furnish the owners with details of the work which had to be carried out before a recommendation for a certificate could be made. In 247 cases, the application for a qualification certificate was combined with an application for an improvement grant. Following completion of the repairs, re-visits were made to check that they were satisfactory. Some owners caused unnecessary work by submitting applications before they had satisfied themselves that the basic requirements had been followed, e.g. a number of applications were for houses which already had a regulated tenancy, or where the standard amenities were not installed.

IMPROVEMENT GRANTS

The new Act also made changes in the conditions which apply before an owner can obtain a grant towards the improvement and repair of his property. Altogether, there were 604 applications for grants to improve properties, including informal requests from owners, and the statutory procedure instigated by tenants. In each case, a detailed inspection of the property was carried out by a public health inspector to ascertain the "life" of the property, and the work necessary to bring the house up to the standard required for a fit house.

The fact that the 1969 Act has created a lot of work is welcomed in that it is achieving its purpose in securing realistic rents for property which is satisfactorily maintained, and in encouraging the improvement and repair of houses to preserve the total stock of housing accommodation.

A survey of the older houses in the city was commenced so that, in due course, a more accurate estimate can be made of the number of unfit properties remaining in the city, not already included in the present programme. Furthermore, the survey will indicate those parts of the city where action should be taken by improvement area procedure, to bring sub-standard houses up to modern requirements.

Houses in Multiple Occupation

It is estimated that there are at least a thousand houses in multiple occupation, the majority of which provide most unsatisfactory housing accommodation. Owing to pressure of other housing duties, the only action taken under the Housing Acts 1961 and 1964, included the making of two management orders, four notices requiring repair or the provision of amenities, four direction orders to reduce overcrowding, and one notice requiring a fire escape.

The demolition of properties in the first phase of St. Ann's Redevelopment Scheme has eliminated a number of such houses, and many former tenants are now living in accommodation provided by the Corporation.

Corporation Home Loans

An inspection of 364 houses was carried out on behalf of the City Estates Surveyor to find out the extent of disrepair and the expected "life" of the property before consideration was given to the applications for Corporation loans towards their purchase.

Rent Act, 1957

As in previous years, few tenants applied for Certificates of Disrepair under the provisions of the Rent Act 1957, the details of which are shown on page 152.

ATMOSPHERIC POLLUTION

Although no further smoke control orders were made during the year owing to continued financial restrictions, it is expected that a further order will be made in 1971, which will cover Broxtowe and Bells Lane Estates, comprising 3,919 premises and 718 acres. This will make an important addition to the existing six areas which are already in operation, and will deal mainly with domestic fireplaces which have been shown to be responsible for the bulk of smoke production which is necessarily discharged at a low level.

Grave fears expressed in many quarters at the beginning of the heating season regarding the possible shortage of solid smokeless fuels did not materialise, and the existing smoke control areas continued to be supplied. Meetings were held with producers and distributors, and their continued co-operation prevented disruption of supplies to houses subject to smoke control. Consequently, it was not necessary to make any suspension orders.

A Circular issued by the Ministry of Housing and Local Government on the availability of solid smokeless fuels gave rise to the consideration of alternative means of heating in the local authority establishments, and when the necessary alterations have been made, it will release more smokeless fuel for domestic use.

The trend of industry away from coal-burning to oil-burning fuel continued, and in the case of commercial premises the preference was to town gas.

The most significant change during the year was the introduction into the city of natural gas mains to provide a total energy scheme for a large industrial development, and also the conversion of a large existing industrial complex to this new fuel. It is likely that other industries will follow this lead with the consequent improvement in the atmospheric conditions for the city generally.

There are three district heating schemes now in operation, and all are using coal-fired units. Whilst they have eliminated large numbers of individual domestic chimneys, the two largest schemes have given rise to intractable problems from chimney emissions which are the subject of continual experimentation to find a permanent solution.

A further very large heating scheme, which will eventually be coupled with the incineration of refuse, is now being implemented in the St. Ann's Redevelopment Area, which has eliminated many individual domestic chimneys, and the temporary oil fired heating unit has operated without nuisance. The effect in this area is such that the winter smoke pall which was a feature of St. Ann's Valley has now disappeared.

Continuous discussion on this heating project has taken place with the consultants and the other Corporation departments involved, to ensure that proper safeguards to prevent pollution are included in both the temporary and permanent heating units. It is anticipated that this scheme will extend to include the Meadows Redevelopment Area as well as St. Ann's, with the result that further domestic chimneys and fireplaces will be removed.

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 153, and on the graph shown on page 155.

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 152.

Clean Air Acts, 1956 and 1968

During the year, 101 complaints of smoke, grit, fumes or odour arising from industrial or commercial premises were investigated, and in 36 cases work was executed for smoke and/or grit nuisance abatement.

Other improvements in order to comply with the Acts included the following works:

Chimney stacks erected or extended	..	..	12
Mechanical stokers overhauled or renewed	..	..	26
New boilers installed	..	..	16
Grit arresting apparatus repaired	..	..	16
Conversion from coal to oil-firing or gas-firing	..	..	9
Miscellaneous	..	..	9

Legal proceedings were taken under the provisions of Section I of the Clean Air Act, 1968, against the owner of a car dismantling company for creating dark smoke by burning scrap cars, and a fine of £10 was imposed. 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 the Building Regulations to the City Planning Department were examined, and advice given on proposed fuel-burning installations, together with the appropriate heights of chimneys where necessary. The provision of Section 6 of the Clean Air Act, 1968, required that the heights of new chimneys to the proposed installations be approved by the local authority. In eleven cases, notice of proposals were received and approved with the necessary amendments where appropriate.

FOOD SUPERVISION AND INSPECTION

Premises used for the manufacture, storage and wholesale and retail sales of food were inspected to ensure the fitness of the food for human consumption, that the premises complied with the appropriate Regulations and that the display and handling of food did not expose the food to risk of contamination.

The trend towards large centralised food shops, with the inevitable closure of many small family shops, continued throughout the year. Although supermarkets conformed structurally to the various legal requirements, it was found that hygiene standards varied, and this may have been due to the quick turnover of staff often occurring in such premises. Ignorance of the basic principles of food hygiene on the part of many food handlers was a serious problem in the city. In many cases, public health inspectors found a lack of routine cleansing of equipment and utensils on premises where all the necessary facilities were provided, failure to use and maintain refrigerated storage cabinets so that they operated efficiently and a complete disregard for the proper rotation of perishable goods. There would appear to be a good case for an easily recognised system of date coding for pre-packed perishable foods.

Legal proceedings for unsatisfactory conditions in a supermarket included the successful prosecution of three employees for their part in allowing a serious deterioration in the hygiene of equipment.

In an endeavour to improve the standard of food hygiene, inspectors took an active part in giving lectures to the employees of several food businesses; this educational work can be effective, particularly if given to supervisory staff who can then impart the instructions to those for whom they are responsible.

Redevelopment schemes made it difficult for the owners of some food shops to maintain satisfactory standards of hygiene while demolition of property was taking place. In one instance, an "isolated" shop became so infested with mice that the resultant contamination of the food was such that it was necessary to destroy existing stocks and to request that the shop be closed immediately.

Until about ten years ago, most of the ice cream sold in the city was pre-packed in cartons or wrapped in paper, but in recent years there has been an increase in the sale of "soft" ice cream. This type of ice cream is mainly sold from vehicles in which a prepared mix is "manufactured" into ice cream by means of a freezer which is also the dispenser. It is unfortunate that, although premises on which ice cream is manufactured, stored or sold must be registered with the local authority, vehicles are exempt from such control. In Nottingham, however, some control can be exercised over the driver/salesmen of these vehicles, as such persons are required to register under the provisions of the Nottingham Corporation Act, 1935.

The close liaison that exists between the Health Department and the Plans Sub-Committee of the Licensing Justices operated to the benefit of the consumer public, and again demonstrated the determination of the Justices to secure hygienic conditions on licensed

premises. Furthermore, all plans submitted to the City Planning Officer were examined so that advice could be given at an early stage to the prospective owners of new food premises on the requirements of the Food Hygiene Regulations.

The regular inspection of food at wholesale markets, warehouses and cold stores resulted in the surrender of 466 tons of various foods which were either unfit for human consumption or otherwise unsaleable. Bad handling during transit and at wholesale premises resulted in an unnecessary loss of food due to damaged cans and cartons, which often caused contamination of the contents.

During the "work-to-rule" by the employees of the Central Electricity Generating Board in the first fortnight in December, close contact was maintained with the national frozen food manufacturers regarding possible unfitness that could have arisen due to the fluctuation in refrigeration temperatures. Fortunately, the periods during which power cuts took place in the city did not adversely affect any food stuffs.

More visits were made to various food premises and stalls than in recent years. In the course of 7,976 visits, it was found necessary on 326 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 1969, were met in 289 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 877, and 578 inspections were made of such premises. On page 156 will be found details of the types of food premises in the city, and those which are registered.

A total of 26 prosecutions were taken for offences against the Food Hygiene (General) Regulations 1960, and the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966, and fines amounted to £1,367 0s. 0d. with £97 0s. 0d. costs.

Foreign Matter in Food

Members of the public made 84 complaints about the purchase of food which was subsequently found to be unsatisfactory in some respect. Half the complaints were due to mould and the remainder to the presence of such "foreign" matter as metal, wood, glass, paraffin and insects. Each complaint was thoroughly investigated with the retailer and manufacturer, and the necessary action was taken to prevent, as far as possible, a recurrence of such incidents. In seven cases, official warning letters were sent to the offenders. Six prosecutions resulted in fines and costs totalling £190 0s. 0d.

Shell Fish

Shell fish from various sources were received at the Sneinton Wholesale Market, and in the course of the year 18 hundredweights were found to be unfit for human consumption.

Samples of mussels were taken during the year which came from layings in England and Wales. A total of 71 samples was submitted for bacteriological examination, and eight were reported as being unsatisfactory. The necessary action was taken to prevent unsatisfactory mussels being exposed for sale.

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 carcasses and offals were inspected in accordance with the Meat Inspection Regulations 1963, and all meat passed as fit for human consumption was duly stamped. Details of the number of animals slaughtered and inspected, together with the number found to be diseased or otherwise unfit, will be found on page 160.

IMPORTED FOOD REGULATIONS 1968

There was a marked increase in the amount of imported food which arrived at depots in the city by "containerisation". In most instances the food had only received Customs clearance at the port of entry, and the examination as to its fitness was carried out on its arrival at the premises to which it was consigned. Most of the food stuffs comprised meat and frozen egg but, as a result of the fowl pest epidemic in this country there was a rise in the importation of frozen poultry. The consignments arrived in refrigerated vehicles holding up to 30 tons of frozen poultry. Not only were the quality and packaging of the food inspected, but also the condition of the containers, and in some instances the attention of the importers was drawn to metal structural defects of the containers.

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 159.

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, 1969

Processing dairies	2
Distributors operating from wholesale dairies	2
Shopkeeper distributors (including registrations for the sale of fresh cream)	827

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	812

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

Production and sales of ultra-heat treated milk which commenced in 1968 have continued. One brand is processed in a Nottingham dairy, and two others on sale are processed outside the city and retailed specifically in supermarkets.

Sampling

BACTERIOLOGICAL EXAMINATION

Pasteurised milk

A total of 534 samples, including 110 which were additionally homogenised, and 124 of Channel Islands quality, were subjected to the methylene blue test. All but three of these samples passed the test. All satisfied the phosphatase test.

Sterilised milk

A total of 99 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	510 (inc. 38 Channel Islands Milk)
Average fat content	3.766% (Channel Islands 5.625%)
Average solids-other-than-fat content	8.727% (Channel Islands 9.012%)

(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 501 samples subjected to the Gerber test 43 or 8.05% were unsatisfactory.

ACTION TAKEN ON UNSATISFACTORY MILK SAMPLES

The City Analyst reported that following chemical examination, 31 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 one instance, 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 dairyman who sold a bottle of milk which contained fragments of glass.

A bottle of pasteurised milk was found to contain 5.7% of salt (sodium chloride). This matter was investigated at the dairy concerned, but the cause was not discovered. However, the dairy took suitable remedial action to avoid such a complaint in the future.

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 763 inspections were made.

REGISTRATIONS

In force at the end of the year:

<i>Manufacturers:</i>			
'Hot Mix' method	..	2	
'Cold Mix' method	..	2	
'Soft Ices'	..	5	
			9
<i>Vendors and Dealers:</i>			526
New registrations	..	41	
Transfer of registrations		42	

SAMPLING

A total of 42 samples were taken for chemical analysis. All conformed to the standard required by the Food Standards (Ice Cream) Regulations, 1959. As a matter of note the Ice Cream Regulations, 1967, which come into operation on the 4th January 1971, will supersede the existing Food Standards (Ice Cream) Regulations, 1959.

Four ice lollies were examined and found to be satisfactory.

Samples for bacteriological grading by the methylene blue reduction test were taken as under:

<i>Grade</i>	<i>Time taken to reduce methylene blue</i>	<i>No. of specimens</i>
1	4 or more hours	265
2	2½—4 hours	17
3	1—2 hours	7
4	0—½ hour	2

The recommended standard is that, over a period of six months, 50 per cent of a vendor's samples should fall into Grade 1, 80 per cent into Grades I or II, not more than 20 per cent into Grade III, and none into Grade IV.

With regard to samples which fall below the recommended standard, there are two factors which affect the bacterial quality of ice cream. These are (a) source of production and storage, and (b) hygiene at the retail outlet. In every instance, an investigation was carried out in order to find the cause of the fault and where this was determined, suitable remedial action was taken by all concerned.

Food Sampling

A total of 120 samples of food sent for bacteriological examination included sausages, beef, pork, veal, chicken, tongue and frozen egg. Only five were reported as being unsatisfactory.

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

Samples taken for chemical analysis were as follows:

Formal	..	517	Analysed by City Analyst
Informal	..	484	" " " "
Informal Milk		501	Tested by Inspector
		<u>1,502</u>	

Informal samples were found to be unsatisfactory in 22 cases, which included 12 having labelling irregularities, and six with composition faults. Letters were sent to the individuals or firms concerned.

Other items dealt with were:

Bottle of pasteurised milk containing fragments of glass.

Nelson cake contaminated by paraffin oil.

Bottle of pasteurised milk containing sodium chloride.

Jersey roll cake, the cream filling of which was found to be rancid.

Details of the food reported upon by the City Analyst are shown on page 161.

ADMINISTRATION

BY

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

Administrative Officer

MEDICAL EXAMINATIONS

This year was the first full year of operation of the scheme described in full in the 1969 report.

The total number of medical questionnaires received in respect of entry to the superannuation scheme was 1,069. Of these 1,000 were accepted on the basis of the answers contained in the questionnaire and in only 69 (6.5%) cases did the Medical Officer of Health require a full medical examination.

The results of the medical examinations were as follows:

<i>Category</i>	<i>No.</i>
Accepted as being suitable for employment and fit to enter the superannuation scheme	38
Suitable for employment, but superannuation deferred for periods from 4 to 12 months	20
Suitable for employment, not fit for superannuation, but advised to register as a disabled person	1
Suitable for employment but not for superannuation ..	6
Considered unsuitable for employment	4
	<hr/> 69 <hr/>

The person advised to register as disabled was suffering from grand mal epilepsy. Of the 6 persons suitable for employment but not for superannuation, three had respiratory troubles, two were suffering from heart disease and one had a carcinogenic condition. In the case of those unsuitable for employment, three were for reasons connected with the heart and one the respiratory system.

In addition 41 requests were received from departments of the Corporation for medical examinations for possible early retirement. The following table shows the results of such medical examination:

<i>Category</i>	<i>No.</i>
Examined and recommended for retirement on medical grounds	38
Examined for early retirement but decision deferred 2 months ..	1
Examined for early retirement but decision deferred 6 months ..	1
Failed to keep medical appointment	1
	<hr/> 41 <hr/>

A new feature has been two requests for advice as to whether or not the particular individual concerned was fit to resume normal duties after a period of illness. In both cases medical examinations were undertaken, the result being that one individual was considered fit to resume normal duties but the other was not.

PUBLIC HEALTH INSPECTORATE

Considerable progress was made during the year on the proposals outlined in last year's report for the strengthening of the public health inspectorate.

The Provincial Council agreed to an application from the City Council to include A.P.5 in the scale of salary for the basic grade of public health inspectors and by the end of the year the six vacancies, for which money had been provided in the estimates, were filled.

The Finance and General Purposes Committee agreed to improved gradings for certain posts in the inspectorate and these were implemented.

However, during the year, it became apparent that the amount of work deriving from the Housing Act 1969 could not be undertaken within the existing authorised establishment and as a result of further representations the Health Committee and the Finance and General Purposes Committee have made provision for the recruitment of a further four public health inspectors during the coming financial year (1971-72).

REORGANISATION OF THE NURSING SERVICES

Considerable progress was made during the year with the proposed reorganisation of the nursing services.

When the revised salary scales for nursing services were published on 24th April 1970, appropriate salary scales were selected for the posts of Chief Administrative Nursing Officer, her deputy, and the principal nursing officers. The Deputy Chief Administrative Nursing Officer and the four principal nursing officers were appointed from amongst existing members of the staff and took up their duties on the 1st October.

Miss P. Morton, a lecturer in the Department of Social and Preventive Medicine at the University of Manchester, was appointed as the Chief Administrative Nursing Officer and took up her duties on the 1st January 1971.

Three of the community health teams were organised and work from the Hyson Green (Mary Potter) and Bestwood Park Health Centres. Miss Morton will now proceed with the problems associated with the organisation of the remaining teams.

VENEREAL DISEASES

Dr. J. B. Bittiner, the Consultant Venereologist, was invited to attend the October Health and Welfare Committee at which occasion he outlined the extent of, and reasons for, the increase in venereal disease particularly in Nottingham, and described the various methods that were used to control the disease, and the important problems associated with contact tracing. He stated that the number of new cases of venereal diseases had more than doubled in ten years, in 1960 there were 2,129 new cases whereas in 1970 there were likely to be approximately 4,600. He also mentioned

that there were likely to be some 14,000 attendances made at the clinic during 1970 but that there would be approximately 75% of the cases who would default in some stage or other in their treatment.

The Committee were informed of the measures available that would help to minimise the distress caused by these diseases including improved clinics, the tracing and treatment of infected contacts and health education. The improved clinic and the treatment of infected contacts would be taken care of by the Sheffield Regional Hospital Board, plans for building a new department of venereal diseases within the extensions to the Nottingham General Hospital, and the move from the present old site to the hospital was expected in 1972.

Urgent and pressing needs included concentration on contact tracing and improved health education facilities, both of which were the responsibility of the local health authority.

At a later meeting, proposals for improving the facilities for contact tracing and health education were submitted to both the Health Committee and the Finance and General Purposes Committee. They included the new appointment of an additional qualified nurse to be used on contact tracing. One nurse is already employed by the local health authority and based on the venereal disease clinics. Car allowances were provided for both nurses.

With regard to health education, the present health education assistant retires in July 1971 and both Committees agreed to upgrade her post to that of Health Education Officer on a much higher scale of salary. Additional money was included in the estimates to provide for the organisation of film shows, talks to people in industry, university, youth clubs, and other organisations as well as schools, and to provide for many more notices and continuous local press advertisement.

It is hoped that acceptance of these proposals will mark the beginning of a more co-ordinated effort to bring the dangers of venereal diseases to the notice of the public and at the same time ensure a more active control campaign.

MORTUARY

For many years local authority mortuary facilities have been provided from a building at the rear of the Leenside police station on Canal Street. The buildings and the facilities were antiquated and for some time it has been realised that new accommodation and facilities would be required.

The old premises were needed for redevelopment in the area and some two or three years ago the Leenside police station was closed, and the facilities provided from a new building in a different part of Canal Street.

When the planning of new ward blocks at the General Hospital was under discussion opportunity was taken to enter into talks with the Sheffield Regional Hospital Board and the then Nottingham

No. 1 Hospital Management Committee, to combine the mortuary requirements of the hospital and the local authority into one new mortuary in this new redevelopment. Agreement was reached in principle for the Hospital Management Committee to undertake all the functions and for the local authority to make an appropriate payment towards the cost both of the building and of day-to-day activities.

After many delays, owing to the financial situation, and latterly owing to the collapse of a tower crane at the site of redevelopment, the new mortuary facilities were eventually opened in November 1970. In accordance with the new changes the three mortuary attendants on the payroll of the City Council have been transferred to the Nottingham University Hospital Management Committee, the successors of Nottingham No. 1 Hospital Management Committee.

From now on, all mortuary facilities will be provided from this new block. For the purposes of comparison, photographs of the old mortuary, and the new facilities, are included between pages 94 and 95.

During 1970 there were 825 bodies the responsibility of the local authority, received into the old and new mortuaries and autopsies to determine the cause of death were performed on 776 of them, of which 13 were carried out by a Home Office Pathologist. In the previous year 779 bodies were received and 708 autopsies carried out.

Departmental Publications 1970

Ducksbury, C. F. J. and Dave, V. K., *Contact Dermatitis in Home Helps Following the Use of Enzyme Detergents*, (1970) British Medical Journal, *1*, 537-539.

Parry, W. H., *Health and Welfare of Immigrants*, (1970) The Practitioner, *204*, 312-314.

Parry, W. H., *Recent Trends in Infectious Disease*, (1970), Environmental Health, *78*, 189-194.

Parry, W. H., *Health and Welfare of Immigrants*, (1970) Proceedings of the Royal Society of Medicine, *63*, 633-636.

Parry, W. H., *Three City of Nottingham Health Centres and a Junior Training Centre*, (1970), The Medical Officer, *124*, 95-99.

Parry, W. H. and Lunn, J. E., *A Pre-attachment Study of the Attitudes of Nurses in the City of Nottingham*, (1970), The Medical Officer, *124*, 119-120.

Parry, W. H. and Ducksbury, C. F. J., *The 1970 Measles Epidemic in Nottingham*, (1970), The Medical Officer, *124*, 329-330.

Cost of Health Services

SERVICE	ACTUAL COST Year ended 31st March 1970				ESTIMATED COST Year ended 31st March 1971			
	Gross expenditure	Income other than Government Grants	Government Grants	Net expenditure to be met from Rates	Equivalent Rate per head of population	Estimated net expenditure to be met from Rates	Equivalent Rate per head of population	Cost per head of population
	£	£	£	£	p	£	p	p
Administration (net expenditure apportioned over services)	5,420	5,420	—	—	—	—	—	—
Public Health Inspection and other services	89,672	2,869	376	86,427	0.58	105,840	0.68	35
Health Centres	31,008	6,554	—	24,454	0.16	35,050	0.23	12
Maternal and Child Health—								
*Day Nurseries and Mother and Baby Homes	82,182	18,728	5,246	58,208	0.39	71,125	0.46	24
Other	55,399	1,423	—	53,976	0.36	67,295	0.43	22
Midwifery	99,154	3,833	422	94,899	0.64	113,225	0.73	38
Health Visiting	57,785	2,055	75	55,655	0.37	68,815	0.45	23
Home Nursing	107,580	2,290	—	105,290	0.71	126,475	0.82	42
Vaccination and Immunisation	16,710	594	—	16,116	0.11	17,725	0.11	6
Ambulances	197,158	12,914	—	184,244	1.24	220,975	1.43	74
Prevention of Illness, Care and After-Care:								
*Nuffield House and Convalescence	10,202	853	—	9,349	0.06	11,045	0.07	4
Other	32,945	1,657	—	31,288	0.21	34,925	0.23	11
Mental Health—								
Junior Training Centre	48,433	1,559	—	46,874	0.31	56,285	0.36	19
*Other (incl. A.T.C.)	64,335	4,143	—	60,192	0.41	75,995	0.49	25
*Home Help	145,168	7,531	—	137,637	0.93	156,740	1.01	52
Other Expenses	196	—	—	196	—	1,125	0.01	—
TOTAL	1,043,347	72,423	6,119	964,805	6.48	1,162,640	7.51	387

*Under the Local Government Social Services Act, 1970 the services marked thus are now administered by the Social Services Committee, but a full year's cost has been included for comparison purposes.

Analysis of Neonatal Deaths

	Born at			Sex	Age at Death			Place in Family				Age of Mother																																	
	Total	Hospital	Nursing Home		Legitimate	Premature			1	2	3	4	5 or over	15-19	20-24	25-29	30-34	35-40	40-44	Not Known																									
						M.	F.	hrs. hrs. days																																					
Ante-natal causes . .																						—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
Intra-natal causes:																																													
(a) Injury . .	8	6	2	—	6	7	1	5	6	—	2	—	3	3	1	—	1	2	2	3	—	1	—																						
(b) Anoxia . .	5	5	—	—	4	3	2	1	5	—	—	—	1	1	—	1	2	1	1	—	2	—																							
Prematurity only	20	19	1	—	13	13	7	20	12	3	5	—	6	4	1	3	6	1	9	5	4	1	—																						
Respiratory distress syndrome . .																						9	7	2	—	9	7	2	9	5	1	3	—	3	—	1	1	4	3	2	2	—	—		
Congenital malformation . .																						16	12	4	—	12	8	8	5	5	1	5	5	6	3	1	4	2	4	3	5	3	1	—	
Infection:																																													
(a) Respiratory . .	1	1	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—																						
(b) Gastro-intestinal . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																							
(c) Other . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																							
Other causes . .																						7	5	2	—	5	5	2	1	2	—	3	2	4	—	2	—	1	2	1	1	—	2	—	
TOTAL . .																						66	55	11	—	50	44	22	41	35	5	18	8	23	11	6	9	17	13	18	18	10	5	2	—

Analysis of Stillbirths

	Born at			Legitimate	Sex		Premature		Place in Family				Age of Mother									
	Total	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			
<i>Ante-natal causes:</i>																						
(a) Toxaemia	..	5	5	—	—	5	1	4	4	2	1	—	1	1	3	—	—	1	1	—		
(b) *A.P.H.; no toxaemia..		12	12	—	—	10	6	6	6	5	—	2	2	3	2	4	2	3	1	—		
(c) Rhesus incompatibility		8	8	—	—	7	6	2	5	—	2	—	—	6	1	—	1	4	2	—		
<i>Intra-natal causes:</i>																						
(a) Anoxia	..	7	6	1	—	7	4	3	1	1	4	1	—	1	—	2	3	—	2	—		
(b) †Intra-uterine death	..	13	11	2	—	11	7	6	6	5	2	2	1	3	3	5	3	1	1	—		
Placental insufficiency	..	15	14	1	—	10	4	11	9	4	3	2	1	5	1	4	5	3	2	—		
Congenital malformation	..	14	12	2	—	13	7	7	10	6	4	3	—	1	1	6	4	2	1	—		
Other causes	..	9	8	1	—	7	4	5	3	3	1	3	—	2	1	2	2	3	1	—		
TOTAL	..	83	76	7	—	70	39	44	44	26	17	13	5	22	12	23	20	17	11	—		

*Ante-partum haemorrhage

†Cause not determined

Vaccination of Children Under Age 16 Completed during 1970

COMPLETED PRIMARY COURSES

Type of Vaccine	Year of Birth					Others under age 16	Total
	1970	1969	1968	1967	1963- 1966		
Triple DTP ..	166	2,526	939	99	57	5	3,792
Diphtheria/ Tetanus ..	—	—	3	6	1002	488	1499
Diphtheria alone ..	—	—	—	—	4	4	8
Whooping cough alone	—	—	—	—	—	—	—
Tetanus alone	—	1	—	—	1	54	56
Poliomyelitis	141	2,507	959	117	798	292	4,814
Measles ..	64	1,631	1,278	512	973	385	4,843
Rubella ..	—	—	—	—	—	1,415	1,415
TOTALS							
Diphtheria ..	166	2,526	942	105	1,063	497	5,299
Whooping cough ..	166	2,526	939	99	57	5	3,792
Tetanus ..	166	2,527	942	105	1,060	547	5,347
Poliomyelitis	141	2,507	959	117	798	292	4,814

REINFORCING DOSES

Type of Vaccine	Year of Birth					Others under age 16	Total
	1970	1969	1968	1967	1963- 1966		
Triple DTP ..	2	35	90	27	168	10	332
Diphtheria/ Tetanus ..	—	—	3	2	2,536	68	2,609
Diphtheria alone ..	—	—	—	—	21	2	23
Whooping cough alone	—	—	—	—	—	—	—
Tetanus alone	—	—	2	2	20	82	106
Poliomyelitis	—	32	80	27	2,658	87	2,884
Measles ..	—	—	—	—	—	—	—
TOTALS							
Diphtheria ..	2	35	93	29	2,725	80	2,964
Whooping cough ..	2	35	90	27	168	10	332
Tetanus ..	2	35	95	31	2,724	160	3,047
Poliomyelitis	—	32	80	27	2,658	87	2,884

Smallpox Vaccination of Children 1970

<i>Age at date of Vaccination</i>	<i>Number of Children Vaccinated (or re-vaccinated during period)</i>	
	<i>Number Vaccinated</i>	<i>Number Re-vaccinated</i>
0—3 months	1	—
3—6 months	5	—
6—9 months	10	—
9—12 months	14	—
1 year ..	1,531	—
2—4 years ..	704	26
5—15 years ..	96	81
TOTAL ..	2,361	107

Tuberculin Test and B.C.G. Vaccination 1970

A. CONTACTS:

Number skin tested ..	..	377
Number found positive	..	42
Number found negative	..	296
Number vaccinated ..	..	337

B. SCHOOL CHILDREN:

Number of 13 year old children		4,907
Number of acceptances	..	3,794
Number skin tested ..	..	3,883
Number found positive	..	141
Number found negative	..	3,156
Number vaccinated ..	..	3,156

Confinements in the City

Place	Nottingham Mothers			Others		Totals
	Total	Live	Stillborn	Total	Live	
<i>At home:</i>						
Conducted by midwife ..	1,399	1,393	6	6	6	1,405
„ „ private doctor ..	3	2	1	—	—	3
No one in attendance ..	2	2	—	—	—	2
	1,404	1,397	7	6	6	1,410
<i>Hospitals:</i>						
City ..	2,193	2,140	53	812	788	3,005
Firs ..	553	547	6	839	829	1,392
Women's ..	634	622	12	1,727	1,686	2,361
Highbury ..	220	216	4	980	973	1,200
General ..	2	2	—	1	1	3
TOTAL ..	3,602	3,527	75	4,359	4,277	7,961

HEALTH VISITING

Summary of Visits

<i>Visits in connection with</i>	1970	1969	1968	1967	1966	1965
<i>Pre-School Chil- dren:</i>						
Primary visits	29,046	30,234	32,188	30,571	30,641	32,365
Revisits ..	50,275	49,832	54,824	49,947	47,225	58,278
<i>Old People:</i>						
Primary visits	1,324	986	1,017	724	814	1,143
Revisits ..	2,607	1,941	1,752	1,280	1,347	1,930
<i>Expectant Mothers:</i>						
Primary visits	96	79	168	143	156	241
Revisits ..	62	50	84	107	162	231
Housing ..	20	11	20	9	18	222
Hospital after- care ..	145	91	61	85	61	208
Diabetes ..	101	44	36	17	16	51
Vaccination and immun- isation ..	21	29	21	9	36	36
Infectious dis- ease ..	157	27	—	10	1	15
Eye conditions	5	8	2	—	—	1
B.C.G. vaccina- tion ..	—	1	—	2	—	1
Neo-natal enquiry ..	3	—	2	3	—	—
Stillbirth ..	4	—	5	7	1	2
Other ..	881	711	582	594	426	792
NUMBER OF HOME VISITS	84,737	84,044	90,762	83,408	80,904	95,516
"NO ACCESS" VISITS ..	21,337	23,287	26,200	22,430	18,147	22,171
TOTAL VISITS	106,074	107,321	116,962	105,838	99,051	117,687

Attendances at Welfare Centres

	Doctors' Ante-natal and Post-natal Clinics				Midwives Clinics			Relaxation Clinics			Infants Clinics			Toddler Clinics		
	No. of Sessions	New Cases	Post-natal Attend-ances	Ante-natal Attend-ances	Attend-ances for Blood only	No. of Sessions	New Cases	Total Attend-ances	No. of Sessions	Total Attend-ances	No. of Sessions	New Cases	Total Attend-ances	No. of Sessions	New Cases	Total Attend-ances
Aspley ..	3	—	—	—	59	49	254	769	—	—	94	251	3,278	—	—	—
Basford ..	31	—	—	—	363	95	349	1,332	59	589	101	294	3,563	—	—	—
Bestwood Park ..	—	—	—	—	—	51	165	790	52	279	46	221	1,617	20	104	450
Bilborough ..	—	—	—	—	—	52	132	397	51	234	49	146	1,799	—	—	—
Bulwell ..	4	—	—	—	42	52	247	852	50	509	99	243	3,574	—	—	—
Edwards Lane ..	24	2	—	2	82	51	228	563	—	—	61	179	1,445	18	6	245
Ernest Purser ..	5	—	—	—	51	50	370	1,047	37	126	99	517	3,599	26	18	204
Hyson Green ..	—	—	—	—	—	34	383	823	33	155	122	465	5,150	12	20	162
John Ryle H. C. ..	17	—	—	—	275	52	362	1,507	48	471	183	604	5,124	—	—	—
Lenton Abbey ..	—	—	—	—	—	—	—	—	—	—	12	21	146	—	—	—
Mapperley ..	—	—	—	—	—	—	—	—	—	—	51	93	1,323	—	—	—
Radford ..	60	2	—	2	638	48	664	1,977	49	526	124	692	6,883	42	105	557
Sherwood Rise ..	24	2	—	2	192	14	109	269	—	—	105	318	2,513	41	114	1,183
Sneinton ..	76	34	13	293	352	52	562	1,763	52	439	116	484	4,933	48	25	507
Wollaton ..	—	—	—	—	—	—	—	—	—	—	92	537	3,555	—	—	—
TOTALS ..	244	40	13	299	2,054	600	3,825	12,089	431	3,328	1,354	5,065	48,502	207	392	3,308

Attendances at Day Nurseries 1970

	Bulwell			Dourson			Heathcote Street			Pierrepont			95 Queen's Drive			Radford			Sycamore Road			Independent Street		
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
January	..	4	104	494	—	78	436	53	210	224	—	208	380	10	150	302	21	112	363	18	114	298	—	—
February	..	—	111	502	—	103	505	73	210	236	—	222	411	16	171	286	22	127	421	5	114	255	—	—
March	..	11	80	474	—	95	450	73	239	217	9	200	377	3	198	298	17	134	406	—	164	355	—	—
April	..	32	95	571	—	112	448	82	276	215	8	162	357	4	164	318	5	121	433	—	175	381	—	—
May	..	28	95	450	—	109	473	67	226	187	—	224	436	6	160	326	—	132	369	—	142	333	—	—
June	..	29	88	517	—	113	500	30	273	168	—	255	483	—	142	314	—	149	457	17	183	443	—	—
July	..	13	85	510	—	76	402	22	261	255	—	189	533	10	178	238	17	111	387	39	181	430	—	—
August	..	9	19	179	—	27	214	14	98	86	—	59	194	10	63	89	17	42	117	20	73	149	—	—
September	..	—	33	561	—	128	459	3	279	202	—	183	405	37	180	359	21	134	367	22	198	362	—	—
October	..	—	41	524	—	117	464	39	269	225	—	173	428	11	211	372	29	118	399	20	224	353	—	18 79
November	..	—	47	499	—	113	485	56	240	203	—	148	390	21	156	356	19	129	456	19	220	348	—	156 436
December	..	—	27	409	—	90	413	44	166	172	—	150	315	9	125	264	9	79	347	3	116	258	10	140 395
TOTALS	126	825	5,690	—	1,161	5,249	556	2,747	2,390	17	2,173	4,709	137	1,898	3,572	177	1,388	4,522	163	1,904	3,965	10	314	910
	6,641			6,410			5,693			6,899		5,607		6,087		6,032		1,234						

AGE GROUPS: A: 0-6 months B: 6 months-2 years C: 2 years-5 years

TOTAL ATTENDANCES: 1,186 12,410 31,007 GRAND TOTAL: 44,603

HOME NURSING SERVICE

Comparative Index of Work over Seven Years

	1970	1969	1968	1967	1966	1965	1964
Register 1st January ..	2,075	2,106	2,052	1,801	1,865	1,837	1,828
New patients	4,142	3,802	3,934	4,063	3,912	3,962	3,893
Total visited	6,217	5,908	5,986	5,864	5,777	5,799	5,721
Register 31st December	2,153	2,075	2,106	2,052	1,801	1,865	1,837
Total nursing visits ..	161,116	171,613	187,202	188,683	192,386	203,953	203,802
Total super- visory visits	1,009	1,976	1,410	1,953	2,883	2,298	1,720
Case load — visits per month per nurse ..	228	240	257	251	250	259	262
<i>Type of illness</i>							
Cardio- vascular ..	1,266	1,204	1,207	1,202	1,197	1,324	1,414
Central nervous ..	778	782	826	778	732	810	735
Alimentary ..	609	595	626	667	615	520	513
Respiratory ..	399	381	367	388	508	516	616
Malignant diseases ..	576	554	599	637	594	566	534
Senility ..	412	422	442	402	415	398	350
Skin diseases	520	450	412	396	362	296	254
Rheumatism, Arthritis ..	483	442	376	331	288	274	266
Trauma ..	434	425	405	378	370	334	275
Diabetes ..	271	196	243	239	269	289	265
Genito- urinary ..	229	224	249	236	221	219	228
Tuberculosis	70	102	104	98	100	113	131
Infectious fevers ..	7	7	7	1	2	3	2
Other ..	163	124	123	89	104	137	138
TOTALS	6,217	5,908	5,986	5,864	5,777	5,799	5,721
<i>Age Groups of Patients</i>							
4 years and under ..	0.8%	0.7%	0.9%	1.0%	0.9%	0.9%	0.9%
5—14 years	1.6%	1.5%	1.7%	1.3%	1.5%	2.3%	1.8%
15—44 „ ..	10.3%	10.0%	10.0%	11.5%	10.0%	11.7%	10.9%
45—64 „ ..	22.0%	22.0%	23.0%	23.3%	23.7%	23.1%	23.9%
65 and over ..	65.3%	65.8%	64.4%	62.9%	63.9%	61.9%	62.5%

Loan of Nursing Equipment

ISSUED BY HOME NURSING SERVICE

<i>Article</i>	1970	1969	1968	1967	1966	1965	1964
Air rings ..	224	217	249	258	257	263	277
Bed pans ..	691	550	621	663	768	789	785
Back rests ..	467	341	324	387	326	492	455
Barrier outfits	1	27	92	183	371	316	322
Cradles ..	156	148	152	170	155	125	103
Crutches ..	42	43	39	43	41	36	32
Draw sheets..	64	72	58	81	85	97	218
Feeding cups	55	63	54	66	76	71	65
Incontinent gowns ..	19	19	15	13	16	16	32
Infectious outfits ..	—	3	2	4	7	6	6
Lifting apparatus	2	2	2	4	5	13	10
Mackintosh sheets ..	51	72	92	144	265	489	636
Midwifery outfits ..	—	2	1	5	7	8	8
Sorbo cushions	203	226	239	264	318	319	367
Syringes 5cc. T.B. ..	1	3	64	91	307	346	319
Syringes others	4	11	—	13	3	—	4
Urinals ..	436	390	385	389	445	400	409
Walking tripods	251	242	200	197	171	139	100
TOTALS ..	2,667	2,431	2,589	2,975	3,623	3,925	4,148

ISSUED FROM HEALTH SERVICE STORE

<i>Article</i>	1970	1969	1968	1967	1966	1965	1964
Air beds ..	—	—	—	—	—	1	—
Bed tables ..	9	7	3	5	3	2	4
Bedsteads ..	151	131	150	85	99	65	66
Commodore ..	765	554	732	429	351	295	271
Invalid chairs	373	305	267	162	142	152	190
Mattresses ..	192	176	197	98	101	72	76
Self lifting poles ..	59	27	43	28	20	14	9
Walking frames	61	38	27	15	9	7	—
TOTALS ..	1,610	1,238	1,419	822	725	608	616

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

<i>Article</i>	1970	1969	1968	1967	1966	1965	1964
Draw sheets..	1,800	1,200	825	561	670	780	866
Polythene sheets ..	1,728	1,536	1,216	996	960	436	360
Incontinence pads:							
thick ..	3,768	1,680	40,604	31,788	24,492	17,520	325
thin ..	28,320	20,160	6,792	8,460	8,208	13,680	21
roll ..	4,307	1,392	—	—	—	—	—
pants ..	588	—	—	—	—	—	—

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.

		<i>Educa- tion</i>	<i>Mental Health</i>	<i>Welfare</i>	<i>Others</i>	TOTAL
Cerebral palsy	..	28	70	42	24	164
Epilepsy	..	174	170	33	10	387
Cerebral palsy and epilepsy	..	2	19	—	—	21

Incidence of Blindness

		<i>Cause of Disability</i>			
				<i>Retrolental Fibro- plasia</i>	
BLIND		<i>Cataract</i>	<i>Glaucoma</i>		<i>Others</i>
(1)	Cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:				
(a)	No treatment ..	4	2	—	21
(b)	Treatment (medical, surgical or optical) ..	25	15	—	28
(2)	Cases at (1)(b) above which on follow up action have received treatment ..	13	15	—	27
PARTIALLY-SIGHTED					
(1)	Cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:				
(a)	No treatment ..	—	—	—	3
(b)	Treatment (medical, surgical or optical) ..	11	4	—	13
(2)	Cases which received follow up treatment	6	4	—	12
Number of blind persons on register at 31st December ..					760
Number of partially sighted persons on register at 31st December					212

Priority Rehousing on Medical grounds

TABLE 1

<i>Age</i>		<i>Distribution:</i>									<i>Total</i>
		0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	
<i>Medical Reason</i>											
Central nervous system	..	8	1	1	3	1	2	2	1	1	20
Cardio-vascular		2	—	—	2	2	6	11	12	4	39
Respiratory	..	1	—	4	2	2	4	8	2	1	24
Bones and joints	..	3	—	—	1	1	4	5	7	1	22
Special senses		2	—	1	—	—	2	2	8	3	18
Malignant	..	—	—	—	—	1	—	3	3	—	7
T.B.	..	—	—	2	1	2	1	—	—	—	6
Nerves	..	—	—	4	6	3	1	3	1	—	18
TOTAL	..	16	1	12	15	12	20	34	34	10	154

TABLE 2

<i>Area</i>	<i>No. of visits paid</i>
Meadows	86
Radford	45
St. Ann's	42
Central	39
Basford	38
Hyson Green	36
Lenton and Dunkirk	28
Sherwood and Carrington	22
Sneinton	21
Carlton Road area	13
Forest Fields	9
Mapperley	5
Bilborough	1
TOTAL	385

Convalescence

<i>Name of Convalescent Home</i>	1970	1969	1968	1967	1966
<i>Regional Hospital Board Homes: (Sheffield Region):</i>					
Carey House, Skegness ..	4	7	11	19	7
Seely House, Skegness ..	5	5	12	14	7
<i>Sheffield Works' Convalescent Association:</i>					
Langwith Lodge, Nether Langwith	1	3	1	—	3
Smedley Memorial Hospital Matlock	2	2	3	2	1
TOTAL	12	17	27	35	18
<i>Independent Homes:</i>					
George Woofinden Home, Mablethorpe	6	8	16	13	21
Evelyn Devonshire Home, Buxton	—	—	3	3	5
Hunstanton C. H.	6	2	11	8	11
Porthcawl	1	—	—	—	—
Cripples' Guild Home, Mablethorpe	—	4	2	6	—
TOTAL	13	14	32	30	37

Age Distribution

	<i>Independent Homes</i>			<i>Regional Hospital Board Homes</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
20-29 years ..	—	1	1	—	—	—
30-39 „ ..	—	—	—	1	—	1
40-49 „ ..	—	1	1	—	1	1
50-59 „ ..	1	—	1	2	1	3
60-69 „ ..	—	5	5	3	3	6
70-79 „ ..	1	2	3	1	—	1
80-89 „ ..	—	2	2	—	—	—
TOTAL ..	2	11	13	7	5	12

Reasons for convalescence

<i>Type of Illness</i>	<i>Numbers sent to Regional Hospital Board Homes</i>					<i>Numbers sent to Independent Homes</i>				
	1970	1969	1968	1967	1966	1970	1969	1968	1967	1966
Debility ..	2	—	—	6	2	2	2	12	12	13
Respiratory	1	7	8	6	5	3	1	6	5	8
Cardio-vascular ..	2	—	3	5	1	3	5	5	5	7
Nervous ..	1	2	7	11	2	1	4	4	5	4
Rheumatic..	2	2	1	2	—	2	—	3	4	8
Digestive	—	2	4	2	—	—	2	5	3	2
Reproductive	—	—	1	1	—	—	—	2	—	—
Injury ..	1	1	—	—	—	2	—	—	—	—
Diabetic ..	—	3	2	—	3	—	—	—	1	1
Urinary ..	1	—	1	2	—	—	—	—	—	—
Malignant ..	2	—	—	—	5	—	—	—	1	1
TOTAL ..	12	17	27	35	18	13	14	37	35	44

MENTAL HEALTH SERVICE

Subnormal and Severely Subnormal Persons

<i>New Cases Reported</i>				<i>Males</i>	<i>Females</i>	<i>Totals</i>
Reported by:						
Local Education Authority	..	..	..	22	23	45
Other sources	..	..	..	9	5	14
				31	28	59
Disposal of cases:						
Admitted to hospital	..	..	..	—	—	—
Attending Training Centre	..	..	..	15	12	27
Community care	..	..	..	16	16	32
				31	28	59

Number of Persons Reported as Mentally Ill

				<i>Under 65 years</i>		<i>Over 65 years</i>		<i>Totals</i>
				<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Reported by:								
Police	..	..	..	49	35	5	3	92
Hospitals	..	..	..	82	82	11	15	190
Medical practitioners				85	88	36	80	288
Relatives	..	..	..	31	22	2	9	64
Others	..	..	..	57	56	7	18	138
TOTAL	..	..	..	303	283	61	125	772
Disposal:								
Admitted under Section 25	..	..	..	26	40	2	6	74
Admitted under Section 26	..	..	..	1	1	—	1	3
Admitted under Section 29	..	..	..	51	41	2	5	99
Admitted as informal patient	..	..	..	80	90	34	47	251
Admitted others	..	..	..	10	3	2	6	21
TOTAL ADMITTED TO HOSPITAL	..	..	..	168	175	40	65	448
For community care	..	..	..	23	25	7	23	78
Not accepted	..	..	..	49	35	4	11	99
Referred to:								
Welfare Services	..	..	..	—	2	1	4	7
Family doctor	..	..	..	18	24	7	10	59
O/P Clinic	..	..	..	31	27	1	3	62
Day Hospital	..	..	..	4	3	1	11	19
TOTAL	..	..	..	293	291	61	127	772

ENVIRONMENTAL SERVICES

Summary of Complaints Received and the Action Taken

Complaints received:

Housing defects	2,261
Choked or defective drains and sewers	860
Overcrowding	271
Dirty houses	42
Defective dustbins	328
Accumulations of refuse	775
Offensive odours	156
Nuisance from smoke, grit and fumes	44
Nuisance from empty properties	28
Water in cellars	71
Keeping of animals	56
Noise nuisance	68
Caravans	29
Food hygiene	62
Nuisance from pigeons	49
Insect pests	651
Rats and mice	3,218
Miscellaneous	123
TOTAL	9,082

Nuisances remedied following the serving of notices:

Additional water closets provided	3
Water closets cleansed	31
Courts, yards and passages paved or cleansed	160
Drains repaired or cleared	214
Dustbins provided	287
Factories	5
Dirty houses	16
Keeping of animals	10
Accumulation of refuse	61
Water closets repaired or cleansed	519
Miscellaneous nuisances	35
TOTAL	1,341

Complaints referred to other Corporation Departments
following investigation 749

Housing defects remedied:

Fireplaces	77
Floors and ceilings	374
Rain water gutters and down spouts	497
Roofs	700
Walls	1,183
Sinks	95
Water pipes and fittings	39
Windows	390
Others	330
TOTAL	3,685

Number of houses involved in the foregoing defects .. 1,477

Statutory Notices

Total number served	..	..	..	..	1,138
					<i>Complied with</i>
<i>Public Health Act, 1936:</i>					
Section 39	Drainage	..	..	..	147
Section 44	Inadequate closet accommodation	..			2
Section 45	Closets	..	..	..	5
Section 56	Paving of courts, yards and passages, dwelling-houses	..	..	..	18
Section 75	Dustbins	..	..	..	62
Section 79	Offensive matter	..	..	..	6
Section 92	Houses	..	..	..	241
Section 287	Notice of entry	..	..	..	2
<i>Public Health Act, 1961:</i>					
Section 17	Stopped-up drains	..	..	..	171
<i>Nottingham Corporation Act, 1923:</i>					
Section 73	Repair of water-closets	..	..	..	71
<i>Nottingham Corporation Act, 1952:</i>					
Section 80	Repairs	..	..	..	4
<i>Housing Act, 1957:</i>					
Section 9	..	..	..	..	243
TOTAL	..	..	..	..	972

Consequent upon the failure of owners to comply with statutory notices, the Corporation ordered work on private contractors and recovered expenses incurred in 125 cases as follows:

						£	s.	d.
<i>Nottingham Corporation Act, 1923:</i>								
Section 73	..	..	..	..	..	19	16	2
<i>Nottingham Corporation Act, 1952:</i>								
Section 80	..	..	..	..	..	46	4	4
<i>Housing Act, 1957:</i>								
Sections 9 and 10	..	..	..	..	..	538	1	7
<i>Public Health Act, 1936:</i>								
Section 39	..	..	..	..	..	212	8	9
Section 56	..	..	..	..	..	141	10	4
Section 45	..	..	..	..	..	5	5	0
<i>Public Health Act, 1961:</i>								
Section 17	..	..	..	..	..	351	11	0
TOTAL	..	..	..	..	..	£1,314	17	2

The cost of new dustbins supplied by the Corporation where owners or occupiers had not complied with notices served and where steps were taken to recover this amount was £14. 18s. 5d.

Insects received in the Department for Identification

Beetles

Amphimallon solstitialis	..	4
Anobium punctatum	..	2
Attagenus pello		10
Attagenus piceus	..	1
Cryptophagus spp.	..	1
Dermestes lardarius	..	1
Enicmus minutus		1
Oryzaephilus mercator	..	2
Ptinus tectus	..	4
Stegobium paniceum	..	5
Tenebrio molitor	..	4

Flies

Drosophila spp.	..	1
Paracollinella fontinalis	..	2
Psychoda spp.	..	1
Thaumatomyia notata	..	1

Larvae

Ctenocephalides felis	..	1
Laspeyresia pomonella	..	1
Tenebrio molitor	..	1

Miscellaneous

Ceratophyllus gallinae	..	1
Chrysopa perla	..	1
Ctenocephalides felis	..	2
Mining bees	..	3
Mites	..	2
Pediculus humanus	..	1
Psocids	..	9

Water Supply—Chemical Results—1970 (Results in parts per million)

	Basford	Bestwood	Boughton	Burton Joyce	Halam	Lambley	Markham	Papplewick	Rufford	Salterford	Ompton	Eastwood
Total solids ..	520	307	239	422	196	188	196	191	324	178	181	100
Sal. ammonia ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0.014	0.018	Nil	Nil	0.020
Alb. ammonia..	0.012	0.008	0.014	0.012	0.008	0.010	0.008	0.014	0.014	0.012	0.004	0.026
Oxygen demand	0.12	0.10	0.16	0.12	0.10	0.08	0.12	0.12	0.16	0.10	0.08	0.20
Nitrite N. ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0.02
Nitrate N. ..	17.0	6.44	5.16	1.18	2.34	2.41	2.37	3.60	4.41	5.64	2.93	1.10
Chloride Cl ..	47	29	32	16	10	10	11	22	72	23	16	10
Carb. Hardness	165	90	115	190	125	125	150	60	75	55	120	25
Non Carb. Hardness ..	185	92	43	128	3	3	8	58	107	65	12	29
TOTAL Hardness	350	182	158	318	128	128	158	118	182	120	132	54
Silica SiO ₂ ..	8	7	8	7	7	7	8	7	9	7	7	5
Colour ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	10
pH ..	7.5	7.8	7.7	7.4	8.0	8.1	8.1	8.0	7.7	8.0	7.9	9.1
Iron Fe ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0.04
Free CO ₂ ..	8	6	5	9	3	3	3	4	8	3	4	Nil
Calcium Ca ..	95.2	42.4	31.2	61.6	17.6	16.8	19.2	24.0	39.2	24.8	28.0	14.4
Magnesium Mg	26.9	18.2	19.2	39.4	20.2	20.6	26.4	13.9	20.2	13.9	14.9	4.3

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

Fertilisers and Feeding Stuffs

<i>Samples taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
<i>Fertilisers:</i>			
"Flourish" with bone meal, hoof and horn	1	—	1
Plantoids	1	—	1
Compure	1	—	1
Steamed bone meal ..	—	1	1
Sulphate of ammonia ..	1	—	1
John Innes base fertiliser	1	2	3
Top Rose	1	—	1
Liquinure	1	—	1
Plant food	1	—	1
Nitrogen feed with liquid blood manure ..	2	—	2
Sangral general ..	1	—	1
Substia plant food ..	1	—	1
Fisons growmore ..	1	—	1
<i>Feeding Stuffs:</i>			
Layers' mash	5	—	5
Chicken pellets	1	—	1
Gold lay pellets ..	1	—	1
Gold lay mash	1	—	1
Pig baconer meal ..	1	—	1
Layers' pellets	1	—	1
Range layers' mash ..	1	—	1
Range layers' pellets ..	2	—	2
TOTALS	26	3	29

Shops Act, 1950—Section 1

DETAILS OF THE POLL FOR THE REVOCATION OF THE NOTTINGHAM (CENTRAL AREA) EARLY CLOSING DAY EXEMPTION ORDER, 1967

Number of voting papers sent out	535
Number of votes recorded in favour of the revocation ..	278
Number of votes recorded against the revocation ..	93

DETAILS OF THE POLL TAKEN IN RESPECT OF THE CITY OF NOTTINGHAM (INNER SHOPPING ZONE) EARLY CLOSING DAY EXEMPTION ORDER, 1970

	<i>Non-Food Shops</i>	<i>Food Shops</i>	<i>Combined Food and Non-Food Services</i>
Number of voting papers sent out	415	35	79
Number of votes recorded in favour of the exemption ..	195	19	49
Number of votes recorded against the exemption ..	116	4	7

Offices, Shops and Railway Premises Act, 1963

REPORTED ACCIDENTS

Workplace	Number Fatal	Re- ported Non Fatal	Total No. Investi- gated	Action Recommended			
				Prose- cution	Formal Warning	Informal Advice	No Action
Offices ..	1	16	6	1	1	2	2
Retail Shops	—	54	4	—	—	1	3
Wholesale shops, warehouses	—	26	6	—	—	3	3
Catering establish- ments open to public, canteens ..	—	15	5	—	2	—	3
Fuel storage depots ..	—	—	—	—	—	—	—
TOTALS	1	111	21	1	3	6	11

ANALYSIS OF REPORTED ACCIDENTS

	Offices	Retail shops	Whole- sale ware- houses	Catering establish- ments open to public, canteens	Fuel storage depots
Machinery ..	1	1	1	3	—
Transport ..	2	—	1	—	—
Falls of persons ..	9	24	2	6	—
Stepping on or striking against object or person ..	2	5	3	—	—
Handling goods ..	2	8	13	5	—
Struck by falling ob- ject ..	1	5	3	1	—
Fires and explosions	—	—	—	—	—
Electricity ..	—	—	—	—	—
Use of hand tools ..	—	8	1	—	—
Not otherwise speci- fied ..	—	3	2	—	—
TOTALS ..	17	54	26	15	—

REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>Number of premises newly registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of registered premises receiving one or more general inspections during the year</i>
Offices	96	1,413	216
Retail shops	79	1,946	206
Wholesale shops, warehouses	15	403	59
Catering establishments open to the public, canteens ..	34	482	92
Fuel storage depots ..	—	16	3
TOTALS	224	4,260	576

NUMBER OF VISITS OF ALL KINDS (INCLUDING GENERAL INSPECTIONS) TO REGISTERED PREMISES
1,352

ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN REGISTERED PREMISES AT END OF YEAR

<i>Class of workplace</i>	<i>Number persons employed</i>
Offices	24,159
Retail shops	12,672
Wholesale departments, warehouses ..	3,690
Catering establishments open to the public	4,029
Canteens	400
Fuel storage depots	89
TOTAL	45,039
TOTAL MALES	22,441
TOTAL FEMALES	22,598

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).

<i>Premises</i>	<i>Number on register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	1,725	14	7	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	—	—	—
TOTAL	1,740	17	7	—

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.	By H.M.	
			Inspector	Inspector	
Want of cleanliness (Section 1) ..	3	2	—	—	—
Ventilation (Section 4) ..	—	1	—	—	—
Drainage of floors (Section 6) ..	—	—	—	—	—
Sanitary conveniences (Section 7):					
(a) Insufficient ..	1	1	—	1	—
(b) Unsuitable or defective ..	8	3	—	2	—
(c) Not separate for sexes ..	—	1	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	—	2	—	—	—
TOTAL ..	12	10	—	3	—

PART VIII OF THE ACT
Outwork

Section 133

<i>Nature of Work</i>	<i>Number of out-workers in August list required by Section 133(1)(c)</i>		
	1970	1969	1968
Wearing apparel, making, cleaning, etc. ..	658	663	711
Lace, lace curtains and nets ..	563	487	525
Nets other than wire nets ..	156	93	84
Household linen ..	91	82	81
Carding, etc., of buttons, etc. ..	24	24	26
Curtains and furniture hangings ..	5	2	2
Making of boxes from cardboard, etc. ..	—	—	—
Weaving of textile fabrics ..	—	5	8
TOTAL ..	1,497	1,356	1,437

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	6,142
Inspections made for the purpose	8,900
Dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	1,597
Dwelling-houses—exclusive of those referred to under the preceding sub-head—found not to be in all respects reasonably fit for human habitation.. .. .	1,182

Informal Action

Defective dwelling-houses rendered fit in consequence of informal notices by the Local Authority or their officers ..	2,530
---	-------

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	259
Dwelling-houses in which defects were remedied after service of informal notices:	
1. By owners	227
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	480
Dwelling-houses in which defects were remedied after service of formal notices:	
1. By owners	376
2. By Local Authority in default of owners	34

3. *Proceedings under Section 17 of the Housing Act, 1957:*

Dwelling-houses in respect of which demolition orders were made	5
Dwelling-houses demolished in pursuance of demolition orders	—
Closing Orders made	4

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

First Visits	12,026
Re-visits	7,362
TOTAL	<u>19,388</u>

Rent Act, 1957—Certificates of Disrepair

<i>Certificates of Disrepair</i>	1970	1969	1968	1967	1966
<i>Rent Act, 1957:</i>					
Part I Applications for Certificates of Disrepair:					
No. of applications for certificates	2	1	4	3	6
No. of decisions not to issue certificates	—	—	—	—	1
No. of decisions to issue certificates:					
(a) in respect of some but not all defects	2	1	4	1	3
(b) in respect of all defects ..	—	—	—	2	2
No. of undertakings given by landlords	2	1	—	1	2
No. of certificates issued ..	—	—	4	2	3
Part II Applications for cancellation of Certificates:					
Applications by landlords for cancellation of certificates ..	—	3	1	1	3
Objections by tenants to cancellation of certificates	—	1	—	—	—
Certificates cancelled by local authority	—	2	1	1	3

Atmospheric Pollution—Summary of Measurements*

	<i>Deposited solid matter in tons per square mile</i>		<i>Microgrammes per cubic metre of air</i>			
	<i>Annual</i>	<i>Maximum monthly</i>	<i>Smoke</i>		<i>Sulphur Dioxide</i>	
			<i>Average daily concentration</i>		<i>Average daily concentration</i>	
			<i>During year</i>	<i>During maximum month</i>	<i>During year</i>	<i>During maximum month</i>
†Basford	221.25	25.52 : July	116	245 : Jan.	194	278 : Dec.
Bulwell	200.52	28.54 : Mar.	88	207 : Dec.	118	198 : Jan.
City Centre	139.32	19.86 : Mar.	94	192 : Jan.	187	295 : Mar.
Clifton	113.40	14.49 : Mar.	34	70 : Dec.	130	198 : Mar.
Mapperley	95.87	18.00 : Feb.	57	133 : Dec.	98	210 : Jan.
Meadows	123.41	18.32 : Mar.	103	197 : Dec.	154	237 : Mar.
Wollaton	112.59	14.12 : May	43	87 : Dec.	106	165 : Jan.
Average for City	143.77	—	76	—	141	—

†11 months deposit only.

*For full details see the following 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		
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
1970																				
Jan. 16.46	5.45	21.91	8.25	6.21	14.46	9.02	5.55	14.57	1.96	3.69	5.65	3.21	3.90	7.11	4.79	5.07	9.86	3.92	3.90	7.82
Feb. 13.42	5.10	18.52	17.16	5.29	22.45	9.70	6.95	16.65	8.78	4.46	13.24	14.72	3.28	18.00	4.53	5.32	9.85	8.28	4.73	13.01
Mar. 11.03	6.62	17.65	21.23	7.31	28.54	11.20	8.66	19.86	8.99	5.50	14.49	5.86	5.91	11.77	11.24	7.08	18.32	4.94	4.56	9.50
April 10.26	5.12	15.38	18.20	4.91	23.11	9.88	7.03	16.91	8.88	3.59	12.47	3.74	4.10	7.84	2.70	5.55	8.25	0.72	3.34	4.06
May†	—	—	13.70	1.76	15.46	5.50	2.27	7.77	7.71	2.34	10.05	1.73	2.34	4.07	2.85	3.16	6.01	11.52	2.60	14.12
June 21.82	2.42	24.24	7.21	2.88	10.09	4.00	2.72	6.72	4.84	2.32	7.16	3.87	2.39	6.26	3.79	3.16	6.95	6.29	2.44	8.73
July 20.73	4.79	25.52	15.44	4.66	20.10	4.53	5.57	10.10	9.88	3.89	13.77	1.43	3.72	5.15	3.62	4.63	8.25	4.73	4.00	8.73
Aug. 17.33	3.44	20.77	3.54	4.20	7.74	3.19	3.87	7.06	4.61	3.54	8.15	2.85	3.11	5.96	4.00	3.59	7.59	6.32	2.88	9.20
Sept. 20.55	2.50	23.05	9.60	2.67	12.27	2.27	3.16	5.43	4.48	2.24	6.72	4.07	1.96	6.03	8.40	3.11	11.51	6.21	2.50	8.71
Oct. 14.12	3.90	18.02	10.42	5.63	16.05	7.46	4.89	12.35	5.12	3.90	9.02	1.73	4.10	5.83	5.12	5.40	10.52	8.31	3.62	11.93
Nov. 13.93	4.33	18.26	5.22	7.77	12.99	7.16	4.76	11.92	2.24	4.51	6.75	7.36	4.38	11.74	4.54	6.88	11.42	1.93	5.37	7.30
Dec. 14.16	3.77	17.93	12.44	4.82	17.26	6.47	3.51	9.98	2.95	2.98	5.93	2.85	3.26	6.11	10.24	4.64	14.88	6.40	3.08	9.48
TOTAL 173.81	47.44	221.25	142.41	58.11	200.52	80.38	58.94	139.32	70.44	42.96	113.40	53.42	42.45	95.87	65.82	57.59	123.41	69.57	43.02	112.59

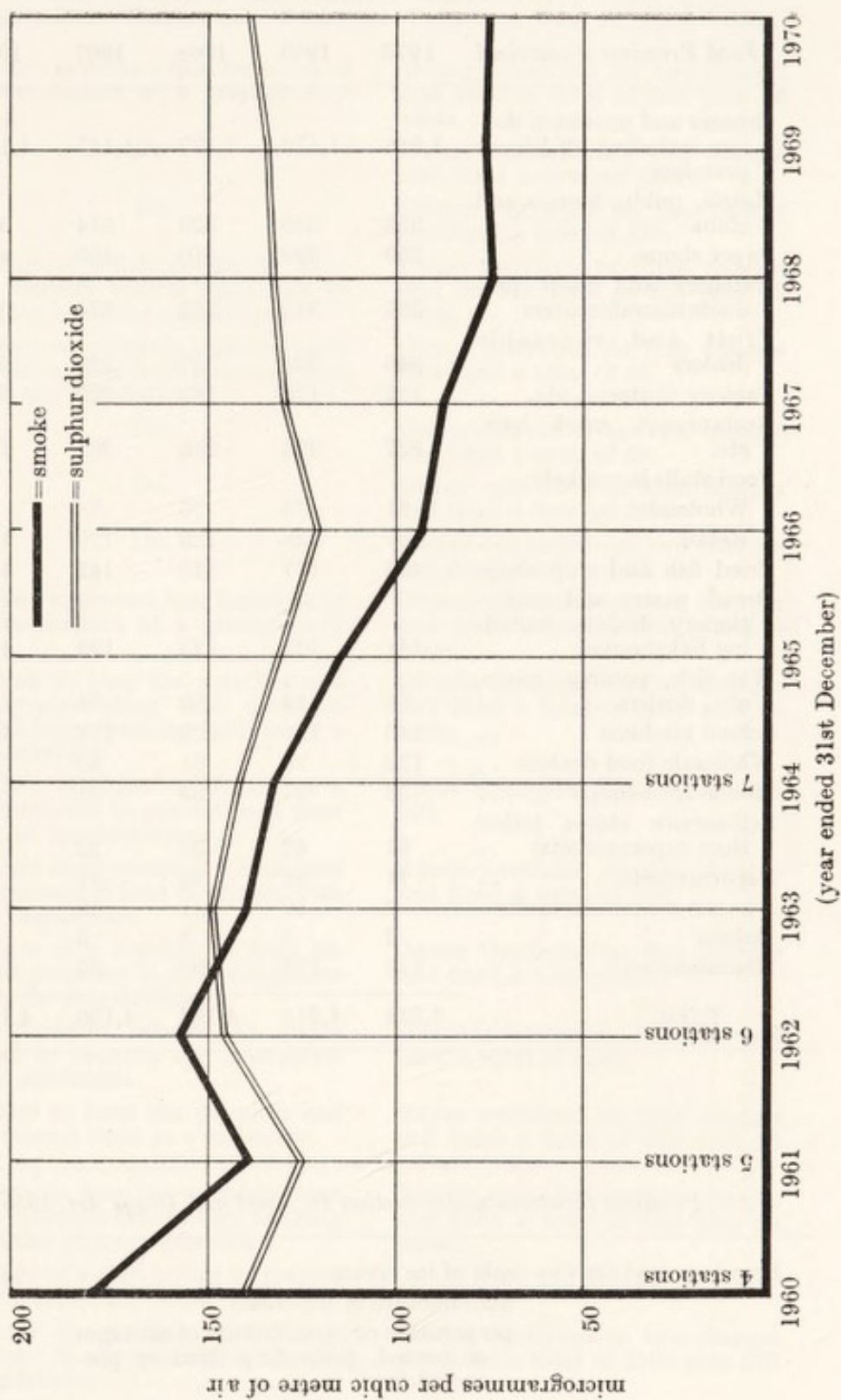
†Interference

Volumetric Apparatus

SULPHUR DIOXIDE (SO₂) 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			
													1970	1969		
CLIFTON																
SO ₂	162	173	198	115	101	89	91	97	134	134	149	130	113	
Smoke	56	49	49	31	23	11	16	21	37	30	70	34	34	
CITY CENTRE																
SO ₂	279	278	295	180	129	96	93	126	185	210	271	187	159	
Smoke	192	135	130	76	49	27	43	55	104	105	165	94	96	
BASFORD																
SO ₂	273	273	261	194	127	76	116	113	161	208	248	278	194	173
Smoke	245	155	155	99	48	22	32	37	62	146	147	240	116	112
BULWELL																
SO ₂	198	144	148	113	96	65	60	63	83	118	140	183	118	119
Smoke	183	110	105	70	39	22	24	37	56	100	101	207	88	100
MAPPERLEY																
SO ₂	210	94	122	85	73	54	50	78	110	95	158	98	123	
Smoke	115	80	76	45	27	13	21	30	66	62	133	57	63	
MEADOWS																
SO ₂	208	223	237	160	119	67	95	94	111	174	162	199	154	147
Smoke	148	156	150	128	61	15	44	40	59	127	114	197	103	108
WOLLATON																
SO ₂	165	146	146	96	87	67	80	63	73	100	110	136	106	102
Smoke	56	49	49	31	23	11	11	16	21	37	30	70	34	34

Atmospheric Pollution 1960-1970
(monthly averages for all measuring statistics in the City)



Food Hygiene

FOOD PREMISES IN THE CITY

<i>Food Premises Supervised</i>	1970	1969	1968	1967	1966
Grocers and provision dealers including off-licence premises	1,056	1,136	1,137	1,151	1,122
Hotels, public houses and clubs	552	540	529	514	521
Sweet shops	350	399	410	403	410
Butchers and meat products manufacturers ..	353	345	352	374	374
Fruit and vegetable dealers	345	324	327	329	329
Factory canteens, etc. ..	182	178	183	220	235
Restaurants, snack bars, etc.	327	293	286	267	259
Food stalls in markets:					
Wholesale	81	75	70	78	75
Retail	107	128	129	120	126
Fried fish and chip shops	159	147	143	142	138
Bread, pastry and confectionery dealers, including bakehouses ..	141	121	123	122	126
Wet fish, poultry, game, etc., dealers	64	49	50	54	53
School kitchens	142	130	129	138	131
Wholesale food dealers ..	110	79	81	80	69
Mobile food shops ..	33	34	33	31	25
Self-service stores (other than supermarkets) ..	51	42	32	22	19
Supermarkets	71	58	48	41	40
Ice-cream manufacturers	9	10	11	12	14
Dairies	2	3	3	3	3
Miscellaneous	113	123	90	65	55
TOTAL	4,248	4,214	4,166	4,166	4,124

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

Premises used for the—sale of ice cream	526
manufacture of ice-cream	9
preparation or manufacture of sausages or potted, pressed, pickled or preserved food	342
TOTAL	877

PROSECUTIONS INSTITUTED FOR OFFENCES AGAINST THE FOOD
HYGIENE (GENERAL) REGULATIONS, 1960, AND THE FOOD HYGIENE
(MARKETS, STALLS AND DELIVERY VEHICLES) REGULATIONS, 1966

Failure to protect food from risk of contamination at a greengrocery shop.

Do.

Do.

Failure of a fish-monger to keep his delivery vehicle clean, and to display his name and address.

Failure to maintain a barrow used for the sale of fruit in compliance with the Regulations.

Do.

Do.

Do.

Failure to protect food from risk of contamination at a greengrocery shop.

Failure to keep the premises and equipment clean and maintain satisfactory washing facilities at a supermarket.

Failure of three employees at a supermarket to protect food from risk of contamination.

Failure of an owner of a stall used for the sale of food to comply with the Regulations.

Failure of a butcher to keep his retail premises in full compliance with the Regulations.

The butcher referred to above failed to improve the unsatisfactory conditions.

Failure to keep the premises and equipment clean at a coffee bar.

Failure to keep the premises clean and maintain satisfactory washing facilities at a supermarket.

Failure of a stall holder to protect food from risk of contamination.

Failure to maintain a delivery vehicle in compliance with the Regulations.

Failure to keep the premises and equipment clean at a snack bar.

Owner convicted on two charges and fined a total of £20 plus £5 costs.

Owner convicted on two charges and fined a total of £20.

Owner convicted on one charge and fined a total of £10.

Owner convicted on three charges and fined a total of £21 plus £5 costs.

Owner convicted on four charges and fined a total of £8.

Owner convicted on two charges and fined a total of £6.

Owner convicted on nine charges and fined a total of £25.

Owner convicted on two charges and fined a total of £6.

Owner convicted on two charges and fined a total of £20 plus £10 costs.

Owners convicted on four charges and fined a total of £210 plus £5 costs.

Three employees fined a total of £40.

Owner convicted on five charges and fined a total of £50.

Owner convicted on five charges and fined a total of £80.

Owner convicted on 20 charges and fined a total of £240.

Owner convicted on four charges and fined a total of £70 plus £5 costs.

Owners convicted on four charges and fined a total of £25 plus £5 costs.

Owner fined £10 plus £2 2s costs.

Owners convicted on two charges and fined a total of £100 plus £10 costs.

Owners convicted on 18 charges and fined a total of £59 plus £5 costs.

Failure to maintain an ice cream sales vehicle in compliance with the Regulations.

Salesman smoking whilst selling ice cream from a vehicle.

Failure to keep the premises and equipment clean at a public house.

Failure to keep the utensils clean and to maintain adequate supplies of hot water at an inn.

Failure to maintain a food delivery vehicle in compliance with the Regulations.

Owner convicted on four charges and fined a total of £80 plus £10 10s. costs.

Salesman fined £25.

Owners convicted on seven charges and fined a total of £42 10s. plus £7 costs.

Owners convicted on two charges and fined a total of £150 plus £25 costs.

Owners convicted on three charges and fined a total of £50 plus £5 5s. costs.

Details of Unsound Food Surrendered

<i>Food other than Meat</i>	<i>In Stones</i>					
	1970	1969	1968	1967	1966	1965
Bacon ..	772	180	113	154	257	142
Butter ..	—	—	—	1	1	3
Canned goods ..	9,862	6,616	9,255	6,998	5,701	5,974
Cakes and pastry	1,545	982	1,185	758	1,133	338
Cereals ..	321	858	—	—	—	—
Cheese ..	27	44	59	81	152	141
Chocolate and sweets ..	12	163	9	17	1	8
Coffee ..	—	1	7	30	5	21
Conserves ..	80	71	83	32	34	72
Cooked meat ..	420	588	880	812	462	77
Dried fruit ..	21	37	12	15	109	11
„ milk ..	2	—	—	9	—	—
Eggs—liquid ..	—	4	2	12	6	5
—shell ..	—	—	6	12	—	—
Fish ..	1,023	622	1,106	399	578	491
Fruit ..	2,043	6,678	1,757	2,317	1,600	1,759
Flour ..	25	157	83	41	—	9
Margarine ..	7	5	2	1	1	10
Miscellaneous ..	28,524*	10,389	607	635	957	186
Poultry ..	100	39	331	119	120	681
Rabbits ..	40	25	1	23	—	2
Sausage ..	513	490	709	661	375	88
Shell fish ..	143	482	918	714	907	1,118
Sugar ..	—	—	—	1	1	2
Imitation cream	1,298	1,078	—	—	13	15
Vegetables ..	5,575	3,248	7,359	8,485	14,332	10,657
TOTAL ..	52,353	32,757	24,484	22,327	26,745	21,810
* includes 25,064 stones soft drinks						
<i>Meat</i>	<i>Home-killed</i>			<i>Imported</i>		
	<i>in stones</i>			<i>in stones</i>		
	1970	1969	1968	1970	1969	1968
Beef ..	1,446	1,250	1,221	486	577	711
Mutton and Lamb ..	479	468	694	618	297	269
Pork ..	3,012	3,118	2,270	371	62	102
Veal ..	42	49	65	—	9	—
Offals ..	15,661	12,743	10,395	130	53	236
TOTAL ..	20,640	17,628	14,645	1,605	998	1,318
GRAND TOTAL SURRENDERED 1968: 15,963 stones = approx. 100 tons						
„ „ „ 1969: 18,626 stones = approx. 116 tons						
„ „ „ 1970: 22,245 stones = approx. 139 tons						

Carcases of Meat Inspected and Carcases Condemned

	<i>Cattle exclud- ing Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Total</i>
Number killed and inspected	12,604*	2,781	531	37,374	26,866	80,156
<i>All diseases except tuberculosis and cysticerci:</i>						
Whole carcases condemned ..	5	5	10	28	48	96
Carcases part (or organ) con- demned ..	5,222	1,418	12	1,346	9,054	17,052
Percentage affected ..	41.47	51.16	4.14	3.68	33.88	—
<i>Tuberculosis only:</i>						
Whole carcases condemned ..	—	—	—	—	1	1
Carcases part (or organ) con- demned ..	2	1	—	—	472	475
Percentage affected ..	0.01	0.03	—	—	1.76	—
<i>Cysticercosis:</i>						
Carcases part (or organ) con- demned ..	7	—	—	—	—	7
Carcases sub- mitted to treatment by refrigeration ..	7	—	—	—	—	7
Generalised and totally con- demned ..	—	—	—	—	—	—

* Bulls—5 Bullocks—9,637 Heifers—2,962

Food and Drugs
SAMPLES EXAMINED BY CITY ANALYST

<i>Item</i>	<i>Genuine</i>			<i>Unsatisfactory</i>			<i>Totals</i>		
	<i>For- mal</i>	<i>In- formal</i>	<i>Total</i>	<i>For- mal</i>	<i>In- formal</i>	<i>Total</i>	<i>For- mal</i>	<i>In- formal</i>	<i>Total</i>
Milk, untreated	398	4	402	31	—	31	429	4	433
Milk, processed	82	—	82	—	2	2	82	2	84
Milk, canned, condensed or dried ..	—	11	11	—	—	—	—	11	11
Butter, cream, cheese and other dairy products ..	—	16	16	—	—	—	—	16	16
Ice cream and frozen lollies	—	42	42	—	—	—	—	42	42
Open meat pro- ducts ..	2	14	16	—	1	1	2	15	17
Canned or pre- served meat and meat products ..	—	44	44	—	1	1	—	45	45
Canned or pre- served fish and fish pro- ducts ..	—	21	21	—	2	2	—	23	23
Soups ..	—	18	18	—	—	—	—	18	18
Oils and fats ..	—	6	6	—	—	—	—	6	6
Fresh fruit and vegetables ..	—	—	—	—	1	1	—	1	1
Canned or pre- served fruit and vegetables	—	67	67	—	7	7	—	74	74
Sweets, sugar con- fectionery, etc.	—	17	17	—	1	1	—	18	18
Jams, conserves, fruit curds, jellies, etc. . .	—	20	20	—	—	—	—	20	20
Bread, biscuits, etc. ..	—	2	2	—	—	—	—	2	2
Flours and flour mixtures ..	—	20	20	—	1	1	—	21	21
Cakes and pud- dings ..	—	—	—	—	2	2	—	2	2
Canned or pre- packed cakes and puddings	—	13	13	—	—	—	—	13	13
Cereals ..	—	19	19	—	1	1	—	20	20
Food flavourings and colourings	—	17	17	—	1	1	—	18	18
Food drinks and non-alcoholic beverages	—	40	40	—	1	1	—	41	41
Spices, sauces and condiments	—	45	45	—	1	1	—	46	46
Wines, spirits and other alcoholic beverages ..	4	—	4	—	—	—	4	—	4
Drugs (internal and external use) ..	—	16	16	—	—	—	—	16	16
Baking powders and raising preparations	—	2	2	—	—	—	—	2	2
Miscellaneous	—	8	8	—	—	—	—	8	8
TOTALS ..	486	462	948	31	22	53	517	484	1,001

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