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CITY OF NOTTINGHAM
ANNUAL REPORT

HEALTH SERVICES

1971

WILFRID H. PARRY
M.D., F.F.C.M., D.P.H.,
D.T.M. & H. F.R.S.H.
Medical Officer of Health



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CITY OF NOTTINGHAM

**Ninety-ninth
Annual Report**
of the
Health Services
1971

Medical Officer of Health

Wilfrid H. Parry

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

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HEALTH COMMITTEE

1971

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ALDERMAN F. W. WOOTTON

VICE-CHAIRMAN:
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ALDERMAN DR. E. WANT, M.B., Ch.B., F.R.S.H.

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

MEDICAL OFFICER OF HEALTH:

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

SENIOR DEPARTMENTAL STAFF

Medical Officer of Health—

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

Deputy Medical Officer of Health—

KENNETH D. MASON, M.B.E., M.B., B.S., M.F.C.M., D.P.H.,
D.C.H., D.T.M. & H., D.I.H. from 1.2.71.

Principal Medical Officer—

MARGARET W. SEYMOUR, M.B., Ch.B., M.F.C.M., D.P.H.
from 1.8.71

Senior Medical Officers—

L. ANN WILSON, M.D., B.Sc., M.F.C.M., D.P.H., D.C.H., F.R.S.H.
to 31.10.71

MARGARET W. SEYMOUR, M.B., Ch.B., M.F.C.M., D.P.H.
to 31.7.71

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

HUSSAIN S. MAQBOOL, M.B., B.S., B.Sc., M.F.C.M., D.P.H.,
M.P.H. from 1.11.71

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., F.H.A.

Chief Administrative Nursing Officer—

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

Chief Ambulance Officer—

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

Chief Public Health Inspector—

R. YOUNG, M.B.E., F.R.S.H., F.A.P.H.I.

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 1971.

Mention is made, for the first time, of the important development of modern management techniques in the administration of the City Health Services. Management by objective, cost benefit and critical path analysis, are new terms which are being used to describe the co-ordinated partnership which the Health Department has with other Council Departments, e.g. the Town Clerk's, Treasurer's, Architect's, Town Planner's, Social Services, Estate Surveyor's, Housing and Engineer's. For effective management it is essential that we act together in consultation with the team approach to mutual problems. Throughout this report, such a theme will be highlighted in the provision of health centres, home renal dialysis units, slum clearance and improvement grant work, to name but a few.

1971 has been an interesting year of progress with the "seeds" of further development being "sown" in regard to family planning, extension of the ambulance services, and a continuation of the re-organisation of the nursing services based on health centres and medical group practices. The planned transfer of the joint health visitor training course to the Trent Polytechnic is a step in the right direction. In this setting, it is anticipated that health visitor training will flourish and develop.

A close working partnership has been established with the Director of Social Services, based on mutual respect, which augurs well for the future. When re-organisation of both Local Government and the National Health Service takes place in 1974, it is vital that there is an established bridge between the local authority social services and the new unified National Health medical services. Here in Nottingham we have made a good start.

Mention is made in the report of the new Health Education Section of the important need for a concerted drive to reduce the increase of sexually transmitted diseases, whilst, in direct contrast there are some interesting details related to the Nottingham Festival cross channel relay swim and the successful drug collection week.

There have been some important medical staff changes in 1971. Dr. K. D. Mason took up his appointment as Deputy Medical Officer of Health on the 1st February. Dr. L. Ann Wilson retired on the 31st October after 12 years as Senior Medical Officer within the department. We wish her long life and happiness in a well-earned rest. Dr. Margaret Seymour was promoted to Principal Medical Officer on the 1st August with Dr. H. S. Maqbool joining the department on 1st November. At the time of writing this preface,

Dr. Christina F. J. Ducksbury left on the 22nd February 1972 following her appointment as Assistant Senior Medical Administrative Officer to the Manchester Regional Hospital Board. Good wishes go with her on this move to expand her experience in medical administration. She was succeeded by Dr. C. Gazidis on the 4th April 1972, who joined the department from the City of Portsmouth. We wish him every happiness and success in Nottingham.

It is very pleasing to record the award of the M.B.E. in the New Year's Honours List to Mr. Royce Young, the Chief Public Health Inspector. We congratulate him on this official recognition of his exceptional services to public health.

Throughout the year, I have been ably supported by the Chairman (Councillor A. G. Ribbons) and members of the Health Committee. Using the team approach we have made further progress towards improving the health services of the City. Finally, a special mention must be made of Mr. C. V. Tubb, the Health Department's Administrative Officer, and his colleagues, who have worked assiduously in supporting the Committee and myself in our deliberations.

WILFRID H. PARRY

MEDICAL OFFICER OF HEALTH

HUNTINGDON HOUSE,
NOTTINGHAM
NG1 3LZ

HEALTH REPORT 1971

Vital Statistics

VITAL STATISTICS

				1971	1970
Population	..	..	..	296,750	300,580
Area in Acres	..	..	..	18,364	18,364
No. of Marriages	..	..	..	2,687	2,787

LIVE BIRTHS

Legitimate	Males 2,222	Females 1,949	..	4,171	4,088
Illegitimate	„ 473	„ 457	..	930	925
„	births expressed as a percentage of all births			18·23	18·4
Total No. of Births	..	..	..	5,101	5,013
<i>Live Birth Rate</i> per 1,000 of population	..	..	..	17·19	16·68

STILLBIRTHS

Legitimate	Males 28	Females 21	..	49	67
Illegitimate	„ 7	„ 6	..	13	14
Total No. of Stillbirths	..	..	..	62	81
<i>Stillbirth Rate</i> per 1,000 live and stillbirths	..	..	..	12·00	15·90
Total No. of Live and Stillbirths	..	..	..	5,163	5,094

INFANT DEATHS

				108	113
<i>Infant Mortality Rate</i>	Total	..	..	21·17	22·54
„	„	„	legitimate births	19·38	21·53
„	„	„	illegitimate births	31·18	27·03
<i>Neonatal Mortality Rate</i>	—first four weeks of life			11·76	13·37
<i>Early Neonatal Mortality Rate</i>	—first week of life			10·59	11·77
<i>Perinatal Mortality Rate</i>	..	..	..	22·47	27·48

MATERNAL DEATHS (see page 52)

				2	5
<i>Maternal Mortality Rate</i> per 1,000 live and stillbirths..	..	..	..	·39	·98

DEATHS AT ALL AGES

Males 1,815	Females 1,814	..	..	3,629	3,894
<i>Death Rate</i> per 1,000 of population	..	..	..	12·23	12·96

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	34	—	—	—	34	34	—	—	—	—	—
Congenital malformations ..	10	2	1	—	13	20	1	2	—	—	3
Birth injuries	2	—	—	—	2	2	—	—	—	—	—
Atelectasis ..	2	—	—	—	2	2	—	—	—	—	—
Haemolytic disease of the new-born ..	3	—	—	—	3	3	—	—	—	—	—
Bronchitis ..	—	—	—	—	—	2	—	—	—	—	—
Pneumonia, all forms ..	—	—	1	—	1	12	1	—	—	—	1
Other respiratory diseases and conditions	2	—	—	—	2	3	—	—	—	—	—
Gastro-intestinal infection including dysentery	—	—	—	—	—	9	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—
Leukaemia	—	—	—	—	—	—	—	—	2	—	2
Non-meningococcal meningitis	—	—	—	—	—	1	1	—	—	—	1
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasms	—	—	—	—	—	—	—	—	—	—	—
Abdominal emergencies	—	—	—	1	1	1	—	—	—	—	—
Accident (a) motor ..	—	—	—	—	—	—	—	3	2	—	5
(b) other ..	—	1	—	—	1	8	1	2	—	—	3
Suffocation	—	—	—	—	—	—	—	—	—	—	—
Other conditions	1	—	—	—	1	11	2	—	—	—	2
TOTALS	54	3	2	1	60	108	6	7	4	—	17

*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
71 ..	296,750	17.19	12.23	21	.39

*Borough boundary extension

†City boundary extension

Analysis of Deaths

	1971	1970	1969	1968	1967
TOTAL DEATHS ..	3,629	3,894	3,874	3,846	3,556
Deaths under 1 year	108	113	120	123	113
„ 1—4 years ..	17	26	24	47	29
„ 5—44 years ..	157	175	175	391	147
„ 45—64 years ..	850	871	911	682	850
„ 65 and over ..	2,497	2,709	2,644	2,603	2,417
<i>Causes of Deaths:</i>					
Ischaemic heart disease	792	735	714	736	545
Vascular lesions of nervous system ..	491	493	495	525	470
*Malignant and lymphatic neoplasms ..	328	394	380	357	350
Defined and ill-defined diseases—various ..	286	289	323	288	326
Bronchitis ..	259	265	312	278	263
Other heart disease ..	247	270	278	272	360
Pneumonia ..	197	269	258	246	209
Malignant neoplasm, lung, bronchus ..	213	226	194	220	207
*Circulatory disease ..	163	155	165	165	187
Accidents, other than motor vehicle accidents ..	67	92	104	97	80
Malignant neoplasm, stomach ..	74	87	91	93	91
Hypertension with heart disease ..	85	80	88	71	57
Malignant neoplasm, breast ..	81	75	69	69	52
*Diseases of respiratory system ..	51	76	56	60	34
Motor vehicle accidents	45	49	36	50	56
Congenital malformations ..	24	31	41	45	27
Suicide ..	36	33	38	45	36
Malignant neoplasm, uterus ..	19	42	31	39	32
Ulcer of stomach and duodenum ..	33	32	36	39	31
Diabetes ..	31	37	39	28	29
Influenza ..	1	57	27	24	8
All other external causes	21	15	16	18	3
Leukaemia, aleukaemia	22	19	17	18	22
Tuberculosis, respiratory	11	11	6	13	10
Gastritis, enteritis and diarrhoea ..	13	8	8	11	24
Nephritis and nephrosis	12	14	19	11	19
Hyperplasia of prostate	14	14	12	8	8
Other infective and parasitic diseases ..	4	5	6	7	8
Tuberculosis, non-respiratory ..	1	8	9	5	4
Syphilitic disease ..	1	5	2	4	3
Meningitis ..	5	2	3	3	—
Pregnancy, childbirth, abortion ..	2	5	1	1	3
Acute poliomyelitis ..	—	—	—	—	—
Diphtheria ..	—	—	—	—	—
Measles ..	—	—	—	—	2
Whooping cough ..	—	1	—	—	—

*Not given otherwise in table

ADMINISTRATION

BY

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

Administrative Officer

MANAGEMENT

Modern management techniques are being employed to an ever increasing degree in the management of the Health Services in the City.

In the field of critical path analysis, all major building projects are controlled by networks. At the time of writing, in the middle of the power crisis, all jobs are on target, but should the emergency become more serious or last for very much longer it is probable that completion may be delayed of the extensions to the Ambulance Service Headquarters and the Bulwell Health Centre. There may not be quite such an effect on the St. Ann's Health Centre, whilst the conversion of the Sneinton Welfare Centre into a Health Centre should not be affected at all unless the emergency lasts for some months.

Pre-planned budgeting principles are applied to all large projects and planning does not end at 1974, when re-organisation of the National Health Service is due to take place, but is projected forward for several years beyond that.

Cost benefit analyses of a simple kind are employed in connection with any development or new project that may be considered, so that decisions can more logically be reached.

Finally considerable progress has been made with the drawing up of job specifications for many of the posts in the Health Services, more particularly in the management posts in the nursing services and the higher echelons of the public health inspectorate. Job evaluation is undertaken by the Establishment Officer, who is on the staff of the Town Clerk and Chief Executive Officer.

MANAGEMENT COURSES

During 1971, some progress was made in the training of a small number of staff in management techniques. Up to about a dozen officers were sent on various courses, some at national establishments set up for the purpose, but the majority on courses organised locally. The City Council appointed a Training Officer during the year who gave added impetus and during 1972, the training budget for the Health Services has been greatly increased.

Provision has been made for a total expenditure on all forms of training of over £10,000. The greater part of this sum is earmarked for professional training of all kinds but nevertheless, some £3,500 has been earmarked specifically for management training at all levels.

AMBULANCE SERVICE

In November the Health Committee held a special meeting to consider the future development of the Ambulance Service. The present resources amount to 39 operational vehicles, 1 emergency tender and 1 reserve ambulance based on 1 main ambulance station and a sub-station. The operational staff totals 11 officers with 100 ambulancemen/women, supported by a training officer, a stores officer and 3 clerical officers.

These resources are adequate to meet with the day to day emergencies as well as admissions to and discharges from hospital. The main problem arises with regard to the transport of out-patients where an average of nearly 700 patients per day are carried, though it must be appreciated that numbers fluctuate and the highest number of patients carried in any one day has been 900.

With these large numbers and the present resources the Committee appreciated that delays were bound to occur. Of these delays, some are undoubtedly due to the organisation itself but the large proportion are attributable to factors outside the jurisdiction of the Ambulance Service. The result of these factors is that on any one day a delay builds up, both in the morning and in the afternoon, to an average of one hour in the morning and another hour in the afternoon. On a really bad day with large numbers to be transported, perhaps several of the vehicles may be held up by bad traffic conditions and delays can then build up to two hours each morning and afternoon. Even on a normal day, a patient on a 9/13 seater can spend up to 45 minutes on the vehicle and on a 20 seater coach this time can be extended up to 75 minutes.

On transport back home from the hospital, these delays cause frustration to the individual patients. On transport to hospital the delays have even more serious effects. Members of the Health Committee visited two of the larger hospitals in the City and learnt at first hand of the difficulties. Treatments which were to have been given in some cases could not then be provided, in other cases was inadequate, and in yet others meant a further delay to the patient in the time of his return home.

The Committee were informed of the hospital development programme in the City providing approximately 500 more beds during the next year or so and in addition there is the new teaching hospital which will have approximately 1,250 beds which should be provided by 1975.

The Committee were informed that if, in particular, out-patients were to be carried without a substantial delay a further 12 vehicles would be required together with a further 22 personnel. For the additional 500 hospital beds to be brought into use during 1972 another 13 vehicles would be necessary together with 25 staff.

Looking further ahead to the 1,250 beds to be provided in the teaching hospital by 1975, a further 26 vehicles would be required, probably with a staff numbering in the region of 50. In addition the control and administrative staff would need to be strengthened.

The Health Committee accepted these recommendations and asked the Finance and General Purposes Committee to consider the financial implications.

In the light of the present situation the Finance and General Purposes Committee did not feel able to accept the recommendations in their entirety but have approved the ordering of 6 vehicles for delivery by April 1972 and a further 6 vehicles for delivery in April 1973, together with the appropriate additions to the staff.

A review will be undertaken during the coming months to assess the impact of the 6 vehicles due to be delivered in April 1972 and on the basis of the results that are then found a further report will be submitted to the Health and Finance and General Purposes Committees.

FAMILY PLANNING SERVICE

In July the Health Committee approved the principle of a comprehensive Family Planning Service for the City restricted to those resident in the City of Nottingham. A report was, therefore, submitted to the meeting of the Health Committee in October giving details of the provision of a comprehensive service with estimates of necessary expenditure for a direct service and a comparison with the expenditure required for an equivalent service provided by the Family Planning Association on an agency basis.

The estimates were based on 2,000 new patients in the first year of the scheme, together with 2,000 patients who would have received family planning advice and supplies from elsewhere in the City and who might wish to change over to the local authority's scheme. This made a total of 4,000 patients who would be likely to make a total of 10,000 attendances at the clinics. For the domiciliary service it was estimated that 60 patients would be dealt with, involving a total of approximately 270 home visits.

It was recommended that clinic sessions should be held at 8 health centres and welfare centres in the City and that full-time staff to the extent of 1 senior medical officer, 2 state registered nurses and 2 clerks should be employed.

With regard to supplies, on the expectation of dealing with 4,000 patients it was estimated that 10% of these would be medical cases and 90% non-medical. It was recommended that advice and examination should be free in all cases, that prescriptions and supplies should be free in medical cases but that a charge should be made in non-medical cases. It was further recommended that where a family was in receipt of supplementary social security benefits, the charges for supplies and appliances in a non-medical case should be waived.

The Health Committee accepted the recommendations and bearing in mind the fact that estimates showed that a direct service might be carried out at a slightly less cost than a service carried out through the Family Planning Association decided to recommend the appointment of additional staff so that the service might be carried out directly.

The money has been included and approved by the Finance and General Purposes Committee in the estimates for 1972/73 so that the scheme can start on the 1st April, 1972.

MEDICAL EXAMINATIONS

The total number of medical questionnaires received for entry to the superannuation scheme in 1971 was 1,041. Of these 869 were accepted on the basis of the answers contained in the questionnaire, 1 was declared unfit for the post and for superannuation and another was recommended for review in 12 months. In 170 cases the Medical Officer of Health required 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	133
Suitable for employment but superannuation deferred for varying periods	29
Suitable for employment but not for superannuation ..	5
Considered unsuitable for employment	2
Considered unfit to return to original post but capable of light duties	1
Total	<u>170</u>

In addition 33 requests were received from departments of the Corporation for medical examinations for possible early retirement. The following table shows the results of such medical examinations:

<i>Category</i>	<i>No.</i>
Examined and recommended for retirement on medical grounds	31
Examined—fit to resume normal duties	2
Total	<u>33</u>

There were 7 requests for advice as to whether or not a particular individual was fit to resume normal duties after a period of illness. The following table shows the results of such examinations:

<i>Category</i>	<i>No.</i>
Fit to continue in post but with indoor work only	2
Fit to continue in post but not suitable for superannuation ..	1
Unfit to carry out duties involving physical exertion but capable of light work	1
Fit for manual work generally but not that involving prolonged walking or standing	1
Fit and should be encouraged to work but not likely to give satisfactory service in the future	1
Fit to resume full normal duties	1
Total	<u>7</u>

MORTUARY

This was the first full year of operation of the new mortuary facilities provided at the General Hospital.

During the year there were 836 bodies the responsibility of the local authority received into the mortuary and autopsies to determine the cause of death were performed on 787 of them, of which 15 were carried out by a Home Office Pathologist. In the previous year 825 bodies were received and 776 autopsies carried out.

It is interesting to note that of the bodies admitted, 39 were the result of road traffic accidents, 6 were industrial accidents and 9 were recovered from the River Trent.

Nottingham Crematorium

The total number of cremations was 4,652, a decrease of 114 from 1970. 1,213 were the subject of coroners' enquiries and post mortem examinations were requested by a deputy medical referee in 10 cases. Sixteen cremations were of persons who had died on holiday, 1 body being brought home from Italy.

The following tables compare the figures for 1971 with those of previous years. The Medical Officer of Health is the Medical Referee and deputy medical referees are the Deputy Medical Officer of Health and the Principal Medical Officer.

<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>
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%
1971 ..	4,652	—	2.4%	2,390	—	1.5%	65.86%

CREMATION AND RESIDENCE

Place of Residence	Number of Cremations				
	1971	1970	1969	1968	1967
City	2,390	2,426	2,395	2,282	2,118
County excluding West Bridgford ..	1,652	1,740	1,623	1,552	1,385
West Bridgford ..	295	295	235	268	247
Other areas	315	305	358	366	358
TOTAL	4,652	4,766	4,611	4,468	4,108

Death Certification and Coroners: The Brodrick Report

The Report of the Brodrick Committee on Death Certification and Coroners was commissioned in March 1965 by the Home Secretary and presented to Parliament in November 1971. Its main purpose was to review the law and practice relating to

- the medical certification of the cause of death,
- the disposal of dead bodies,
- coroners and coroners' courts,
- the reporting of deaths to coroners and related matters.

Its recommendations that a disposal certificate issued either by a registrar of deaths or by a coroner to whom a death has been reported should be sufficient authority for disposal by any method and that, in consequence, the existing cremation forms and certificates and the office of medical referee should be abolished must be noted. Such recommendations would change the present system whereby the Medical Officer of Health, his Deputy and the Principal Medical Officer are medical referee and deputy medical referees respectively to the Wilford Crematorium.

The recommendations to abolish the existing cremation forms and certificates and the office of medical referee follow the belief of the Brodrick Committee that its recommendations for improved medical certification of the cause of death would make the abolition nothing more than the sacrifice of a cumbersome piece of administration. This belief, however, can be questioned.

First of all it should be said that the Brodrick Report is a valuable document and its proposals for *improved* medical certification are commendable and should be supported. However, the corollary that their introduction would do away with the need for double certification (Forms B and C) and the office of the medical referee must be challenged on the following grounds:—

Medical referees play important and sometimes vital roles in ensuring greater accuracy in the establishing of the causes of death by medical practitioners. In Nottingham, this is borne out by the referral back of approximately 70 cremation papers to doctors during

1971 because of failure to fill in the documents correctly. In 10 cases a post mortem examination had to be requested because of doubt about the cause of death. Every week, there is some query or uncertainty arising in which 1 of the medical staff working in this capacity has to discuss the interpretation of factors leading to death with the certifying doctor. Many of these discussions take place with immigrant Commonwealth doctors for whom there are language difficulties resulting in obscure reporting or omissions on the form.

Experience like this shows that there is a small but significant amount of inadvertence among doctors who fill in forms B and C. It is apparent that this is sometimes due to, or influenced by, unwillingness to offend the sensibilities of relatives. These susceptibilities will not disappear even with the introduction of improved certification which must be supported.

Generally, it is doubtful whether doctors will take on further responsibilities for the accuracy of certificates even if the legal sanctions on them to do so are strengthened as envisaged by the report.

Supposing the reforms proposed by the Brodrick Committee are introduced, an intolerable burden of responsibility would fall upon the registrar of deaths. Without double medical certification and the scrutiny of the medical referee, the registrar will be compelled to seek advice somewhere, short of reporting every case of doubt to the coroner. He should be relieved of this unnecessary burden by the retention of a proper system of double certification and a medical referee.

Once a body is destroyed by cremation, there is no second opportunity to recheck its condition or to exhume remains and conduct a post mortem examination. This potential danger of cremation is dismissed too easily by the report. The Committee has endeavoured to be exhaustive in reviewing the evidence of concealment of crime in the past, and places its emphasis on the likely frustration of a would be murderer. The Committee does not give enough weight to the consideration that a calculating family killer may decide that there is more than an equal chance that his crime could go undetected in the case where he can rely upon the susceptibilities of a single certifying doctor. Thus, the possibility of successful premeditated murder in a variety of ways still remains.

Having stated firm opposition to the abolition of the second certificate (Form C) and the post of medical referee, one would have thought that proposals to abolish such safeguards would have included the setting up of a proper pilot scheme in agreed areas of the country so that it could be demonstrated that the safeguards could be relaxed with impunity. It is contended here that such a pilot project would show that the possibility of inaccurate certification and the concealment of crime would still remain.

The report does not suggest the revision and improvement of the second certificate (Form C) and the function of the medical referee. These reforms would be welcome in view of the evidence adduced by the report about imperfections in these parts of the cremation

procedure. While the report took evidence from the Association of Crematorium Medical Referees, this apparently involved only 2 individual doctors. It is a matter of concern that the individual views of a much larger number of medical referees were not sought (apart from the tabulated statistics which were obtained country wide). The statistics did not reveal the amount of enquiry and discussion about individual deaths that took place between the doctors involved in the cremation procedure and which was initiated by medical referees. In Nottingham, this activity is considerable and is referred to above.

The last paragraph of the conclusion of the Brodrick Report is worthy of emphasis—namely, that ‘goodwill and co-operation between the individuals and the interests involved are essential’ if necessary improvements are to be achieved. But this will not come about by the abolition of existing safeguards.

Department of Health and Social Security Sickness Return

<i>Average Number of sickness claims per week</i>						
		1971	1970	1969	1968	1967
January	..	1,679	3,374	2,175	2,450	1,848
February	..	1,365	1,611	1,957	1,980	1,592
March	..	1,572	1,452	2,028	1,889	1,297
April	..	1,188	1,472	1,451	1,180	1,403
May	..	1,203	1,199	1,311	1,282	1,224
June	..	1,222	993	1,242	1,140	1,159
July	..	1,220	1,096	1,219	1,224	1,174
August	..	1,114	1,046	1,146	1,177	1,074
September	..	1,515	1,279	1,373	1,294	1,355
October	..	2,035	1,509	1,493	1,609	1,513
November	..	1,995	1,147	1,509	1,616	1,556
December	..	1,725	948	1,992	1,326	1,483

Population

The Registrar General's estimate of the population of the City of Nottingham was 296,750 on 30th June 1971, a decrease of 3,830 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 5,101 an increase of 88 over last year giving a rate of 17.19 per 1,000 population as compared with 16.68 for the previous year. The estimated birth rate for England and Wales for 1971 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.

		<i>Live Births</i>			<i>Illegitimate Live Births</i>		
		<i>Nottingham</i>		<i>England and Wales</i>	<i>Nottingham</i>		<i>England and Wales</i>
<i>Year</i>		<i>Number</i>	<i>Rate</i>	<i>Rate</i>	<i>Number</i>	<i>% of Total</i>	<i>% of Total</i>
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	16.88	16.0	925	18.45	8.3
71	..	5,101	17.19	16.0	930	18.23	8.4

Stillbirths

After adjustment for inward and outward transfers stillbirths numbered 62 producing a rate of 12.00 per 1,000 total births as compared with 81 with an equivalent rate of 15.90 in 1970. The comparable rate for England and Wales was 12.00 per 1,000 births. An analysis appears in the table on page 114.

Infant Mortality

Deaths of infants under one year numbered 108, the infant mortality rate being 21.17. The rate in 1970 was 22.54 per 1,000 live births. Of the 108 infant deaths, 29 were of illegitimate children, 12 occurring in the neonatal period. Variations in the infant mortality rate, both for legitimate and illegitimate births and for England and Wales are shown for the period 1962-1971.

Infant Mortality — Nottingham and England & Wales 1962—1971

Year	<i>Legitimate Infants</i>	<i>Illegitimate Infants</i>	<i>All Infants</i>	
	<i>Rate per 1,000 legitimate live births</i>	<i>Rate per 1,000 illegitimate live births</i>	<i>Rate per 1,000 live births</i>	
			<i>Nottingham</i>	<i>England and Wales</i>
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
1971 ..	19.38	31.18	21.17	18.0

Neonatal Mortality

There were 60 deaths of infants during the first four weeks of life, giving the neonatal mortality rate of 11.76 per 1,000 live births as compared with 13.37 in 1970. The rate for the country as a whole was 12.0 per 1,000. An analysis appears in the table on page 113.

Perinatal Mortality

Still births and deaths of infants under one week numbered 116 resulting in a perinatal mortality rate of 22.47 per 1,000 total births. In 1970 the rate was 27.48.

Maternal Mortality

2 deaths were registered during the year compared with five in 1970. Details are given on page 52.

Deaths

There have been 3,629 deaths registered during the year. The death rate from all causes was 12.23 per 1,000 population as compared with a rate of 12.96 in 1970. Of the total deaths 68.8% were of persons aged 65 years and over. The death rate for England and Wales in 1971 was 11.6 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 1962-1971 are shown below.

Deaths by Separate Age Groups 1962—1971

Age	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Under 1 year ..	154	164	144	165	170	113	123	120	113	108
1—4 years ..	17	23	24	22	21	29	24	24	26	17
5—44 years ..	173	185	205	175	184	147	165	175	175	157
45—64 years ..	850	848	859	881	912	850	931	911	871	850
65 and over ..	2,623	2,547	2,372	2,413	2,651	2,417	2,603	2,644	2,709	2,497
TOTAL DEATHS	3,817	3,767	3,604	3,656	3,938	3,556	3,846	3,874	3,894	3,629

Marriages

There were 2,687 marriages during the year, the marriage rate being 17.9 compared with a rate of 18.5 in 1970.

EPIDEMIOLOGY

BY

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Infectious Diseases

Observation of the pattern of infectious diseases occurring in Nottingham and the investigation of outbreaks and individual cases have continued during 1971. 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 which has been appreciated throughout the year.

The table below shows the statutory notifications received for 1971 together with the figures of the previous four years for comparison.

NOTIFIABLE DISEASES 1967-1971

<i>Notifiable Disease</i>	1971	1970	1969	1968	1967
Acute encephalitis:					
infective	—	3	1	4	3
post infectious ..	1	2	10	4	5
Acute meningitis ..	13	18	19	9	1
Acute poliomyelitis ..					
paralytic	—	—	—	—	—
non-paralytic ..	—	—	—	—	1
Cholera	—	—	—	—	—
Diphtheria	—	—	—	—	—
Dysentery	44	98	60	74	50
Food poisoning ..	65	42	24	23	30
Infective jaundice(*) ..	104	81	44	33	—
Leprosy	2	—	—	1	1
Malaria	—	1	—	3	—
Measles	232	3958	330	1380	3509
Ophthalmia neonatorum ..	1	2	—	3	3
Paratyphoid fever ..	—	—	1	—	—
Scarlet fever	39	79	37	88	148
Smallpox	—	—	—	—	—
Tetanus	—	—	—	—	—
Tuberculosis	108	117	112	121	140
Typhoid fever	—	—	2	1	—
Whooping cough ..	65	112	28	109	157

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

ACUTE ENCEPHALITIS

One case of acute encephalitis was notified during the year, occurring in a man aged 35 following an attack of chickenpox. During the early months of 1971, there was an epidemic of chickenpox in the area in which several adults were infected. They experienced quite a severe illness with extensive rash and marked malaise which was followed by uneventful recovery. In this particular case, chickenpox was diagnosed towards the end of March. A week later

instead of beginning to recover as expected, the patient developed headaches, vomiting, dysphagia and generalised ataxia; but was mildly disorientated. All his motor reflexes became hypertonic, but no coma or cranial nerve paralyses developed. He was treated at home, and after 3 weeks showed marked improvement although he still felt rather dizzy and found some difficulty in walking in a straight line. He was no longer disorientated and the ability to swallow had returned to normal. The patient described himself as feeling drunk and commented that 'it was the cheapest hangover he had ever had'. He made a gradual but complete recovery. The general practitioner concerned, whose practice area covers a large housing estate, had seen 6 cases during the last 10 years with a similar clinical picture of encephalitis following various viral illnesses.

ACUTE MENINGITIS

There were 13 cases of acute meningitis notified in 1971 of whom 4 died. Meningitis due to *Escherichia coli* supervened in a woman aged 68 suffering from cirrhosis of the liver. A man aged 50 died of pneumococcal meningitis and no organism was identified in the other 2 cases which occurred in a 72 year old woman and a baby aged 4 months.

The other 9 cases of meningitis recovered. The causative organism was identified as *Neisseria meningitidis* in a girl aged 7, and in 6 infants whose ages ranged from 5 to 14 months. Pneumococcal meningitis occurred in a 5 month old boy and a girl aged 18 months was infected with *Haemophilus influenzae*.

ACUTE POLIOMYELITIS

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

CHOLERA

In July 1971, 7 cases of cholera were reported in 2 villages near Zaragoza in Spain. Accordingly, valid International Certificates of Vaccination against cholera became a requirement for travellers in Spain and France. Travellers from infected areas entering the United Kingdom without such a certificate were notified at their ports of entry to the appropriate Medical Officer of Health for placing under a surveillance period of 5 days. In Nottingham, all general practitioners were informed of the situation, so that cholera was included in the differential diagnosis of diarrhoea occurring in anyone seeking consultation soon after staying in an area known to be infected.

In September, further cases of cholera were reported in Spain, France and Sweden, and some cases were identified in England. In Nottingham during the 2-month period of September and October, 385 individuals in 217 households were visited, and anyone experiencing symptoms, was advised to consult his family doctor. Bacteriological examination was carried out in 11 instances.

No cases of cholera were identified in the city, as a result of these extensive investigations.

DIPHTHERIA

No cases of diphtheria were notified during the year.

DYSENTERY

During the year 44 cases of dysentery were identified. There were 7 small family outbreaks involving 2 or 3 members in each household but there were no major episodes. *Shigella sonnei* was identified as the causative organism in 43 cases. An infection with *Shigella flexneri* occurred in a 5 year old girl from Pakistan necessitating her admission to hospital. No other members of the household were affected. The child made a satisfactory recovery from her severe gastrointestinal illness, but was diagnosed as also suffering from mild rickets, probably of dietetic origin, and was referred to a consultant paediatrician.

ENTERIC FEVER

There were no cases of either typhoid or paratyphoid fever identified in the city during 1971.

Only 2 individuals were notified this year by the Department of Health and Social Security as contacts of holidaymakers contracting typhoid fever while abroad in Majorca. Neither contact showed any evidence of infection when examined bacteriologically.

Screening of employees in the Water Department

In accordance with 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" which recommend that employees in the Water Department whose work involves the purity of the water supply should be screened every 3 years in order to detect unsuspected enteric infection, examinations were carried out during 1971. Altogether, 251 employees each submitted a blood sample for Widal testing. Two individuals required further examination, but a series of stool specimens proved bacteriologically negative for pathogens including enteric organisms.

FOOD POISONING

A total of 65 cases of food poisoning were notified during the year, all of them due to salmonellosis. The table below shows the numbers cases related to each serotype.

<i>Salmonella Serotype</i>		<i>Numbers of Isolations</i>
Salmonella agona	..	34
S. brandenberg	..	1
S. bredeney	..	1
S. dublin	..	1
S. enteritidis	..	4
S. heidelberg	..	1
S. panama	..	1
S. typhimurium	..	20
S. type unidentified	..	2
TOTAL	..	65

Salmonella typhimurium

Of a total of 20 cases in which this serotype was involved, there were 4 family outbreaks of a limited nature. In 3 of these a mother was infected with either 1 or 2 of her small children (7 cases in all). In the fourth, 2 small sisters in the same household were infected and the eldest was excluded from school for a time. The remaining 11 cases were sporadic and unconnected.

Salmonella enteritidis

There were only 4 cases in all but 2 were small children in the same household representing 1 family outbreak.

Salmonella agona

This serotype provided the largest number of isolations during 1971, 34 in all. They were related to a country-wide increase in isolations which began to be reported from many towns in May. In Nottingham the first isolation came in July so that all cases occurred in the second half of the year (third and fourth quarters). There were 4 family outbreaks involving 3 persons in each of 3 households and 2 cases in the fourth. There was also a hospital outbreak in August with isolation of *Salm. agona* from 13 individuals described below. Ten cases were sporadic and unconnected.

Other serotypes

These are shown in the table and they were all single sporadic cases and apparently unconnected.

An outbreak of Salmonella agona in Sherwood Hospital

In mid-August 1971, a 75 year old female patient in ward 3b of Sherwood hospital had an attack of gastro-enteritis. The patient was transferred to Heathfield isolation unit in the same hospital group and *Salm. agona* was isolated from her stool specimen. The old lady soon ceased to be ill from the infection but continued to excrete the organism for several months, during which time she was detained in isolation. During the next 4 weeks a further 12 patients with *Salm. agona* positive stools were identified. Seven came from the same ward as the original case but 4 other wards were involved, 2 with 2 cases each and 2 with 1 case. The patients were elderly and all but 2 were symptomless carriers. Six were removed to the isolation unit. The remaining 6 were nursed in isolation in Sherwood hospital.

During this period of hospital infection a further 17 cases were identified elsewhere in Nottingham, 7 in other hospitals and 10 in the community. Of the 7 hospital patients, 5 were discharged home because the patient's condition and the home environment were suitable. One patient was in a local psycho-geriatric unit and remained there in isolation. The last patient was transferred to the isolation unit. No spread of infection was detected within the hospitals concerned.

Of the patients who were identified at home, 3 were admitted to the isolation unit and 1 of these became gravely ill with another condition and was transferred to another hospital and died. Two other patients were home contacts and the remainder occurred in other households. In some cases the surveillance of patients in the community was prolonged and 2 households were seriously disturbed. In 1 a chef manager had to be excluded from food handling for 10 weeks.

It was believed that the 28 cases from whom *Salm. agona* was isolated (both in and out of hospital) were only "the tip of an iceberg", and that there were unidentified excretors in the community. This summer outbreak was similar to that of *Salm. panama* in the summer of 1970.

Deaths

Four infected old persons died during the period of the outbreak, 2 in Heathfield isolation hospital, 1 in Sherwood hospital and the fourth in another hospital to which he had been moved from isolation. Their *Salm. agona* infection was low-grade but was probably a contributory factor in causing their death.

LEPROSY

There are now 4 registered cases of leprosy in Nottingham. The first, an Indian woman who was notified in 1968 is progressing satisfactorily on treatment. The second was an immigrant from Kenya who was described fully in the Annual Report for 1970. She was assessed in 1971 at the Cochrane Leprosy Assessment Unit in Oxford; treatment is continuing to keep the disease under control.

The third case was notified in May 1971. This was a Jamaican aged 38 who was originally diagnosed in 1951 while at home in Jamaica. He had received treatment for 6 years, but allowed this to lapse until in 1970 he was feeling ill and sought medical attention. He is considered as not infectious and is persevering with treatment.

The fourth case was previously notified in April 1967, but had returned to India in August 1969, where she stayed until November 1971. On her return to Nottingham, it was found that she had not been having any treatment during her absence. The condition had progressed considerably and she was diagnosed as an infectious case of lepromatous leprosy. She was admitted for in-patient treatment to the Cochrane Leprosy Assessment Unit in Oxford in January 1972.

MALARIA

No cases of malaria were reported in 1971.

MEASLES

Following the epidemic of measles in 1970, the incidence of notified cases of the disease has remained low. During 1971, 232 cases were reported, with approximately half of these occurring in children under school age.

The age groupings for the 4 quarters of the year are shown in the table.

Age groups	TABLE									Age unknown	Totals
	0—	1—	2—	3—	4—	5—	10—	15—	25+		
1st Quarter	5	2	4	2	1	8	7	3	—	—	32
2nd Quarter	—	2	6	7	2	12	6	1	1	2	39
3rd Quarter	7	5	5	7	7	18	2	—	—	—	51
4th Quarter	9	10	7	10	12	61	—	—	—	1	110
TOTALS	21	19	22	26	22	99	15	4	1	3	232

No cases required hospital admission. The immunisation records of all the notified cases were checked, and 4 children (1.7%) were found to have been previously vaccinated. In 1 of these, a child aged 13 months, the vaccination had been carried out only 3 weeks before. The time interval between immunisation and the onset of the disease varied from 6 months to 2 years in the other 3 children.

PSITTACOSIS

On 4th December, the death of 2 African grey parrots was reported following a short illness of a few days, and postmortem findings in 1 of them showed psittacosis as the cause of death. A third grey parrot, which had been purchased from the same shop on 27th November, became unwell after a few days died on 5th December, also suffering from psittacosis. Two other grey parrots from the same consignment received from Accra in Ghana remained well. Twenty contacts of the 3 parrots which died were identified, including 5 staff from the shop concerned. Blood samples were taken from each individual for measurement of the psittacosis complement fixing antibody titre with positive results in 9 cases. These are due to be repeated in January 1972 for observation of any raising titres. No symptoms have been reported in any of the cases concerned; if any serious infection had been contracted, the development of symptoms would be expected within a fortnight of the last date of exposure.

On 18th December a further death occurred in a different pet shop of another bird, a South American macaw which is a large brightly coloured member of the parrot family. Human exposure was limited to the 7 members of staff in the shop, who each submitted a blood sample with 3 showing a positive result.

Psittacosis: A hazard in pet shops

At the end of November, 4 West African grey parrots were sold by a Nottingham pet shop. Three of these were brought by a single customer who gave 1 away as a present to a relative. Two of the 3 then became ill and died, the 1 given away as a gift and the first of the 2 retained by the customer. The Veterinary Investigation Centre of the Ministry of Agriculture, Fisheries and Food at Sutton Bonington was given the carcass of 1 of the dead birds. The other carcass was burnt by the owner. The Veterinary Investigation Centre carried out a postmortem examination on the carcass received. Both birds' illnesses were suspicious of psittacosis, namely: listlessness, apathy, anorexia, coryza, ruffling of the feathers and diarrhoea.

The post mortem appearance of the 1 bird had several important features characteristic of psittacosis. The liver and spleen were both swollen and congested. The former had areas of necrosis and its edges were rounded. There was an enteritis. The diagnosis of psittacosis was supported by seeing the inclusion bodies of bedsoniae infection in smears from the serosal and cut surfaces of the organs. The Ministry's Central Veterinary Laboratory at Weybridge, Surrey repeated and confirmed the microbiological results.

A fourth West African grey parrot, sold to another customer, became ill and died within a few days. The fatal illness was very similar to that seen in the other 2 cases and so was the post mortem appearance. There was oedema, congestion and emphysema in the lungs. Smears showed the same kind of inclusion bodies diagnostic of the presence of bedsoniae infection and of death from psittacosis.

Contacts

There had been 3 families comprising 9 individuals involved with the first 2 parrot deaths and 4 households and 9 individuals with the third.

The shop was inspected and advice given on the hygiene of handling parrots and the cleansing of their cages. Staff in the shop had had contact with the sick birds. The consignment of grey parrots had come from a dealer in Accra, Ghana, to an importer in Manchester. There had been an observation period of 6 weeks at the port in Ghana and on arrival in England the parrots had been received and kept for a few days in an R.S.P.C.A. centre.

In a second pet shop in the City, a red and blue macaw had been received in October 1971. This species is obtained from South America, either directly from Baronquilla in Columbia, or indirectly from continental importers, usually Belgian. The particular bird's illness, "a cold", loss of appetite, listlessness and diarrhoea, began in December and it died a week before Christmas. The shop was dealt with in the same way as the first establishment and the staff advised about hygiene. When examined at the Veterinary Investigation Centre, the macaw's carcass showed a mature bird, in good condition, weighing 2 lbs. There were signs of diarrhoea. There was congestion of the lungs and parietal pleura with pulmonary oedema. The spleen was congested. The liver was enlarged, its edges rounded and its substances showed areas of necrosis. Smears from the liver and lung showed a small number of inclusion bodies consistent with the presence of bedsoniae. This diagnosis of psittacosis was confirmed subsequently at the Central Ministry Veterinary Laboratory.

In the case of the West Indian grey parrots, there were 18 home contacts in 7 households. At the first pet shop, there were 3 full-time and 2 part-time staff in regular contact with parrots for several weeks before their sale.

In the case of the red and blue macaw, a sale had been made but the bird had remained in the shop, since the customer was not ready to receive the bird at home. Its handsome colouring and imposing

appearance made good shop window publicity. There were no home contacts and the shop had 6 full-time and 3 part-time staff. No connection existed between the staff of the 2 shops and there had been no transfers of livestock between them.

Contacts

Altogether there were 14 shop workers and 18 home contacts. All were visited and advised to mention their contact with the sick bird or birds to their doctor should they fall sick with respiratory illness in the ensuing month. They all gave paired samples of venous blood, 5-10 ml., at intervals of 4 weeks for the estimation of complement fixation antibodies for *Bedsoniae*. The table shows the results of these.

<i>Results of two complement fixation antibody titres</i>	<i>Shop Workers</i>	<i>Home contacts</i>
Rising titre: an increase of 2 or more dilutions in the second estimation over the first ($\frac{1}{8}$ — $\frac{1}{4}$ in this single case.)	1	—
Positive titre: value of $\frac{1}{32}$ or more in both estimations with no increase in the second estimation. ..	4	1
Weakly positive: value of $\frac{1}{16}$ or less in both estimations with no increase in the second estimation.	1	2
Negative: both estimations negative.	8	15
TOTAL	14	18

It is seen that there are more positive titres but only 1 rising titre (from $\frac{1}{8}$ to $\frac{1}{4}$) in a boy of 15 working at the first pet shop. The other 8 were made up of 5 with a range from $\frac{1}{32}$ to $\frac{1}{4}$ and 3 with weakly positive titres of $\frac{1}{16}$ or less. None of the 9 had any symptoms suggestive of clinical psittacosis. Those working in the pet shop (6) appeared to be at a slightly greater risk than those who were home contacts (3).

The 2 pet shop outbreaks emphasize the potential hazard in aviaries, especially where parrots and macaws are kept. These psittacosis species are attractive, especially at Christmas time, and their sale to the public is lucrative. A young West African grey parrot will fetch £18 or more and a good specimen macaw can sell for £50. Infectivity for man is low with many other avian species but there is hazard in laboratories, pet shops and aviaries and in poultry processing plants, particularly where turkey carcasses are handled. Close attention is needed, therefore, to the hygiene of pet shops.

From experience in this investigation, it would appear that there is inadequate control at ports of entry in the United Kingdom now that restriction on the importation of foreign birds has been revoked by the Parrots and Miscellaneous Birds (Prohibition of Importation) Revocation Order, 1966. The importation of parrots and miscellaneous birds should be reviewed by the Minister of Agriculture, Fisheries and Food.

SMALLPOX

No cases of smallpox were notified during the year.

TUBERCULOSIS

Complementary to Dr. Crowther's report on tuberculosis to be found on page 28, there were 2 aspects of the work particularly involving this department which are described here in further detail.

Tuberculosis in the men's lodging houses

The arrangement for the mobile mass radiography unit to visit both Sneinton House and the Salvation Army hostel at approximately 6 monthly intervals continued during 1971.

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

			Number <i>x-rayed</i>	Number <i>at Hostel</i>	% <i>x-rayed</i>	<i>x-rayed for 1st time</i>	
						No.	%
Salvation Army	Mar.	..	55	148	37	20	36
	Sept.	..	60	148	40	19	31
Sneinton House	Mar.	..	62	130	47	29	46
	Sept.	..	49	120	41	10	20

Five cases of pulmonary tuberculosis were identified amongst those x-rayed, 2 of whom were admitted to hospital with positive sputum for treatment. One of these absconded after 14 weeks and could not be traced. A further case who had been admitted for assessment; but did not require treatment, disappeared after 5 weeks in hospital. The fifth case was considered to be quiescent, and is being kept under observation.

In Sneinton House, 32 specially upgraded cubicles were completed during 1971 for long-stay residents, and regular chest x-ray at 6 monthly intervals has been made a condition of occupancy.

Compulsory hospital admission

A young man aged 25, of no fixed abode, suffering from extensive pulmonary tuberculosis with bilateral cavitation and strongly positive sputum left Ransom Hospital against medical advice on 15th May 1971 after 3 months treatment. He was very resistant to numerous attempts of persuasion directed towards his re-admission to hospital or attendance at the Chest Clinic. His condition necessitated further treatment in his own interest, and constituted a serious risk of infection to others including in particular 2 close contacts, 1 of those being a 3 month old baby.

An application was made for his compulsory removal to hospital under Section 169 of the Public Health Act 1936. This was granted by the Mansfield Magistrates Court on 9th September 1971, and the patient was removed the same day to Ransom Hospital. The following day, a further application was made and granted for his compulsory detention in hospital for 3 months under Section 170 of the same Act.

The patient accepted the situation with equanimity and made very satisfactory progress. He was able to be discharged from hospital on 11th November after 9 weeks of treatment, and is being followed up at the Chest Clinic.

Chest Disease Liaison Meeting

Three meetings were held during the year, attended by personnel from the Health Department and Chest Clinic for discussion of matters of mutual interest and importance.

WHOOPING COUGH

Notifications were received for 65 cases of whooping cough all, occurring in children. The ages ranged from 5 weeks to 15 years. Seven (10.8%) were aged under 1 year, with 29 others (44.6%) under school age and 29 aged 5 years or more. There were 5 hospital admissions including the 5 week old baby, and no deaths. Of the 65 cases identified, 14 (21.5%) had a history of previous vaccination.

SCABIES

During the year, 25 index cases of scabies were reported to the Health Department for supervision of their treatment by health visitors. 16 were referred by the hospitals, and 9 by general practitioners. Follow-up visiting revealed a further 58 individuals affected. In 5 of the households there was no bath, and 3 of these had no running hot water.

In addition, 84 patients attending the V.D. clinic were identified as suffering from scabies, and a further 57 infections were reported by the School Health Service occurring amongst school children.

<i>Country of origin</i>	<i>Number of notifications received</i>	<i>Number of first successful visits</i>
<i>Commonwealth countries:</i>		
Caribbean ..	58	47
India ..	45	36
Pakistan ..	93	88
Other Asian	26	17
African ..	52	41
Other ..	8	5
<i>Non-Commonwealth countries:</i>		
European ..	17	5
Other ..	5	—
TOTAL ..	304	239

HEALTH OF LONG-STAY IMMIGRANTS

The preceding table shows the number of notifications received from port health authorities in 1971, together with the countries of origin and the number of successful visits made.

These numbers show a decrease in immigrant arrivals compared with 1970, when 509 were notified to this department. This was partly due to no notifications being made during the 7 week period of the postal strike which began on the 18th January. Arrivals recorded from India, Pakistan and the Carribean were considerably fewer than in the previous year, but showed little difference for the other countries.

In accordance with the Commonwealth Immigrants Act of 1968, there were 2 notifications of conditional entry in 1971. The first was a boy of 7 from Pakistan who had come to join his father, and was diagnosed as suffering from trachoma. His father brought him at once to the Health Department, and he was referred immediately to the Eye Hospital and admitted the same day for assessment and treatment. The diagnosis of advanced trachoma was confirmed, and the child referred to the School Health Service for appropriate school placement and supervision. The second case notified was a woman aged 70 from India, who was thought to be a possible case of low grade trachoma; however, investigations revealed entropion to be the cause of the conjunctival congestion and scarring in her right eye.

The following table shows the number of notifications of tuberculosis in the different groups of immigrants over the last 5 years. The figures in brackets indicate the number of notified cases which are transferred into the city from other areas.

Nationality	1971	1970	1969	1968	1967
Chinese ..	1	1	—	—	—
Asian ..	39	25	19	38	35
West Indian ..	1	4	7	1	1
Mauritius ..	1	—	—	—	—
European ..	3	2	—	10	2
African ..	—	—	1	—	—
Eirean ..	4	7	1	3	2
Total ..	49(6)	39(1)	28(9)	52(8)	40(1)

These figures follow the pattern observed over the years, with tuberculosis supervening after residence in the country for two years or more in 46 of the immigrants notified.

The School Health Service continues to screen immigrant children for worm infestation at school entry by examination of stool specimens. During 1971, 12 cases were discovered of which 4 were infested with dwarf tapeworm (*hymenolopsis nana*), 2 with hookworm (*ankylostomiasis*), and 1 with roundworm (*ascariasis*). There were 5 cases of whipworm (*trichuriasis*) identified, 2 of which were also infected with roundworm, and 1 with hookworm.

Screening for sickle cell anaemia and thalassaemia prior to dental anaesthesia also continues.

Chest Diseases

BY

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

Consultant Chest Physician

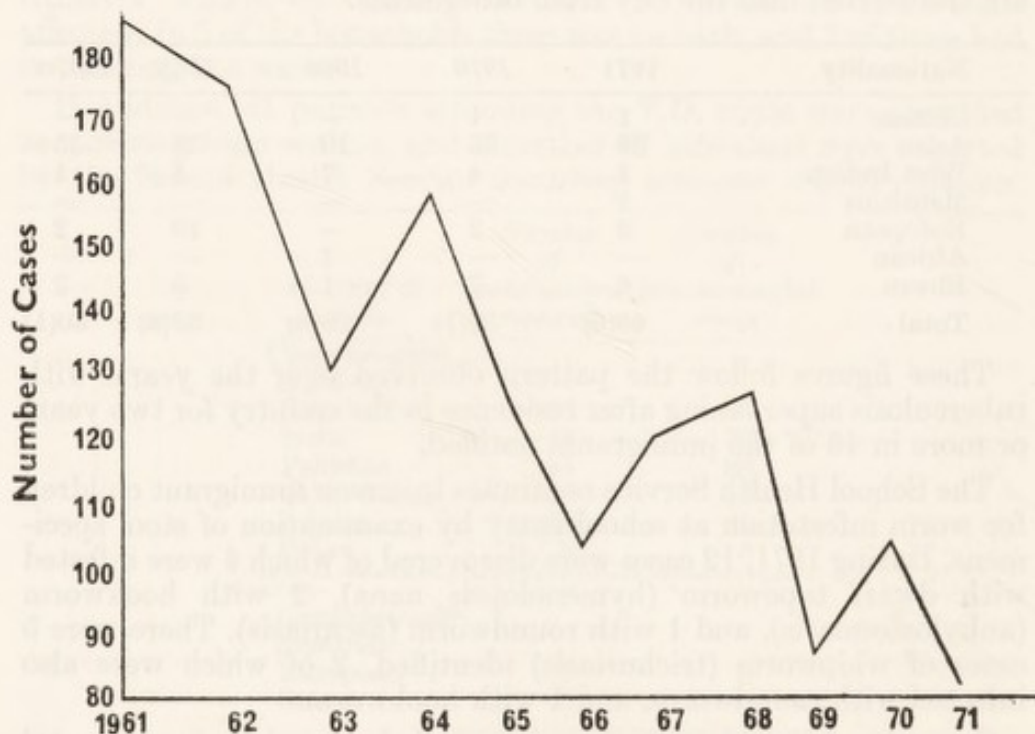
Tuberculosis

After the slight increase in notifications in 1970 to 117, there has been a fall in 1971 to 108. Four of these were re-notifications of cases who had relapsed after their names had been removed from the register as recovered some years ago. In addition, 5 cases still on the register had relapsed and required further treatment though they do not appear in the 1971 notifications. This relapse rate of almost 10% of current notifications emphasises the chronicity of tuberculosis and the necessity for efficient and long term treatment of this disease.

The diminished notifications are entirely due to reduction of the more important pulmonary type from 102 to 82, whereas the non-pulmonary cases, mainly glandular, bone or renal infections, actually increased from 15 to 26. Eighteen were in immigrants, the infection being mainly in the neck glands.

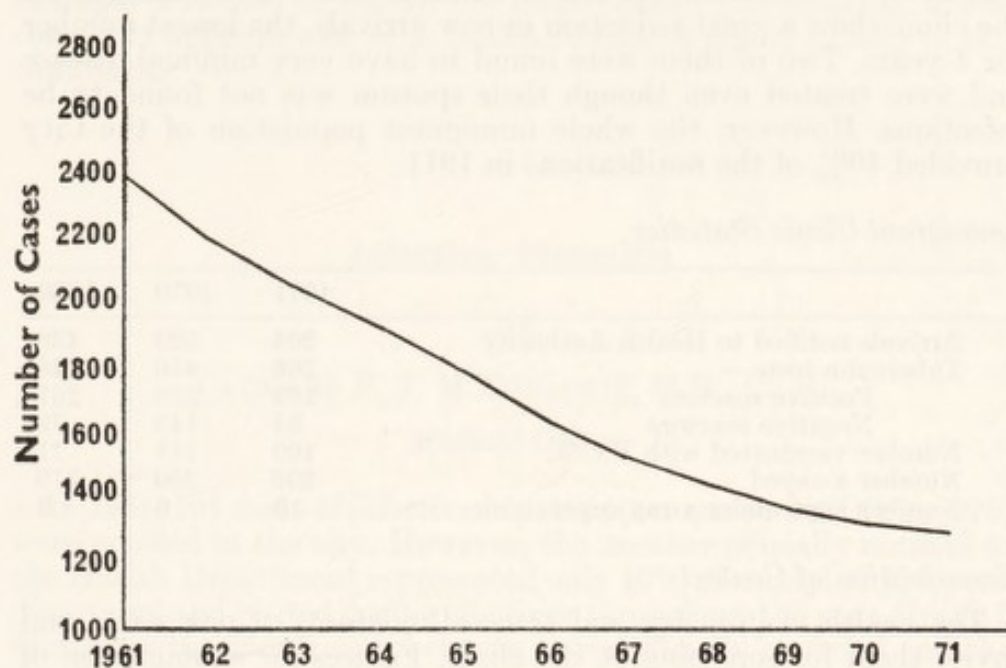
The trend of pulmonary notifications and of all pulmonary cases on the Clinic Register in the last 10 years is shown in Graphs 1 and 2.

Yearly notification of new pulmonary cases



GRAPH 1

Cases of Pulmonary Tuberculosis on clinic register



GRAPH 2

The following table gives more details of all cases, either under treatment or supervision, on the clinic register in 1971 and 1970.

		<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
Pulmonary	1971	560	614	132	1306
	1970	568	620	127	1315
Non-pulmonary	1971	38	95	24	157
	1970	30	90	28	148

Treatment is becoming easier for the patient because of newer drugs being less toxic and more acceptable to the patient. This is very important when treatment must be given for about 18 months or more. As a minimum of 2 drugs must be taken at the same time, a combination of these in 1 tablet or cachet makes it easier to get patient co-operation. Even then, regular medication over a long period proves impossible for some people. These require the treatment to be supervised at home by a nurse, or at the Clinic. After the first few months of daily treatment, some cases can be continued on a supervised intermittent twice or thrice weekly regime.

The mobile mass x-ray unit under Dr. Guthrie has continued its 6 monthly visits to the male hostels in the City. In March 2 active cases were discovered and immediately admitted to hospital for treatment, but in September, none were found. However, the position is far from satisfactory as only about 40% attend for x-ray.

The "Immigrant Clinic" for all new arrivals has been continued and B.C.G. vaccination offered to suitable cases. The statistics for the clinic show a great reduction in new arrivals, the lowest number for 4 years. Two of them were found to have very minimal disease and were treated even though their sputum was not found to be infectious. However, the whole immigrant population of the City provided 40% of the notifications in 1971.

Immigrant Clinic Statistics

		1971	1970	1969
Arrivals notified to Health Authority	..	304	529	438
Tuberculin tests—	..	266	416	348
Positive reactors	..	169	270	267
Negative reactors	..	84	145	79
Number vaccinated with B.C.G.	..	100	141	71
Number x-rayed	..	226	259	319
Number kept under x-ray supervision	..	19	6	9

Examination of Contacts

The health visitors try and trace all contacts of new cases and invite them for screening at the clinic. Figures for examination of contacts are as follows:—

		1971	1970	1969
Number of contacts investigated—new	..	1012	996	1008
—old	..	987	797	904
		1999	1793	1912
Number found to be tuberculous	..	7	7	5
Percentage found to be tuberculous	..	0.28	0.39	0.26
Number of contacts given B.C.G.	..	313	337	397
Number of visits made by health visitors	..	3146	2942	4257

Non-tuberculous Chest Diseases

The number of asthma patients attending the clinic seems to be increasing, but whether this reflects an absolute increase in the population or due to more ready referral by general practitioners to the clinic rather than a hospital is uncertain. These cases are extremely time consuming as very detailed histories are necessary, including aspects of the home and working environments, past and present. Respiratory function tests, skin or nasal tests for allergy, blood and sputum examinations need to be done on many of these patients before a complete diagnosis can be made. Some patients require treatment with drugs which have effects other than on the asthma, so that until stabilised, they require more close supervision than tuberculous cases.

Chronic bronchitis and cancer of the lung still form a large proportion of cases referred to the clinic. Even if all smokers stopped smoking cigarettes now, it would be many years before these diseases would decline. Unfortunately, the Royal College of Physicians report in 1970 on Smoking and Health, caused only a temporary decline in the consumption of cigarettes and sales are now creeping upwards

again. More publicity and education, and family, personal and public example is needed to reduce the health hazards of smoking. I welcome the appointment of a health education officer to help in this campaign.

Infective Hepatitis

BY

CATRIONE F. J. McCONACHIE, M.B., Ch.B.

Medical Officer

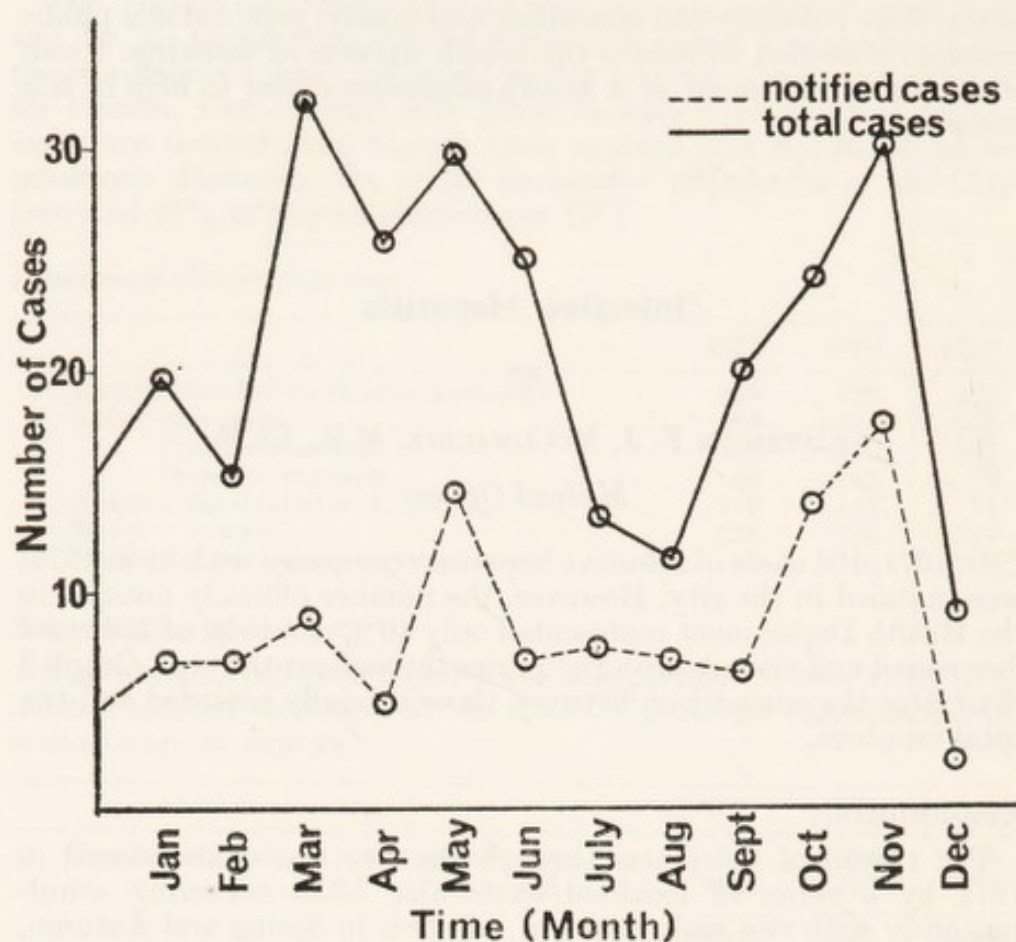
In 1971, 104 cases of infective hepatitis (compared with 81 in 1970) were notified in the city. However, the number officially notified to the Health Department represented only 40% of a total of 256 cases discovered and visited during enquiries throughout the year. Graph 3 illustrates the comparison between those officially recorded and the total numbers.

EPIDEMIOLOGY

The spread of the illness through the city was characterised in 1971 by a series of localised outbreaks, often occurring simultaneously with two main peaks of infection in Spring and Autumn. During the early part of the year, odd sporadic cases occurred all over the city from whom no clear source of infection could be obtained. There was also a resurgence of one of the 1970 Autumn outbreaks which had been insidiously spreading amongst children during the Christmas holiday. Six more schools were involved with 51 new cases. This particular epidemic lingered on to the end of the year. At its peak, several cases were diagnosed in an adjoining area where slum housing prevailed. Eventually 8 schools and 43 cases became a second Spring peak of infection. As these outbreaks waned, sporadic cases appeared in two post-war housing estates at the periphery of Nottingham. One of these became a focus of more infection, eventually consisting of 57 cases by the end of the year. During the summer months, spread of infection throughout the whole estate was rapid; and resulted in the Autumn peak (Graph 3).

AGE INCIDENCE

From Graph 3, it will be seen that the number of notified cases is less than accurate, as general practitioners tend to notify adults rather than children. 72% of the adults who actually developed infective hepatitis were notified compared with only 33% of children. The histogram illustrates the preponderance of five to nine year olds. (52% of the total who took ill were of this group). School children contributed to 77% of the total; both sexes being equally affected at all ages.



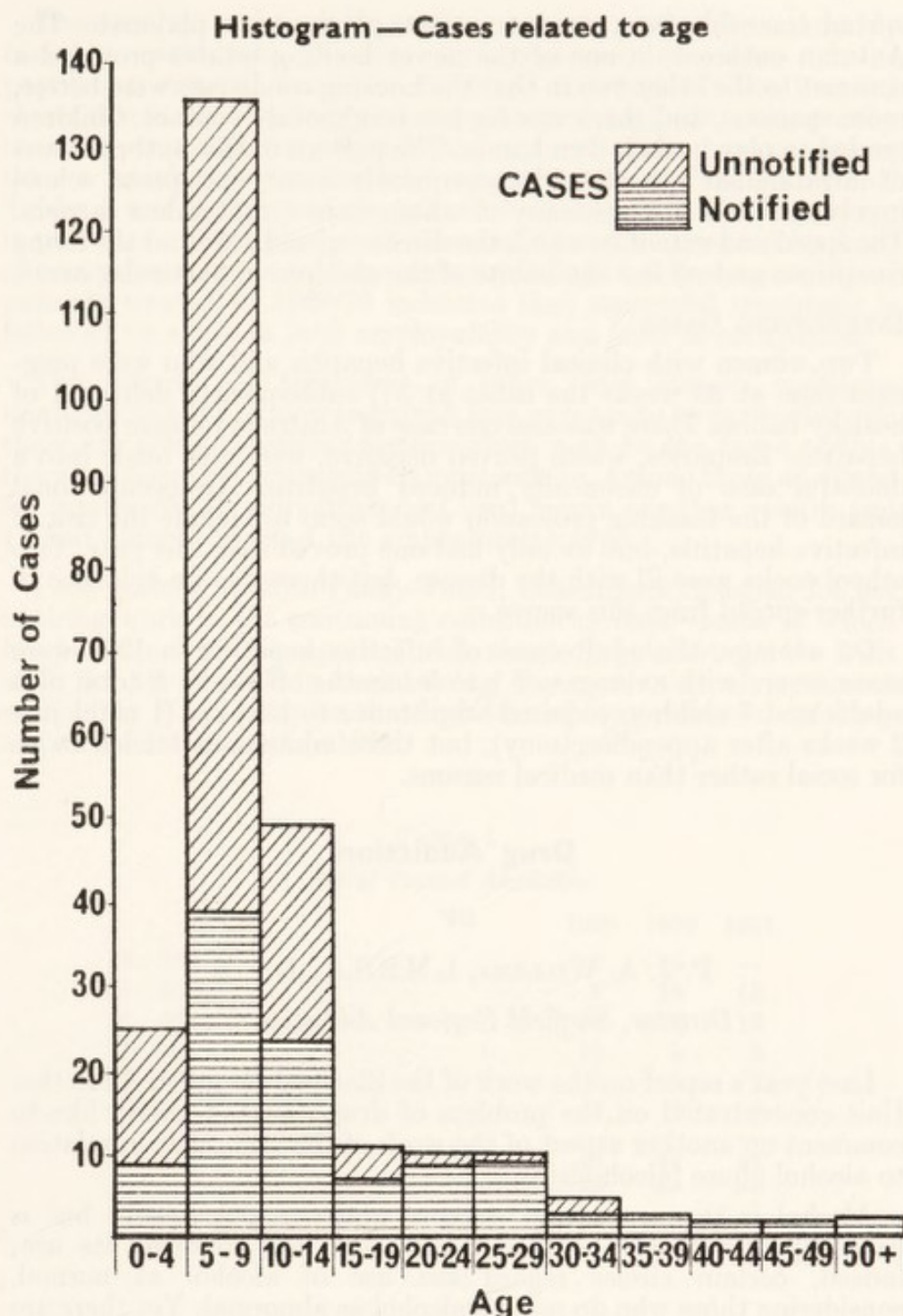
GRAPH 3

MODE OF SPREAD

In 1971 the spread of the disease in the city as a whole was largely school-based (42% of total cases), and 62 out of the 161 city schools were involved. In 24 of these only single cases occurred; but it can be seen from the table that in localised outbreaks, the school was an important focus, and served as a reservoir of infection. Intrafamilial spread was also important, especially in those areas with smaller numbers of cases. In Nottingham, it did seem that the chance within a family of a child catching the disease was 40% compared to the adult risk of between 8–9%. 203 families were involved, 163 having only one member with hepatitis.

PATTERN OF SPREAD

	MODE OF SPREAD					1971
	No. of cases	Spread via school	Spread via family	Spread from district	Spread from friend	
	256	42%	16%	13%	19%	12%
Local epidemic (1)	44	37%	19%	26%	7%	12%
Local epidemic (2)	51	26%	16%	19%	33%	2%
Local epidemic (3)	57	41%	37%	19%	9%	2%



Two of the local outbreaks involving 44 and 51 people respectively occurred in areas of older and higher density housing. In the first of these, there was spread not only in the immediate locality (via schools) but also outwardly to two peripheral post-war housing estates, caused by the rehousing of families from the infected zone. In at least two instances, it was possible to establish a link between apparently sporadic cases in these estates with a case from the infected district. The second outbreak in older housing was in a district with a closely knit community. Here there were waves of

spread traceable from street to street, playmate to playmate. The Autumn outbreak in one of the newer housing estates provided a contrast to the other two in that the housing conditions were better, more spacious, and there was far less neighbourly contact. Children tended to play in their own homes. The pattern of this outbreak was of intrafamilial spread, and consequently more widespread school involvement via siblings many of whom were symptomless carriers. The speed and extent to which the disease spread reflected the living conditions and no less the habits of the children in particular areas.

INTERESTING CASES

Two women with clinical infective hepatitis and who were pregnant (one at 33 weeks the other at 31) subsequently delivered of healthy babies. There was also one case of Australia antigen positive hepatitis. Enquiries, which proved negative, were also made into a doubtful case of chemically induced hepatitis. An occupational hazard of the teaching profession would seem to include the risk of infective hepatitis, but we only had one proved case this year. Two school cooks were ill with the disease, but there was no evidence of further spread from this source.

On average, the adult cases of infective hepatitis in 1971 were more severe with averages of 1 to 5 months off work. A total of 6 adults and 7 children required admittance to hospital (1 child just 2 weeks after appendicectomy), but these admissions tended to be for social rather than medical reasons.

Drug Addiction

BY

P. J. A. WILLEMS, L.M.S.S.A., D.P.M.

Director, Sheffield Regional Addiction Unit

Last year's report on the work of the Sheffield Regional Addiction Unit concentrated on the problem of drug abuse. I would like to comment on another aspect of the work of the unit, that in relation to alcohol abuse (alcoholism).

Alcohol is the commonest drug of abuse in our society but is generally disregarded because society does not condemn its use; indeed, certain circles regard the use of alcohol as normal, considering those who do *not* use alcohol as abnormal. Yet there are at least 350,000 alcoholics in the United Kingdom—some estimates even run to 1½ million. Using the lowest national estimate, this means that there must be over 2,000 alcoholics in the City of Nottingham. Of these, only 140 came (or were sent) for treatment in the specialist unit in the past 3 years. At this rate it will take over 40 years to treat the present population of alcoholics, disregarding those as yet unborn. A prime reason for the inadequate treatment rate is society's failure to recognise alcoholism for what it is, an illness and not a moral failing.

The numbers referred for treatment have remained remarkably constant each year. Various socio-economic correlates of the population referred have also remained constant. Tables 1 and 2 shows this in respect of age and nationality of origin. It is noteworthy that well over 50% were aged 40 and under. Popular misconceptions take a knock, in that the Irish appear to be under-represented! Tables 3 and 4 illustrate the effect of alcoholism on the economy; it produces a downward drift in social class (as measured by level of occupation) and increases unemployment. A follow-up survey of patients treated in 1969/70 indicates that successful treatment is followed by a rise in both employability and level of occupation.

The referral for treatment of other drug abusers continues unabated but the explosive growth rate appears to have levelled-off; there are many reversible factors which may be the cause of this, therefore complacency would be most unwise. Among those admitted for treatment, 18 individuals had used heroin or other opiates and 14 had abused drugs of the amphetamine type.

I am grateful to Miss Penny Toller, Research Sociologist, for her untiring work in the continuing collection of data—some of which has been used in this report. I wish also to pay tribute to the Unit staff, for their work in maintaining the continuity of treatment within the Unit, between the departure of my predecessor and my arrival on 1st December 1971.

TABLE 1
Age of Treated Alcoholics

				1969	1970	1971
15—20	..	..	..	4	4	—
21—30	..	..	..	9	18	13
31—40	..	..	..	16	8	16
41—50	..	..	..	10	8	8
51—60	..	..	..	6	4	7
over 60	..	..	..	3	2	4
TOTAL	..	..	..	48	44	48

TABLE 2
Nationality of Treated Alcoholics

				1969	1970	1971
English	..	..	..	33	24	29
Irish	..	..	..	5	7	4
Scottish	..	..	..	8	11	13
Welsh	..	..	..	—	1	1
Other	..	..	..	2	1	1
TOTAL	..	..	..	48	44	48

TABLE 3
Social Class Distribution (1971)

<i>Social Class</i>	<i>Patient</i>	<i>Patient's Father</i>
1	—	1
2	5	4
3	17	22
4	8	11
5	14	5
Unknown/not applicable	4	5
TOTAL	48	48

TABLE 4
Unemployment in year prior to admission (1971)
(months unemployed)

None	..	..	10
Less than one	..	..	2
1—3	..	..	2
4—6	..	..	13
7—9	..	..	4
10—12..	..	..	9
Unknown/not applicable (e.g. because in prison the whole year)			8
			48

Venereal Diseases

BY

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

The new Department of Venereal Diseases in Nottingham at the General Hospital is expected to be completed towards the end of 1972. Access to it will be both from Postern Street and from within the hospital.

The number of cases attending the Department of Venereal Diseases in 1971 continued to rise. It should be remembered that the figures given below apply only to patients registered at the Department and do not include patients treated elsewhere, for example by general practitioners or other specialists. The figures this year are given in a fuller form, and are presented in a slightly modified form to those which go to the Department of Health and Social Security.

Close co-operation with the Medical Officer of Health and his staff continued. The part-time social worker from the Health Department was given full-time employment in the Venereal Disease Department during the year. A Health Education Officer was appointed for Nottingham and one of his special interests is the control of venereal and sexually transmitted diseases.

I should like to pay tribute to the staff of the Department for the manner in which they have coped with the increase in work.

SYPHILIS

The number of cases of syphilis remained almost unchanged. The disease is well controlled.

New cases of syphilis attending Nottingham Clinic during 1971

	Male	Female	TOTAL
Primary	2	—	2
Secondary	—	1	1
Latent in first 2 years of infection ..	5	2	7
Cardio vascular	6	1	7
Of the nervous system	1	1	2
All other late and latent stages ..	14	8	22
Congenital aged under 2 years ..	—	—	—
Congenital aged 2 years and over ..	—	1	1
	28	14	42

Area of residence of patient

Primary and Secondary Syphilis ..	Nottingham	3
Other Syphilis	Nottingham	32
“	Nottinghamshire	7

Age groups of patients with primary and secondary syphilis

25 and over 3

GONORRHOEA

Gonorrhoea cases increased again from 1,060 in 1970 to 1,167 in 1971. It is now one of the commonest infectious diseases. The complications of the disease, such as epididymitis, salpingitis and ophthalmia neonatorum also increased. It is worth noting that many of the female cases—over one-third—were aged 19 or under.

New cases of gonorrhoea attending Nottingham Clinic during 1971

	Male	Female	TOTAL
Post-pubertal infections	708	453	1,161
Pre-pubertal infections	—	—	—
Ophthalmia neonatorum	2	4	6
	710	457	1,167

Area of residence of patient

Nottingham	868
Nottinghamshire	233
Derbyshire	45
Others	17
H.M. Forces	4

Age groups of patients with gonorrhoea

	<i>Male</i>	<i>Female</i>
New-born infants ..	2	4
Under 16 ..	4	16
16 and 17 ..	38	75
18 and 19 ..	61	71
20 to 24 ..	211	140
25 and over ..	394	151

OTHER GENITAL INFECTIONS

There was a small increase in other genital infections, from 2,104 to 2,200, mostly in female patients.

New cases of other genital infections attending Nottingham Clinic during 1971

	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Chancroid	1	—	1
Lymphogranuloma Venereum ..	—	—	—
Granuloma Inguinale ..	—	—	—
Non-specific genital infection ..	915	139	1,054
Non-specific genital infection with arthritis	1	—	1
Trichomoniasis	24	466	490
Candidiasis	1	148	149
Scabies	61	23	84
Pubic lice	56	16	72
Herpes simplex	37	9	46
Warts	179	112	291
Molluscum contagiosum	8	4	12
	1,283	917	2,200

Area of residence of patient

Nottingham	1,469
Nottinghamshire	580
Derbyshire	81
Others	58
H. M. Forces	12

OTHER CONDITIONS

The largest increase, from 1,336 to 1,892, was in patients attending with a variety of other conditions. Many patients were worried about the possibility of having contracted venereal disease, sometimes with justification, sometimes not. Some attended with sexual problems, which is perhaps understandable in a Department dealing with sexual diseases. Many patients who did not require treatment occupied more staff time than those who required relatively simple treatment, such as the prescribing of antibiotics. Perhaps discussion of the patients' symptoms should be considered treatment.

New cases of other conditions attending Nottingham Clinic during 1971

	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Other treponemal diseases ..	—	1	1
Other conditions requiring treatment in the centre ..	232	109	341
Other conditions NOT requiring treatment in the centre ..	1,002	548	1,550
	1,234	658	1,892

Area of residence of patient

Nottingham	1,115
Nottinghamshire	608
Derbyshire	82
Others	76
H. M. Forces	11

Vaccination and Immunisation

BY

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

Senior Medical Officer

Details of vaccination of children under 16 years of age against diphtheria, whooping cough, tetanus, poliomyelitis, measles, smallpox and rubella for the year 1971 are given in the appendix, pages 115 and 116.

DIPHTHERIA, WHOOPING COUGH, TETANUS and POLIOMYELITIS

The number of children immunised against each of these diseases compares favourably with those for the previous year. There were 847 more children who completed a primary course of triple immunisation than in 1970, representing an increased response of 22%. An increase of 517 (11%) was also observed in those accepting poliomyelitis vaccination.

MEASLES

There were 3,829 children vaccinated against measles during 1971, compared with 4,843 in 1970. The drop in numbers is entirely accounted for by a reduction in children of school age receiving the vaccination, and the level of acceptance amongst children under 5 is similar to that observed in 1970.

SMALLPOX

In accordance with the recommendations of the Joint Committee on Vaccination and Immunisation set out in a communication CMO 12/71 from the Chief Medical Officer in July 1971, smallpox vaccination has been withdrawn from the routine immunisation

schedule recommended in early childhood. It is now considered that the risk, although small, of serious complications resulting from smallpox vaccination outweighs the risk of possible exposure to the disease and consequent infection, which has been greatly reduced over the last 5 years by the successful progress of the WHO smallpox eradication programme. Vaccination is, of course still carried out to comply with International Regulations when travel is involved to or from areas where smallpox is still endemic, or countries where eradication programmes are in progress, and a small supply of lymph vaccine is kept in stock for this purpose.

It has been emphasised that Health Service staff who come into contact with patients should continue to be offered smallpox vaccination and regular re-vaccination as long as any risk of importation of smallpox remains. Smallpox vaccination was made available to all members of the Health Department in 1969, and the offer is due to be repeated in the summer of 1972.

The number of children aged 15 years and under who were vaccinated for smallpox during 1971 totalled 1,722. Adults numbered 1,012, of which 170 were primary vaccinations.

Accidental vaccination

An interesting case of accidental smallpox vaccination with a typical case history occurred during the year in a woman aged 25, and necessitated her admission to hospital. Her 2 year old daughter was given a primary vaccination for smallpox on 23rd April, which followed a normal course. Three weeks later on 14th May, the mother developed a lesion like a boil on her chin, which she stated resembled her daughter's vaccination in appearance. The lesion increased in size and was accompanied by lymphangitis, cellulitis and considerable malaise. After a week, 2 more vesicles appeared near the original "boil", and she was admitted to hospital on 21st May following a visit to her doctor. Local treatment with penicillin ointment was given initially to combat superimposed infection, and the patient was discharged home after 10 days, having made a good recovery. She had never been previously vaccinated. Her 4 year old son had been vaccinated as an infant, and was not affected.

RUBELLA

The programme of rubella vaccination for schoolgirls was continued during 1971. In the early months of the year, 1,306 13 year old children were vaccinated, thus making a total of 2,721 for the school-year 1970/1971.

In the current school year (1971/1972), vaccination was offered to all schoolgirls aged 12 or 13 years, and a total of 2,829 vaccinations were carried out during the autumn term. It is intended in subsequent years to vaccinate 12 year old girls during the first term of their second year in senior school, with the inclusion of any absentees from previous sessions.

Although antibody tests for rubella are being carried out routinely on antenatal women during the first trimester, and copies of reports

sent to their general practitioners, hardly any women are availing themselves of the opportunity of vaccination against rubella in the post-partum period where this has been recommended on the basis of the findings. Only 1 woman, aged 20, was recorded as having received the vaccination in 1971.

YELLOW FEVER

Travellers abroad whose country of destination required yellow fever vaccination totalled 725 in 1971. The numbers have increased compared with previous years when 616 immunisations were carried out in 1970, and 548 in 1969.

ANTHRAX

Anthrax vaccination is offered routinely to employees at a tannery in the city. During 1971, 22 primary courses were completed, and 23 reinforcing doses given.

INFLUENZA

Influenza vaccination was made available this year to all members of the Health Department, with particular emphasis on medical, nursing and ambulance staff. A total of 214 immunisations were carried out.

RABIES

In November 1971, circular CMO 17/71 was received, in which prophylactic vaccination against rabies was recommended for all persons exposed in the course of their work to special risks of contracting this disease. The vaccine, which is a preparation of inactivated virus in a suspension of embryonic duck tissue, is available from certain Public Health Laboratories. The primary course consists of 2 subcutaneous injections of 1.0 ml given 6 weeks apart, with a similar reinforcing dose 6 months later, to be followed by a reinforcing dose given annually. It has been shown that approximately 80% of those vaccinated develop neutralising antibodies within 1 month of receiving the third (first reinforcing) dose. The immunisation procedure is therefore accompanied by the submission of blood samples for antibody estimations 3 weeks after every reinforcing dose, and additional booster injections may be required until neutralising antibodies are detected. The Virus Reference Laboratory at Colindale is dealing with the blood samples and also collecting information on any adverse reactions observed to the vaccine. Local reactions such as redness, swelling, pain, tenderness and itching at the site of inoculation are expected to be common, but systemic responses such as lowgrade fever only occasionally occur if the person is allergic to duck protein. Neuro-paralytic reactions are extremely rare after such a brief course of vaccine.

There is 1 research establishment in Nottingham approved under the Exotic Animals (Importation) Order 1969, where arrangements are being made to offer prophylactic vaccination against rabies to the 9 or 10 employees involved.

TUBERCULOSIS

Figures for B.C.G. vaccination of 13 year old children in schools during the years 1967-1971 are shown in the following table:

	1967	1968	1969	1970	1971
Number of 13 year olds ..	5095	4952	4720	4907	4977
Percentage accepting Heaf test	74.9	73.9	74.3	77.3	79.6
Number tested	3888	3735	3707	3883	3911
Number of positive reactors	1280	282	186	141	328
Percentage positive reactors	36.1	8.4	5.7	4.3	8.4
Number vaccinated ..	2263	3053	3058	3156	3102

The acceptance rate for B.C.G. vaccination has shown a further small improvement this year rising to 79.6% compared with 77.3% for 1970. The positive reactor rate shows a substantial increase from the previous year but is accounted for by a larger number of positive reactions classified as Heaf grade II. Only 50 grade I reactors were identified this year, and given B.C.G. vaccination. The combined total of grade I and II reactions was 269 in 1971 compared with 242 in 1970, and in both years were evenly distributed throughout the schools. The positive reactor rate of 8.4% compares favourably with the figure of 8.9% reported by the Chief Medical Officer for England in the year 1970.

ATTENUATED SMALLPOX VACCINE TRIAL (CV1—78)

A pilot study of the Rivers attenuated smallpox vaccine (CV1—78) was carried out during 1970 and 1971 at the invitation of the Medical Research Council. In Nottingham, primary vaccination with the attenuated vaccine was successful in 18 eczematous children, from whom blood samples were taken on the 28th day after vaccination to measure the antibody response. In Kent, 52 children with no known skin condition were similarly investigated, followed by revaccination with standard vaccine 4 or 5 months later in 51 cases. A further 26 children were given primary vaccination with standard smallpox vaccine for comparison.

The reaction to the attenuated strain was as large as that produced by the standard vaccine in about two-thirds of the cases, and in most children the antibody response was less. Most of the 51 children who were revaccinated showed an accelerated minimal reaction, indicating that the attenuated vaccine is satisfactory in reducing the reaction to subsequent vaccination.

A satisfactory regime is in current use for eczematous children who must be vaccinated, with human hyperimmune antivaccinia immunoglobulin being given at the time of vaccination with standard vaccine. It was concluded that the use of attenuated vaccine remained to be demonstrated as a possible superior method.

It is not proposed to carry out any further studies at this juncture with smallpox vaccination being withdrawn from the routine immunisation programme (circular CMO 12/71) and only occasionally required for travel abroad.

THE PROGRESS OF HEALTH CENTRES

BY

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

Principal Medical Officer

A health centre offers a range of medical services to the general public and the population it serves should have easy access to it. There are 3 health centres in operation in Nottingham and during 1971 the building programme of a further 3 health centres continued and progress is outlined below.

BULWELL HEALTH CENTRE

The contractor commenced on site in December 1970, and the health centre is due for completion in June 1972.

The main health centre building will provide accommodation for 8 general practitioners (3 separate practices) who will use the centre as their principal surgery. In addition provision is made for the full range of local health authority clinics, including dental services. The centre will also serve as a base for community health teams, comprising health visitors, midwives, home nurses and clinic nurses. It is expected that the population served will ultimately reach 28,000. A separate building is being erected adjacent to the health centre for a resident caretaker.

In November 1970, a cost limit of £87,050 for the buildings and £11,700 for furniture and fittings was finally agreed with the Department of Health and Social Security. The total cost, including value of the land and charges for the services of professional staff will be £124,500.

ST. ANN'S WELL ROAD HEALTH CENTRE

This health centre is being built in an area which is undergoing extensive redevelopment. Full local health authority facilities, including 1 consulting room and 1 examination room will be provided and in addition there will be accommodation for 10 general practitioners (6 practices) in 6 general practitioner suites, together with a treatment room and other facilities. A caretaker's flat is also being built.

The population to be served by the health centre is estimated at 15,000 and a community health team of health visitors, midwives, home nurses and clinic nurses will be based at the health centre.

By 1970 the compulsory purchase order for the site 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. However, 5 nominated firms were invited to tender for the project and after further negotiations by the appropriate local authority departments and the Department of Health and Social Security, a cost limit of £88,940 was approved in April 1971, this figure being the lowest tender figure received.

Although a contractor was engaged by the authority in March 1971 a further complication was the demolition of an old church on the proposed site for the health centre and it was not until June 1971 that work on the site for the health centre could commence. The centre is due for completion by January 1973 and during 1971 building has been well up to schedule.

THE CONVERSION OF SNEINTON WELFARE CENTRE INTO A HEALTH CENTRE

The idea of converting the existing welfare centre at Sneinton, which was opened in 1955, into a health centre goes back as far as 1963. At that time the planning for development of the area showed that the necessary land would be available. In December 1965, as planning progressed, actual discussions were taking place between the appropriate local authority departments regarding the proposed site. The conversion of this welfare centre was eventually in the Capital Programme for 1972-73 with commencement planned for March 1972. In March 1971 a sketch plan was produced by the City Architect showing the proposed extension of the welfare centre and in addition to the local health authority facilities already provided, there would be dental surgeries for local health and school health purposes and 6 family doctor suites, each comprising consulting room and examination room, together with treatment room and other facilities. The population to be served by the centre is estimated at 20,000 and a community health team of health visitors, midwives, home nurses and clinic nurses would be based at the centre.

The estimated cost of building is £92,575. After discussion with the Department of Health and Social Security about details of the plan, a cost limit was fixed at £85,500. Six tenders were received, the lowest of these being for £84,588 which was within the cost limit figure.

There has been some difficulty in finding suitable accommodation within the area served by the welfare centre for the local authority clinics whilst the conversion is taking place, and arrangements for these were only finalised early in 1972. Building is expected to commence in March 1972 and the health centre should be open in June 1973.

MATERNITY AND CHILD WELFARE SERVICES

BY

HUSSAIN S. MAQBOOL, M.B., B.S., B.Sc., M.F.C.M., D.P.H., M.P.H.

Senior Medical Officer

The overall objective of Maternity and Child Welfare Services is that "every pregnancy culminates in a healthy mother and a healthy child", and to safeguard and ease the whole course of pregnancy so that both mother and child go through this experience in a healthy state, both physically and mentally.

Several indices are available, especially the statistics pertaining to infant mortality, maternal and peri-natal death rates, premature births, etc., which give a fair idea of the efficiency of the services. But constant evaluation is required so that programmes can be modified or the emphasis altered according to the needs of the community and the demands of the times.

FAMILY PLANNING

During 1971 the family planning service in the City has been carefully reviewed. From April 1972 a comprehensive family planning scheme will be available for all women in the City who wish to have the service.

In Nottingham during 1971, as in previous years, family planning service was provided by 2 associations, namely the Family Planning Association and the Midlands (Family Planning) Association. Financial support was given by the local authority in specific cases to both associations as the need arose.

The work done by the Family Planning Association was as follows:

TOTAL PATIENTS SEEN AT VARIOUS CENTRES

<i>Clinic</i>	<i>New patients</i>	<i>1st visits incl. new patients</i>	<i>Repeat visits</i>	<i>Total visits</i>
Regent Street ..	2,141	4,025	8,039	12,064
Sneinton ..	169	314	455	769
Clifton ..	220	568	921	1,489
For vasectomy ..	481	481	358	839
Totals ..	3,011	5,388	9,773	15,161

It is stated by the Family Planning Association that it was not possible to split accurately the cases belonging to City and County areas, but the relationship was roughly 60% and 40% City and County respectively, whereas vasectomy cases covered a much larger area, 9 counties.

There are several sources from which the patient may be referred to the Family Planning Association Clinics and in certain cases the patient may be notified to the hospital or local authority for further advice. Details are given in the table below:

<i>Clinic</i>	<i>Hospital</i>		<i>Local Authority</i>		<i>Friend referred or patient</i>	<i>Family doctor</i>	<i>FPA transfer</i>	<i>Others</i>
	<i>referred</i>	<i>notified</i>	<i>referred</i>	<i>notified</i>				
Regent Street	28	3	13	7	831	351	324	908
Sneinton	2	1	2	4	52	32	22	76
Clifton	—	—	5	—	103	40	25	72
Vasectomy	—	—	—	—	—	60	—	421
Totals	30	4	20	11	986	483	371	1,477

The description of work done by Midlands (Family Planning) Association Limited is as follows:

No. of sessions held	272
Number of total visits (new and follow-up)	6,032

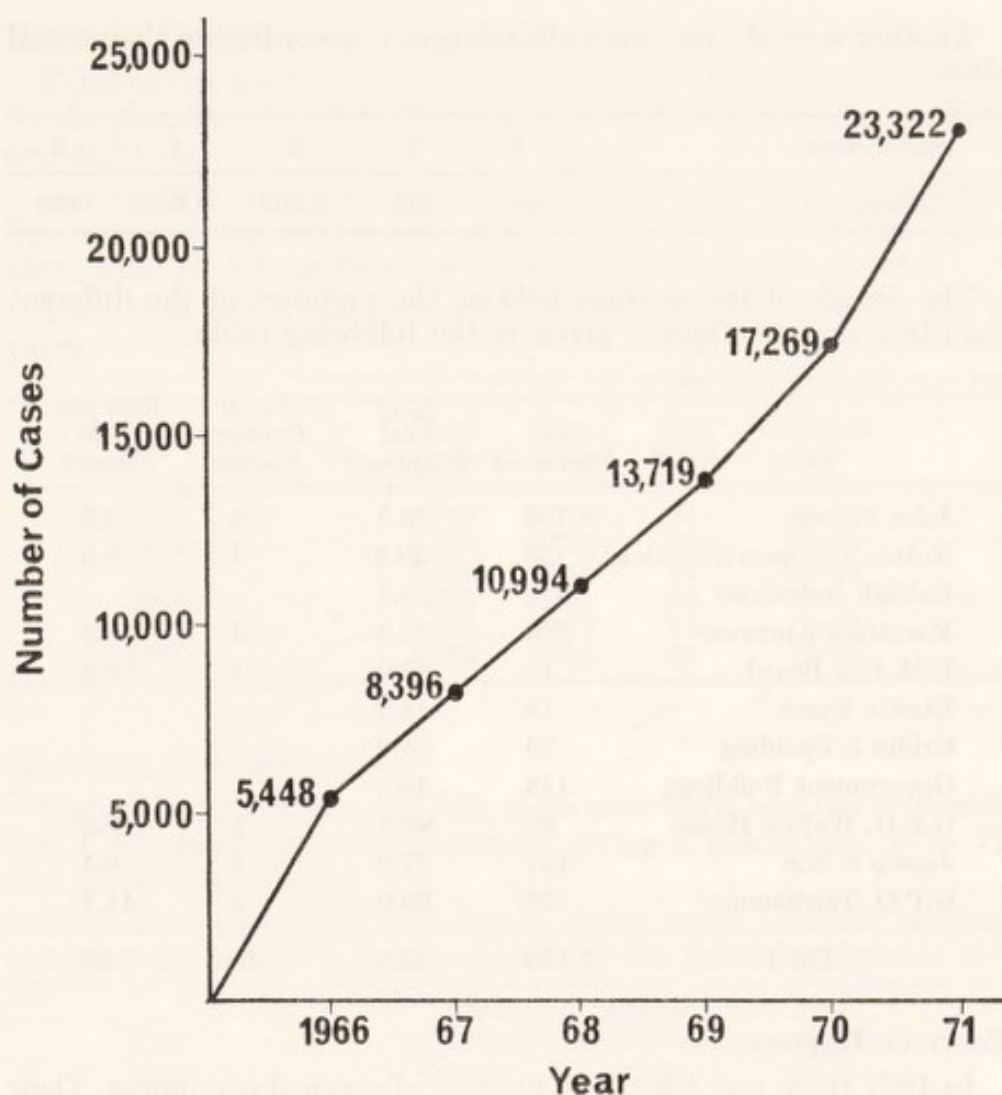
Due to changes in the office procedure of the Midland (Family Planning) Association a break-down of the above figures is not available for the year 1971.

Payments totalling some £700 were made by the Local Health Authority to the two voluntary organisations for 96 family planning cases referred by different sources during 1971.

CERVICAL CYTOLOGY

The screening programme of cervical cytology, which is a vital preventive service, started in this city in 1966, has continued to flourish effectively in 1971 and has received wide support.

The following graph shows the cumulative effect of the scheme, with the total number of cervical smears taken by the local authority doctors being 23,322 at the end of the year.



Yearly figures for the period 1966-71

			Attendances	Positive	Rate/1,000
1966	..	..	5,448	67	12.2
1967	..	..	2,948	31	9.5
1968	..	..	2,598	25	9.6
1969	..	..	2,725	20	7.3
1970	..	..	3,550	14	3.9
1971	..	..	6,053	40	6.6

The rise in the total number of cervical smears to its highest peak in 1971 is attributable not only to more recalls during the year but also to a sustained effort in regard to sessions at the premises of various industrial organisations. The breakdown of the total figures is as follows:

3,255 new cases and 2,798 recalls
 2,454 attendances at local authority day clinics
 1,479 attendances at local authority evening clinics
 2,120 attendances at industrial sessions

The attendances according to the age groups were:

Age group	Under 24	25-34	35-44	45-54	55-64	65+	Total
Attendance	864	1,452	1,645	1,572	484	36	6,053

Another way of examining attendances is according to their social class:

<i>Social class</i>	..	..	1	2	3	4	5
<i>Attendances</i>	..	..	58	463	3,364	1,669	499

The details of the sessions held at the premises of the different industrial organisations is given in the following table:

<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	758	19.5	4	5.3
Nottm. Co-operative Society	153	30.6	1	6.5
Raleigh Industries	374	23.3	—	—
Marathon Knitwear	220	22.0	4	18.2
E.M. Gas Board	48	48.0	1	20.8
Elastic Yarns	18	14.5	—	—
Griffin & Spalding	79	35.0	—	—
Government Buildings	146	46.2	—	—
G.P.O. Walton House	95	30.1	1	10.5
Jessop & Son	157	27.0	1	6.4
G.P.O. Telephones	72	20.0	3	41.7
Total	2,120	23.8	15	7.08

POSITIVE REPORTS

In 1971 there was a total of 40 cases of cervical carcinoma. Their distribution according to the age groups and the sessions attended are shown in the following table:

	<i>Under 24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>	<i>65+</i>	<i>Total</i>
Day clinics	—	5	5	5	2	—	17
Evening clinics	—	3	1	4	—	—	8
Industrial Sessions	—	3	4	7	1	—	15
Total	—	11	10	16	3	—	40

RECALLS

It must be appreciated that in any particular case a woman should be recalled for further smears to be taken as the years go by. Whilst there is no age limit enforced for first attendance, in 1971 the scheme for recalls for cervical cytology was adopted as follows:

- Aged under 35 years—3 years
- 35-45 years —2 years
- Over 45 years —18 months to 2 years or even a shorter period

NOTIFIED BIRTHS

Total births, the birth rate and any changes therein are important for the planning of health, education and welfare services for mothers and children.

During 1971 there were 5,163 total births in the City, with 5,101 live births, giving a birth rate of 17·19 per 1,000. Of the live births there were 53 sets of twins, 6 being delivered on the district.

The table below shows the comparative figures for the last 5 years:

			<i>Total births</i>	<i>Live births</i>	<i>Still births</i>	<i>Stillbirth Rate</i>
1966	..	..	6,009	5,918	91	15·14
1967	..	..	5,820	5,722	98	16·84
1968	..	..	6,036	5,944	92	15·24
1969	..	..	5,540	5,451	89	16·0
1970	..	..	5,094	5,013	81	15·90
1971	..	..	5,163	5,101	62	12·00

HOSPITAL CONFINEMENTS

Out of the total births of 5,163, there were 3,858 hospital deliveries and 1,305 domiciliary confinements, giving a percentage of 74·72 and 25·28 respectively.

Over the years there has been a rising trend towards hospital confinements which is clearly shown by the following figures:

<i>Year</i>			<i>Total confinements</i>	<i>Hospital confinements</i>	<i>Per- centages</i>
1962	..	..	6,189	2,803	45·3
1963	..	..	6,315	3,111	49·2
1964	..	..	6,195	3,226	52·1
1965	..	..	6,000	3,404	56·7
1966	..	..	5,939	3,442	58·0
1967	..	..	5,765	3,548	61·5
1968	..	..	5,899	3,856	67·1
1969	..	..	5,421	3,703	69·7
1970	..	..	5,006	3,602	72·0
1971	..	..	5,060	3,858	74·7

Of the total 3,858 hospital deliveries in 1971, 3,202 were discharged within 10 days of confinement, as follows:

<i>Time of discharge after delivery</i>			<i>No. discharged</i>	<i>Percentage of hospital confinements</i>
Less than 48 hours	..	..	823	26·0
3-4 days	..	..	1,238	38·7
5-7 days	..	..	962	30·0
8-10 days	..	..	179	5·6

There were 724 applications for hospital confinement on social grounds, out of which 639 were accepted.

Details of live births can be examined in relation to the country of origin of the mother, these facts are summarised below, along with comparisons for the previous year:

	<i>Live Births</i>		<i>% of total</i>		<i>Premature</i>		<i>% Prem.</i>		<i>Illegitimate</i>		<i>% Illeg.</i>		<i>Infant deaths</i>	
	1971	(1970)	1971	(1970)	1971	(1970)	1971	(1970)	1971	(1970)	1971	(1970)	1971	(1970)
G.B. & N.I.	4,383	4,299	84.9	85.7	318	320	7.4	7.5	802	808	18.7	18.8	94	103
W. Indies	260	253	5.0	5.0	27	21	10.4	8.3	100	92	38.4	36.4	4	4
India	126	118	2.5	2.4	26	18	20.6	15.3	—	5	—	4.2	5	1
Pakistan	158	125	3.1	2.5	16	18	10.1	14.4	1	2	0.6	1.6	3	2
Ireland	126	129	2.5	2.6	10	4	7.9	3.1	17	14	13.5	10.9	2	2
Others	110	89	2.0	1.8	6	4	5.5	4.4	10	4	9.1	4.4	1	1
Total	5,163	5,013	100	100	403	385	7.9	7.7	930	925	18.4	18.5	108	113

ILLEGITIMATE BIRTHS

The illegitimate live births during 1971 were 930 out of a total of 5,101, which gives a rate of 18.2 per 1,000. The illegitimate birth rate has gradually risen from 12.1 in 1962 to 18.4 in 1970, but showed a slight fall in 1971.

Age distribution of illegitimate live births

Illegitimate live births can be looked at in relation to the age of the mother. The following figures relate to births for 1970; the figures for 1971 will not be issued until October.

<i>Maternal age</i>	—20	20–24	25–29	30–34	35–39	40–44	45+	<i>Total</i>
Number of illegitimate births	241	315	180	105	60	21	3	925

Similarly, illegitimate stillbirths can be examined in relation to maternal age. These also relate to 1970 stillbirths; the 1971 figures will not be issued until October.

<i>Maternal age</i>	—20	20–24	25–29	30–34	35–39	40–44	45+	<i>Total</i>
Number of illegitimate stillbirths	3	1	4	3	3	—	—	14

The Registrar General's Social Classification can be applied to the figures for 1971 as follows:

<i>Social class</i>	1	2	3	4	5
Illegitimate births	.. 0	23	417	348	121

A total of 909 births were registered locally, while 21 remained unclassified because of their inward transfer to the city from other areas.

ANTE-NATAL CLINICS

During 1971 there has been a further decline in domiciliary confinements and in the numbers who booked their family doctor for confinement at home, as shown in the table below. The figures for 1970 are given for comparison.

Year	G.P. booked	Home confinements	%
1970	1,378	1,404	98.2
1971	1,279	1,305	98.5

Ante-natal care has mostly been carried out by the general practitioners themselves and there has been a further reduction in attendance at local authority ante-natal clinics.

There were 726 sessions held, out of which 170 sessions were conducted by the medical officers, with 359 attendances.

Domiciliary midwives held 556 sessions with 11,104 attendances for the cases booked for home confinement and early discharge from hospital.

The following screening procedures were regularly carried out at the ante-natal clinics.

Blood examinations

Blood grouping and rhesus factor ascertainment is essential for all expectant mothers, and was carried out on 829 women. Of these 829 women examined, 167 were considered to be "at risk" of iso-immunisation, but only 35 needed protection by "Anti-D" immuno-globulin injection. Two were found to be iso-immunised and were delivered in hospital; both had live babies.

Haemoglobin estimation

Since the early detection of anaemia is very important in pregnancy a haemoglobin estimation was done on 1,961 women attending the clinics.

Test for venereal disease

To detect the presence of syphilis in expectant mothers 1,392 blood samples from ante-natal clinics were sent for testing. Out of 22 samples taken at ante-natal clinics 2 were positive for syphilis. These 2 cases were referred to their general practitioners for further investigation.

Blood examination for rubella

For the prevention of rubella in early pregnancy, with its disastrous consequences, a scheme for blood examinations was put into practice for the City from 1st December 1970. During 1971, 181 samples were examined; out of these, antibodies were detected in 150 women, indicating them to have immunity to the disease and

no further action was required. Thirty-one did not show any antibodies and were considered at risk of contracting rubella. These women were advised to avoid contact with rubella and consideration was given to immunisation in the future.

Sickling test

"Sickling tests" are blood tests carried out to detect the factor responsible for "sickle-cell anaemia", which is mostly prevalent in races of African origin. Out of 101 samples examined, 7 were found to be positive, all of whom were of West Indian origin. The breakdown of the figures according to country of origin is as follows:

		<i>Blood samples examined</i>	<i>Positive</i>
West Indian	..	43	7
Asian	..	50	—
African	..	3	—
Others	..	5	—

Chest X-ray

X-ray examination of the chest is advised only in exceptional cases. In 1971 only 3 cases were referred to Forest Dene, all of whom were found to be satisfactory.

MATERNAL AND PERI-NATAL MORTALITY

Maternal and peri-natal deaths are important objective "yardsticks" for the measurement of the quality of maternity care. Over the years, with the improvement of general obstetric care the number of maternal deaths has become very small, but each maternal death is of such grave significance, both for the immediate family and the community as a whole, that when a death does occur in relation to pregnancy then the reasons for the death and its implications are considered very carefully.

During 1971 there were 2 maternal deaths recorded.

1 The first was a 34-year-old Pakistani woman, para 2, who was admitted to the City Hospital on the 21st January 1971 complaining of pain in the right hypochondrium. She was considered to be a case of premature labour with an expected date of confinement on 25th March. The next day she had a cardiac arrest with suspected pulmonary embolism and was transferred to the Intensive Care Unit in an unconscious state. Her condition deteriorated gradually and she died undelivered on the 29th January 1971.

The post mortem examination report showed the cause of death to be a spontaneous cerebral haemorrhage associated with pregnancy.

2 The second was a 23-year-old Englishwoman, para 4, who was admitted to the City Hospital on 8th June 1971, when 31 weeks pregnant. Her expected date of confinement was 12th August 1971. After treatment for ante-partum haemorrhage she was discharged on 17th June 1971 with an appointment for the 25th June which she failed to keep.

Early in the morning of 28th June 1971, having had intercourse a few hours before, she was found dead in bed. The post mortem report showed the cause of death to be rupture of the amnion, and amniotic embolism with possible thrombosis of the middle cerebral arteries.

Peri-natal mortality

Fifty-five children died in the first week of life, which, with 61 stillbirths, gives a peri-natal mortality rate of 22·8 per thousand live births, as compared with 27·7 per thousand live births in 1970.

The deaths under 1 year of age were 109, with an infant mortality rate of 21·43. The following table gives the primary causes of peri-natal mortality:

<i>Primary factors in causation</i>				<i>Total</i>	<i>Premature infants</i>
<i>Ante-natal causes:</i>					
Toxaemia including haemorrhage	..			2	2
A.P.H. without toxaemia	..	..		13	12
Rh. incompatibility	..	..	..	4	2
<i>Intra-natal causes:</i>					
Injury	..	..	..	3	3
Anoxia	..	..	..	12	3
Intra-uterine death	..	..	..	14	6
Congenital malformation	..	..	..	17	9
Prematurity only	..	..	..	19	19
Respiratory distress syndrome	..	..	..	11	9
Other cases	..	..	..	12	6
Placental insufficiency	..	..	..	9	5
All causes	..	..	..	116	76

CONGENITAL MALFORMATIONS AND THE HANDICAPPED

During 1971, as in previous years, a continual watch has been kept on children who are handicapped or where there is risk of a handicap.

Congenital malformations

During the year 67 children were notified. These children had a total of 79 malformations. The following table compares these congenital malformations with those for the previous 4 years:

	1971	1970	1969	1968	1967
Central nervous system	22	33	19	26	21
Eye, ear	2	—	2	6	2
Alimentary system	10	6	20	12	23
Heart and great vessels	4	3	5	4	10
Respiratory system	—	—	—	1	1
Urino-genital system	9	9	6	5	6
Limbs	22	27	35	48	54
Other skeletal	2	—	1	2	2
Other symptoms	5	2	2	11	21
Other malformations	3	5	4	10	6
TOTALS	79	85	94	125	146

There are many factors arising either in the ante-natal period or around the time of birth which could interfere with normal development of the child. Further information is obtained from consultant paediatricians' reports or discharge letters and also through a liaison with general practitioners.

"At Risk" Register

Children who are considered to be "at risk" of a handicap are kept on a separate register and details are given below:

CHILDREN 'AT RISK'

<i>Category</i>	<i>Number on register at 31st Dec. 1971</i>
Congenital abnormality ..	107
Family history of defect ..	20
Complication of pregnancy ..	60
" " labour ..	53
Post-natal factors ..	145
Symptomatic group ..	158
TOTAL	543

The total figure of 543 at the end of 1971 is considerably higher than the figure of 283 at the end of 1970. This increased figure is thought to be due to the fact that a full assessment of all the cases on the register was due early in 1972 with the subsequent removal of certain cases and transfer of others to the register of "Handicapped Children".

REGISTER OF HANDICAPPED CHILDREN

<i>Category</i>	<i>Number on Register at 31st Dec. 1971</i>
Mental Subnormality ..	30
Developmental ..	49
Cerebral palsy ..	16
Cardiac ..	28
Eye defects ..	10
Orthopaedic ..	29
Deafness ..	8
Epileptic ..	8
Other ..	32
TOTAL	210

The total of 210 shows a decrease from the total of 309 who were on the register at the end of 1970. But this is thought to be due to the fact, as explained above, that many cases were awaiting transfer from the "At Risk" register to the "Register of Handicapped Children".

In 1971, 143 children over 2 years of age were notified to the Principal School Medical Officer as handicapped and probably requiring "special education" in the future.

CHILD HEALTH CLINICS

Child Health Clinics have continued to provide a valuable health supervision for infants and the pre-school children. During 1971 there has been an increase in the regular and close contact between the staff of the local authority and the hospitals. This has mainly been achieved through an increase in the number of health visitors attending the paediatric out-patient clinics and hospital ward rounds.

Since July 1971 one group of general practitioners has been running its own well-baby clinics with the full support of a local authority nursing team.

During the year 1,687 child health sessions were held, of which 1,543 were conducted by medical officers and 144 by health visitors. In all there were 53,335 attendances by infants and pre-school children:

3,396 born in 1971
1,997 born in 1970
1,455 born in 1966-69

At these sessions routine immunisation and screening procedures were carried out, together with medical assessments and advice.

PHENYLKETONURIA

Phenylketonuria may be detected by the examination of fresh urine after the 14th day of life whilst the Guthrie test reveals an abnormal blood level of phenylalanine as early as the 6th day of life.

During 1971 4,910 babies had blood taken by heel-stab for the Guthrie test. A positive Guthrie test was found in 1 case whilst 2 other cases were for a time under hospital supervision for slightly raised levels which subsequently became normal.

HEARING TESTS

Routine screening tests for hearing were carried out by health visitors on 3,276 children. Sixteen children were referred for further investigations, 1 of whom was considered markedly deaf and 5 others had impaired hearing; an additional 3 were still under review at the end of the year.

Establishments for Massage or Special Treatment

Sixteen of the establishments registered in accordance with the regulations set out in the Nottingham Corporation Act 1952 renewed their licences in 1971.

Nursing Homes

There are two nursing homes registered with the Corporation catering between them for 37 medical and geriatric cases.

Nurses Agencies

Two nurses agencies renewed their licences to operate during 1971, but one of these closed down early in 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

"Although the numbers of treatments provided for pre-school children in the priority dental services of local authorities and the general dental services trebled between 1956 and 1969, the potential for further increase is apparent."

This quotation which is taken from the annual report of the Chief Medical Officer of the Department of Health and Social Security for 1970, generally reflected the situation in Nottingham during 1971.

The statistical table at the end of this report demonstrates the expansion in the number of visits for dental treatment by pre-school children and shows a fundamental change in the pattern of treatment provided. There is little doubt that the increase has been caused by the opening of dental surgeries in health centres and that this trend will continue in a modest fashion during the next few years as further centres are built.

However, the numbers treated represent only a tiny minority of those eligible and there is no evidence that the majority of parents seek anything but the relief of pain from the other available dental services. In Nottingham, a recent survey in the City centre area showed that an average child aged 5½ years had 4·2 decayed, missing or filled teeth. Since the average number of filled teeth was very low, it is highly probable that parents are unaware that their children need dental treatment, or more important still, that teeth which are no longer capable of restoration could have been saved had the child been taken regularly to a dentist before starting school. Thus, there exists a major communication problem, for although it would be impossible with current dental manpower to offer treatment to all who require it, surely the time has come to persuade more parents of the advantages of early dental advice.

With this problem in mind, a pilot scheme was begun in Clifton in October 1971, and a dental questionnaire was incorporated into the health visiting programme. I am grateful to the Chief Nursing Officer and her team for the enthusiastic way in which they have helped the project. It is still too early to evaluate the response to the scheme, but already 215 parents have been asked questions about their dental regime and all of their pre-school children offered advice and where necessary, treatment. If successful in Clifton, it will be applied to other parts of the City.

During the year, further information was published about the prevalence of rampant dental caries in very young children. In one London borough, 8% of those examined were found to have 10 or

more decayed deciduous teeth or advanced incisor caries. There is no reason to suppose that the situation is any different in Nottingham.

It is not generally appreciated that this painful and disfiguring condition is almost wholly preventable and that it is caused by the creation of a permanently hostile oral environment using sweetened comforters, dipped dummies and hollow feeders full of pre-sweetened milk or sugary, potentially erosive vitamin C concentrates. Evidence for their indictment is overwhelming, but it is not surprising that parents continue their use since they are made, by the weight of advertising of these supplements, to feel inadequate should they not conform.

In fact, the addiction of children to sucrose (for it is in this form that sugar is most dentally dangerous) begins at birth for those babies who are bottle fed, by the addition of sucrose to the milk. As the child grows older, parents are encouraged to supply a continuous stream of sweets, chocolate, ice cream, iced lollies and soft drinks between meals. Recent investigations have shown that those children whose early diet establishes a pattern of high sugar consumption, continue this pattern throughout life to their dental detriment.

Pleas to control sugar consumption and organised attempts to promote oral hygiene are alone not enough. Surveys show that the general public are reasonably aware of what they should do but do not do it. Perhaps this is because the dental profession is forced by the current approach to oral hygiene to adopt a negative attitude and that people grow quickly bored with "don'ts". More particularly, perhaps they become disillusioned because obedience of the rules does not guarantee a perfect nor even trouble-free dentition. Maybe the time has come to revise our approach and combine education with a policy of planned public health preventive dentistry.

By far the most significant form of prevention known at present is the highly contentious and controversial method of decreasing enamel solubility by the addition of fluoride to public water supplies to a level of 1 p.p.m. In Nottingham, as nationally, because many parents do not take their children to the dentist regularly (and indeed if they did there would not be enough dentists to treat them), do not ration their sugar supplies and do not insist on a reasonable level of oral hygiene following meals, the need for fluoridation is critical. Fluoride in our drinking water would reduce dental caries in future generations of children by half.

Other methods of prevention are under trial although it must be stressed that any future development will be as an addition to water fluoridation and not a replacement. The most logical development would seem to lie in "anti-sugars" in sweets and confectionery and indeed such a product is currently under test in Australia. Although it is early yet to claim success, the results of this and of other organic and inorganic phosphates in our daily diet are encouraging.

Dental disease is not inevitable and we have a duty to ensure that the general public is made aware of this so that through this awareness its scourge can be controlled, if not eliminated from every section of our society.

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

PART A—ATTENDANCES AND TREATMENT

	<i>Children 0-4 (incl.)</i>		<i>Expectant and nursing mothers</i>	
	1971	1970	1971	1970
<i>Number of visits for treatment during year:</i>				
First visit	356	305	65	51
Subsequent visits	383	196	174	165
TOTAL VISITS	739	501	239	216
Number of additional courses of treatment other than the first course commenced during the year ..	2	1	3	1
<i>Treatment provided during the year:</i>				
Number of fillings	407	248	100	70
Teeth filled	362	209	89	62
Teeth extracted	511	443	141	145
General anaesthetics given	269	212	25	25
Emergency visits by patients	185	183	18	15
Patients x-rayed	—	2	14	4
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	88	32	30	24
Teeth otherwise conserved	22	2	—	—
Teeth root filled	—	—	—	1
Inlays	—	—	—	—
Crowns	—	—	—	—
Number of courses of treatment completed during the year ..	153	118	43	35

PART B—PROSTHETICS

	1971	1970
Patients supplied with full upper or full lower (first time)	7	6
Patients supplied with other dentures	15	14
Number of dentures supplied	26	24

PART C—ANAESTHETICS

	1971	1970
General anaesthetics administered by dental officers	—	33

PART D—INSPECTIONS

	<i>Children 0-4 (incl.)</i>		<i>Expectant and nursing mothers</i>	
	1971	1970	1971	1970
Number of patients given first inspections during year	A 370	273	D 47	41
Number of patients in A and D above who required treatment	B 319	244	E 46	39
Number of patients in B and E above who were offered treatment ..	C 316	238	F 46	39

PART E—SESSIONS

	1971	1970
Number of dental officer sessions: (equivalent complete half-days) devoted to maternity and child welfare patients:		
For treatment	80	47
For health education	18	22



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PUTTING THE PORTAKABIN IN THE BACK GARDEN



By permission of the Nottingham Guardian Journal
RELEASING THE INJURED TRAIN DRIVER



THE FESTIVAL CHANNEL SWIMMERS



By Permission of the Nottingham Guardian Journal
THE HAUL FROM THE DRUG COLLECTION WEEK

THE NURSING SERVICES

BY

MISS PATRICIA M. MORTON

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Chief Administrative Nursing Officer

The Nursing Services in the City of Nottingham were faced with the 'challenge for change' in 1971. Over the past few years increasing emphasis has been placed on the development of primary health care teams and their role and place in a unified health service. The existing organisational pattern of home nursing, health visiting and domiciliary midwifery needed to be looked at afresh, against the background of the general practitioner service, if the semblance for the foundation of a viable team-work relationship was to be laid.

The concept of team-work is perhaps best expressed by an extract from a report of a sub-committee of the Standing Medical Advisory Committee, "The Organisation of Group Practice", published in 1971. "The general practitioner is increasingly being faced with problems which are a complex combination of physical, behavioural and social factors. He is also increasingly becoming involved in developmental assessment, preventive work and health education.

In order to do this adequately, he needs to work closely with and be supported by someone who has special training in preventive medicine, health education and some social work. There are advantages if the individuals who undertake this work have a medical background to their education such as that provided by a nurse's training. If a general practitioner is to deploy his skills to the maximum advantage, he needs the assistance of a nurse who can undertake the purely nursing aspects of medical care and to whom the doctor can delegate some aspects of his work which are within the capabilities of a nurse. Consequently, the general practitioner needs to work from the same building and in close association with nurses whose functions are similar to the present health visitor and home nurse".

This report vitalises current thinking for the direction of change and stresses the importance of flexibility in organisation and need for experiment over the next few years.

Our experiment is for the formation of nursing teams each relating their work to cover the population of patients registered with a small number of general practices. It seemed the quickest and simplest way, avoiding the long route of piecemeal attachment schemes. Within these teams nursing staff will be able to formulate plans for linking with single or group practices or developing relationships with doctors working from health centres.

Health visitors made the first move into team-work earlier in the year; it was not without some problems. In the main these were finding one's way around strange parts of the City and establishing

new relationships, but already there is a tendency for the sphere and scope of their work to widen. It was good to have the home nurses move more positively into the teams by the end of the year; but even before this the system of collecting messages from the chemist's shops and receiving all orders from central office was replaced by working from clinics or health centres. They began accepting new patients direct from the doctors and to undertake a wider range of clinical work on some practice premises. An initial move to join midwives into the teams was not very successful and the nursing officers undertook further analysis of the possible emergent situation. On paper and on dispersion maps it looked hopeful and the slight decline in work pressures made the move feasible by the end of the year. As home confinements continue a downward trend so will a midwife's important contact in the ante-natal period lessen unless she works closely with the general practitioner. For her to meet the mother in the post-confinement stage only would be a retrograde step.

What perhaps has been revealed during the year is that some doctors had little information about the way in which the nursing services operated. A really enthusiastic response from many general practitioners has still to be realised. Where facilities are lacking, such as in the West of the City, some nursing staff have found the team venture less promising. But all have co-operated magnificently and though not everyone is as yet convinced of the value of team-work few would deny that co-ordination of effort should enhance the effectiveness of care.

Nursing Management and the Mayston Report

In March 1971 the management team from the Department of Health and Social Security visited the Department to discuss progress with the revised structure. Some modifications to the original Nottingham scheme were proposed, mainly in relation to first-line appointments.

A further memorandum from the Department of Health and Social Security during the year has proposed changes in titles for the 3 levels of management which it is hoped will be put into effect in 1972. Our change to a multi-disciplinary middle management after a long tradition of functional organisation is not going to be achieved easily and it is also too soon to say yet whether each team will need to have a first-line manager as leader.

At present the Principal (or Area) Nursing Officers are still undertaking more functional management of the service with which they have been acquainted for so long but they are also gradually forming relationships with 4 of the developing teams in 1 area of the City. More duties have been allocated to nursing officers of whom 3 are home nurses, 4 health visitors and 2 midwives, who have control of a group of field staff. Some new methods to programme the work of the teams have been introduced or are being devised.

Community Experience for Hospital Nursing Students

Both the General Nursing Council and the Central Midwives Board have introduced a revised syllabus which has placed a greater emphasis on community experience for hospital nursing students. This will greatly extend the contribution of local authority nursing staff in providing practical instruction over a longer period and for more students. For the 6 weeks community option 8 students were accepted for the first course. Four centres in the City were selected as teaching bases so that a nucleus of staff would be involved in the pilot venture.

This City has always participated in providing facilities and opportunity for the education and training of district nurses, health visitors and pupil midwives.

In-Service Training

As well as attending the specified refresher course every 5 years the accelerated pace of change has emphasised the importance of keeping staff up-to-date in many spheres. Five nursing officers attended management courses and 6 staff attended a 2 day Family Planning symposium. Six district nurses followed a 2 week practical work instructors course and 1 health visitor was trained for field work instruction.

Several invitations were extended by the Nottingham and District General Hospital for staff to share in various study days.

Lectures, films, tapes and slides on many health topics were also arranged during the year.

The hospitals also helped to keep staff up-to-date and health visitors and district nurses were invited to attend the geriatric out-patients, day hospital and assessment unit for half day sessions.

Liaison with Hospitals

The links between hospitals and community are becoming stronger. There are liaison arrangements with the geriatric hospital, paediatric wards, maternity wards and the special care unit for infants. One pilot scheme which may prove of great value was introduced toward the end of the year; ward sisters at the Sherwood Hospital are completing nursing care reports which go direct to the district nurse for any patient needing home nursing care on discharge.

HOME NURSING

Each year shows an increase in the number of new cases referred to the Home Nursing Service and this year was no exception; nor is it likely to decline in the foreseeable future as both population trends and closer working relationships with general medical practitioners point to a higher usage of the nurses working in the community. The increase this year was also reflected in an increase of patients in a younger age group; this rise includes those treated in health centres or the doctors practice premises and their discharge to

centres of patients from hospital. Post-operative care in cases of appendicectomy, herniotomy and ligation of varicose veins, for example, has made more demands on nursing time and increased the use of pre-packed equipment. But this is a welcome trend, adding variety to the daily round and using nursing skills in the community to good advantage.

For the first time in 1971, nursing aides joined the staff to assist the trained staff and to undertake some of the routine work such as bathing the elderly and infirm, washing their hair and giving other personal attention. This welcome help has enabled the trained nurse to give more time to the very ill.

Nursing Equipment

The number of walking aides issued doubled, the demand exceeding supply, as did also the requests for beds and commodes. It seems that the trend or the "in-thing" is to have a commode! It was anticipated that the need for this insanitary outmoded toilet would diminish as new houses and flats with indoor modern conveniences replaced older properties which had outside lavatories. However it appears that patients are not encouraged to leave their bedside to travel the short distance to an indoor toilet and constant pressure to provide and maintain this unhygienic method continues though it is not always in the best interest of the patient.

Some new items of equipment have been purchased, the provision of which enables some patients to be nursed at home instead of in hospital. Ripple beds have added greatly to the comfort of bed-ridden patients and to the prevention of bedsores, particularly for the person suffering from disseminated sclerosis or other debilitating disease.

The provision of 4 Ripple seat cushions, battery operated for wheelchair use, by the Nottingham & Nottinghamshire Darts Association was much appreciated. For patients confined to wheelchairs all day the Ripple action prevents pressure on vital points giving great ease and relief from pain. A suction apparatus, also donated by this Association, has been in constant use for acutely ill patients needing regular suction such as a tracheostomy case.

Requests for incontinence pads and rolls has doubled this year due to both the increase in new referrals and the demand from other agencies to supply larger quantities to necessitous cases. This also affects collection of soiled material for disposal by the local authority. Provision is being made in the current estimates to deal with this problem by providing a more frequent service both for collection and for the delivery of heavy equipment to the home. There is no doubt that use of incontinence pads offsets the need for excessive use of bed linen and laundry service.

Auxiliary and Marie Curie Service

Towards the latter half of the year it was necessary to curtail the amount of care given to patients by the night sitter service. This was due entirely to shortage of staff. It is extremely difficult to recruit

staff to undertake the care of sick patients in their own homes. The type of person needed for this special work needs to be totally dedicated to the care of the patient, a specialist in basic nursing needs, capable of giving tender care to those in need. Such people are rare.

Under the Auxiliary Service 45 patients were helped at night, a total of 114 visits were made covering 1,010 hours.

The Marie Curie Night Sitter Service helped 86 patients, a total of 372 visits, covering 3,306 hours.

Staff and District Nurse Training

Four SRN's and 2 SEN's joined the staff during the year: 6 SRN nurses resigned and 2 retired, 1 on medical grounds. Two full time and 3 part time nursing aides were appointed and the staff establishment was up to authorised strength at the end of the year.

Leave of absence for sickness amounted to 1,111 days; maternity leave 546 days and unpaid leave 109 days, a total of 1,766 days. This was considerably more than the previous year and was mainly due to an excess of maternity leave, the actual sickness rate being slightly less. One full time and 1 part-time member of staff were unfortunately off sick for a major part of the year. A temporary member of staff was employed in an attempt to keep up essential staff levels.

Essential and casual car users allowances were not increased in the 1971 estimates but 2 extra allowances were temporarily transferred from the health visiting service to enable as many as possible to accomplish their visiting rounds more efficiently. A new mini-van replaced the 1 which had been in use for nearly 10 years. A few nurses still use either scooters or cycles.

Two courses of training for the district nurses certificate were held during the year. A total of 24 SRN's and 5 SEN's attended and all were successful in the examinations and were awarded the National certificate. Seventeen of these students were sponsored by neighbouring authorities.

MIDWIFERY

Although there was an increase in the number of births in the City the number of confinements taking place at home was 109 less than in 1970. This averaged about 50 for each full time domiciliary midwife. The work entailed in the pre and post-natal care for hospital confinements is estimated as the equivalent of an average of at least 23 home confinements for full and part-time midwives. Although there was a slight overall fall in the volume of work which reflects the national trends for domiciliary midwifery it was still a very busy year for the service. Towards the end of the year the midwives began the change from geographic areas to working more closely with a small number of general practices.

The work of the special after-care service for pre-term and low weight infants increased; more infants received initial care in the special units. Close follow-up by experienced staff is of great importance for this high risk group who receive such intensive care during the first few days or weeks of life.

	1971	1970	1969
Premature babies born at home	58	50	80
Subsequently removed to hospital.. ..	22	30	31
Discharged from hospital for domiciliary care	472	384	260
Visits paid during the year	5,639	5,415	3,706

The Guthrie test, which is carried out on all infants, revealed 1 positive result. Coincidentally this child is visited by the same health visitor who supervises the previous case.

Relaxation and parentcraft classes continue to be quite well attended. Fourteen evening sessions were also held at 3 centres to enable husbands to be present and join in discussions.

It would seem that fewer students are coming forward to complete the certificate of the Central Midwives Board; 12 less than in 1970. A pilot scheme to try out the revised teaching programme, to be put into full effect in 1972, was implemented successfully with midwives and health visitors co-operating to provide guidance and instruction for the pupils who now continue to visit during the neo-natal period of 4 weeks and prepare 3 such case studies for the examination.

At most times during the year staffing was slightly below establishment but prospects were brighter than in the previous year as only 5 left the service and 6 were appointed leaving 1 vacancy to be filled. Sick leave amounted to a loss of 410 working days.

DISTRIBUTION OF PRACTISING MIDWIVES AT THE END OF THE YEAR

	1971	1970
Domiciliary Service ..	43	39
City Hospital ..	40	48
Firs Maternity Hospital ..	19	16
Women's Hospital ..	28	32
Highbury Hospital ..	19	18
Nursing Homes and Agency Midwives ..	24	2
Private Practice ..	—	—

HEALTH VISITING

An analysis of the visits undertaken by health visitors shows the trend of the changing pattern of her work. The fall in actual visits is reflected mainly in the revisits of the 2-5 year old group and not in primary visits to the under fives. First visits to both the elderly and

mentally disordered increased as did special enquiry visits, often connected with research and surveys. First visits carried out at the request of the hospital or general practitioner were twice as many as in previous years. The change from geographic areas to team work caused some disruption as it was necessary to make a major transfer of record cards and compile new lists which synchronised with general practitioners. A quarterly check on the statistical returns showed that the decline in the number of home visits was greater in the 3 mid-year months at the time of the change over and they were rising again in the last quarter of the year with the new pattern of visiting emerging. There were 1,571 fewer "no access" visits.

Premises attached to 1 group practice opened during the year. Two health visitors, along with 4 home nurses and 2 midwives, related their work to this practice of 4 doctors. The first Child Health sessions where general practitioner and health visitor worked together with the full time midwife and clinic nurse occasionally joining them were started and also some health education sessions. The staff were also involved in providing an insight into the work of the nursing services for medical students allocated to this practice. We are learning a lot from this particular working relationship; the co-operation and friendly disposition of the doctors enables us to learn much more easily from any mistakes we make in pioneering days.

There was a slight improvement in staffing level during the year. Four sponsored students were successful in gaining the health visitors certificate and joined the staff in September. One full time and 1 part-time took up appointments and also a second nursing officer. There were 3 resignations, all for domestic reasons. Sick leave accounted for 326 days with surgical operation being the main cause for absence.

THE HEALTH VISITOR TRAINING COURSE

BY

MISS DAISY T. HOGG, Tutor

S.R.N., S.C.M. & H.V. Tutor Cert.

The year under review saw the commencement in October of the 25th and last session of the course to be run under the joint auspices of the City of Nottingham and County of Nottinghamshire Health Departments. Arrangements have been made for the establishment of a new course in the Trent Polytechnic and September 1972 will see the end of the last session under the old regime and the beginning of the first session under the new.

The 1970/71 Session, the 24th, ended in September 1971. There were 15 students on the Course:

- 7 sponsored by Nottinghamshire
- 4 sponsored by Nottingham
- 2 sponsored by Derby
- 1 sponsored by Derbyshire
- 1 sponsored by Lincoln

All students completed the session and passed the final examination. Miss M. O'Dowd received Commendation for Paper III, "The Social Aspects of Disease" and Credit for Paper IV, "The Principles & Practice of Health Visiting". Miss R. Taylor received Commendation for Paper IV. All students were granted the Certificate of the Council for the Education and Training of Health Visitors.

We owe a debt of gratitude to the many people who have assisted us in the Course and these we gladly give:—to our lecturers, who appeared tireless in their teaching; to colleagues in other Services, who helped with field work; to the Heads of Schools and other institutions, who have received us on visits; to the Director and staff of the Adult Education Department for our comfort and well being in the Department; and lastly and particularly to our Health Visitor Field Work Instructors, without whose very responsible work any Health Visitor Course literally could not go on.

Mrs. M. J. Davis, a health visitor tutor student from Bolton College of Education (Technical) spent 10 weeks teaching practice with us. We learned with pleasure that Mrs. Davis completed her Course successfully and is now with the Nottingham School of Nursing and is responsible for Community Care teaching.

Because the session which began in October 1971 was the 25th and the last under the auspices of the Nottingham and Nottinghamshire Health Departments and because by the time of the next Annual Report, the event of the change will be 'water under the bridge', it might be fitting to look back briefly.

The Course was started in October 1947 and was the result of deliberations between the Ministry of Health, the University College of Nottingham, Nottingham City Council and Nottinghamshire County Council. The Course was situated at the University College at Highfields and the conduct of the course was the responsibility of a Board of Studies (or Joint Committee). The Course was a 1 year course and was to run for an experimental period of 5 years. It continued so for the 5 year period, during which successive groups of students appreciated the facilities given by the College and the beautiful surroundings. The College became a University in 1948. Unfortunately, and in the light of future developments in training it really was unfortunate, the University decided to discontinue a number of short non-graduate courses and the Health Visitor course was one of them. In 1952 the University withdrew from responsibility for the Course. However Nottingham City Council and Nottinghamshire County Council decided to continue and accommodation was found at the University Department of Adult Education in Shakespeare Street. This Department was welcoming, even if non-participating, and still houses the Course. University lecturers who had assisted formerly, continued to do so and we still have considerable help from the University teaching staff.

When the Course began in Nottingham there were only 16 other training centres; by 1949 there were 22 and in 1962, when the Health Visitor and Social Work Training Act established the Council for the Training of Health Visitors, there were 25 recognised Courses, not including the 3 Courses in Scotland.

The Council for the Education and Training of Health Visitors has since its inception firmly promoted the siting of Health Visitor Courses in educational institutions. Some of the earliest Courses were so placed and only 7 of the 16 centres listed in 1947 were entirely Health Department Courses, though many of the others had very high health department involvement.

Of the 37 post registration courses in being in 1971, 24 are in technical institutions of various kinds—mainly Polytechnics, 7 are in Universities, 5 are with Health Departments and one in the Royal College of Nursing. In addition, there are 3 degree and 3 integrated nurse/health visitor training courses in Universities and Polytechnics.

It would seem not inappropriate, therefore, that from 1972 the new home of the Health Visitor Course in Nottingham will be in the Department of Liberal Studies in the Trent Polytechnic, where it will, we feel sure, develop and prosper.

MEDICAL CARE IN THE COMMUNITY AND LIAISON WITH THE SOCIAL SERVICES DEPARTMENT

BY

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

Principal Medical Officer

In April 1971 the new Social Services Department came into full operation. As a result of the establishment of this department the supervision of the mental health workers and the home helps passed from the Medical Officer of Health to the Director of Social Services, and in addition the Medical Officer of Health was no longer responsible for the registration and supervision of day nurseries, playgroups and child minders.

Although much of the provision of services in the community for the elderly, and particularly the psycho-geriatric person, now rests with the Director of Social Services, the Medical Officer of Health, through the nursing services provides nursing care in the home. Many elderly persons are dependent upon a supply to and collection from their own homes of incontinence pads and towards the end of 1971 a detailed survey of the incontinence pad service was carried out. As a result provision has been made in the estimates for 1972/73 to expand this service and make its running more efficient.

The provision of an after care service following tuberculosis is still the responsibility of the Medical Officer of Health and details are given on page 74.

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 62, from 4,808 in 1970 to 4,870 in 1971, and there was an increase in the number of treatments given from 23,227 to 24,242. Of the 24,242 treatments given, 2,360 (9.7%) were carried out in patients' own homes and 359 in old people's homes. 4,816 patients were aged 65 and over, 4 were expectant mothers and 50 were handicapped persons under the age of 65 years.

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

LIAISON WITH THE SOCIAL SERVICES DEPARTMENT

The Medical Officer of Health is the appointed medical consultant to the Social Services Department and the Principal Medical Officer acts as his medical liaison officer to both the Social Services Committee and COG II.

Many of the problems that are met in the community are medico-social in nature and during 1971 a firm liaison was established with the Social Services Department. A good example of this is the co-ordinating meetings on problem families which were formerly

convened by the Children's Officer but are now convened by the Director of Social Services, where all workers who are involved with a particular family can, by means of discussion and an exchange of ideas, try to help the family. These meetings are held regularly every fortnight and, for example, a family with a battered baby problem could be discussed at this meeting.

During 1971 a scheme was agreed between the Medical Officer of Health and the Director of Social Services regarding advice to be given on community health at residential establishments (old people's homes and children's homes), Nuffield House, the Adult Training Centre and the day nurseries. Departmental medical officers routinely visit day nurseries for the purpose of medical assessments of the children and the carrying out of immunisation procedures. Health visitors also visit day nurseries in order to observe the development of the children and to screen for various defects, e.g. hearing loss.

THE BATTERED BABY SYNDROME

The general background picture to this syndrome was given in the 1970 annual report. During 1971 11 further cases of actual baby battering came to light and also a further 19 families where there was considered to be a risk of a child being battered.

In April 1971 an assessment was carried out by the Medical Officer of Health and the Principal Medical Officer into the numbers of battered children, or those at risk of battering. It was found that whilst there were 13 children under 5 years of age who could definitely be considered to be battered babies, there were a further 50 children, some of whom were over 5 years of age belonging to 19 families, who could be considered to be "at risk" of battering. This report was published in "Community Medicine" of the 20th August 1971. By the 31st December 1971 there were 24 children under 5 years of age belonging to 16 families who were considered to have been battered and a further 53 children all under 5 years of age, belonging to a further 38 families, who were on the "at risk" register. During the year a close liaison was maintained regarding all these families with the Social Services Department, the general practitioners and the hospital consultants, and much supportive work was done by the field workers.

RENAL DIALYSIS IN THE HOME

Case I

In March 1971, a request was received in respect of a patient living in a Corporation house in Clifton, who was undergoing treatment for renal failure in hospital at Sheffield. A joint survey by the Estates and Health Departments together with a hospital representative found that neither conversion of an existing bedroom nor an extension to the property were practicable. Because of the patient's transfer to the Renal Unit in Derby 2 months elapsed during which time the question of home dialysis was not pursued. Subsequently a report was made to Health Committee in July 1971, recommending

the provision of a Portakabin to house the dialysis equipment at the rear of the property. The estimated cost was £1,150 and a supplementary estimate of £900 was sought and obtained. The half charge to the patient was waived by the Health Committee in this case because of his financial circumstances following illness and consequent loss of earnings.

The Portakabin was ordered in mid-July and delivery was made on the 27th September 1971. The photograph between pages 60 and 61 shows the unit being swung over the housetops by crane before lowering into the garden behind the house. In mid-September, the patient received the offer of a suitable donor kidney and a renal transplant operation was carried out some days before the Portakabin was delivered. It was retained at the home until the outcome of the operation, performed in Sheffield, was known. At first the renal graft appeared to take and the patient made good progress during the first 3 months. Complications set in during the fourth post-operative month and the patient died early in 1972. The Portakabin was removed to storage.

Case II

A second patient became eligible for home dialysis in August 1971, and the Health Committee agreed to contribute to the cost of building an extension to the property to provide a room for renal dialysis. The total cost was £1,858, of which only £1,697 was in the original agreed estimate, the remainder being extras required by the patient. Of the agreed sum, the Corporation undertook to pay half, the other half of the cost was to be borne by the patient. A further supplementary estimate of £848 was requested and obtained for this amount. It was also agreed that the Corporation's half share of the cost should be a legal charge on the property for 5 years. The extension begun on 1st November 1971 was due to be completed in mid-January 1972, when the patient would be ready for self-dialysis at home.

3 Year Programme

During the year, the Sheffield, Derby and Nottingham Units were asked to estimate the likely annual incidence of cases for home dialysis between 1972 and 1974. A figure of 3 to 5 patients annually was given for the City of Nottingham. Based on this number and on the experience of the expenditure described above, it was decided to put the sum of £6,000 in next year's estimates to cover future costs.

COMMUNITY MEDICAL WELFARE

BY

MRS. DOROTHY L. FREEMAN

There has been a staff change during the latter part of the year, a new Community Medical Worker was appointed in December to replace one who had resigned.

Present day society is experiencing social change at an unprecedented rate and this is reflected in the wide range of cases undertaken by the two community medical workers of the Department during the past year. The casework covered many aspects of the financial and emotional problems which tend to result when ill health affects one or more members of the family.

The following are among the main groups visited:—

- (a) 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 rehousing on medical grounds.
- (b) referrals are received from Forest Dene Chest Clinic for supportive and material help for patients suffering from tuberculosis and other chest conditions.
- (c) direct financial help to patients 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 community medical worker who often continues to give supportive visiting to the dependents following the death of a patient.
- (d) the medico-social problem group can often be related to group 'B' above, this group forming a large proportion of the community medical workers caseload.

Convalescence

The provision for convalescent holidays under Section 28 of the National Health Service Act 1946 was transferred to the Social Services Department in April 1971.

In helping patients to cope with the new demands made upon them by sickness, this small but necessary medico-social work section continued to play an active role in the early detection and prevention of social problems associated with ill health. They dealt with a variety of problems in which their prime function was to ensure that the patient was fully provided for, thus forming an important liaison link between professional and voluntary organisations and services within the framework of community care.

The trend of the future would appear to be towards more intensive community care and the medico-social section look forward to a still more active role when the new development structure comes into being.

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

The community medical workers continued to administer the grants provided by the National Society for Cancer Relief to patients suffering from malignant disease. These grants, usually of £1 per week, continue until the patient recovers sufficiently to return to work or until his death. Annual reports are submitted to the Society on the medical and social change or condition of each patient. Relatively few referrals for advice 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.

Thirty one patients were being helped by the National Society for Cancer Relief, through this Department, at the beginning of 1971, a further 30 new patients were referred during the year, and by 31st December 40 patients were in receipt of help, making a total of 61 patients who had been helped by the National Society. These figures showed an increase from the previous year.

The financial help provided by the National Society for Cancer Relief, covered the special nursing needs, with attention to nutrition, hygiene, and the relief of pain or discomfort. Because cancer brings extra hardships the National Society can relieve the situation by providing special grants for bedding and fuel, on 3 occasions they have paid outstanding bills, and on 1 occasion helped with an urgency for convalescence. During the month of August, 3 children under the age of 12 years died from leukaemia, one of the saddest diseases of childhood, the parents were generously helped by the National Society.

The community medical workers visited each patient regularly, usually every fortnight, treatments are often long and emotionally draining, therefore special attention was paid to patients who were lacking the support of family or friends. Supportive visiting was often continued to the remaining family after the death of a patient, such cases, usually demanded a great degree of sympathetic understanding until they were adjusted.

TUBERCULOSIS AND THE SOCIAL PROBLEM GROUP

There was a slight decrease in the number of notifications of persons suffering from tuberculosis, of a total of 108 notifications, 82 were classed as respiratory, and 26 other forms were noted. Referrals from Forest Dene Chest Clinic increased this year; details of these referrals, together with general enquiries, are included in the table below. Six patients were assisted with fares to Ransom Hospital, patients were visited in their homes or seen at this Department according to their needs and wishes. Continuing support was necessary for many patients now discharged from the Chest Clinic, ensuring rehabilitation within the community after hospitalisation.

<i>Type of Assistance</i>	<i>Cases Brought Forward</i>	<i>New Cases</i>	<i>Total</i>
Financial and general advice	19	117	136
Referrals to Social Services	—	34	34
Clothing provided	3	21	24
Referrals to other agencies	5	17	22
Referrals to Health and Social Security ..	6	10	16
Domestic (including Home Help Service and other help)	3	11	14
Housing T.B.	9	3	12
Referrals to home nursing	1	7	8
Provision of bedding	1	6	7
Employment and training arrangements	1	4	5
Milk at reduced rate	1	—	1
Totals	49	230	279

The co-ordinating committee of statutory and voluntary social services, established to consider problem families, met on 28 occasions during the year, when 209 case conferences took place on 187 families. Of these cases, 118 were considered for the first time, and they were referred by 9 different agencies as follows:—

Department of Health and Social Security	1
Education Department	3
Housing Department	3
Housing Rents (City Treasury) ..	97
Medical Social Workers. (Hospitals) ..	3
N.S.P.C.C.	1
Probation Department	3
School Health Service	2
Social Services Department	5
	118

These figures show a slight decrease, 118 families being referred for the first time, compared with 121 families during 1971.

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

Case I

Widow, aged 37, with one child, became incapacitated through bronchitis and asthma. A chest physician referred her to this Department, as it was believed that financial worries were impeding her response to treatment. Supportive visiting and financial advice reduced the current tension, and within a few months she was able to resume work.

Case II

Spinster, aged 81, with failing eye-sight suffering from cancer of the pancreas, resulting in diabetes, was referred by the health visitor for financial advice. This elderly lady was discharged from hospital after 4 months; she was in need of special clothing and dietary foods. The National Society for Cancer Relief and Department of Health and Social Security were contacted and considerable financial help was given, enabling the patient to retain her independence and live alone in her own home. Frequent supportive visiting is still given to this courageous person.

Case III

Man, aged 68, living in drab, social isolation, suffering from bronchitis, was referred to this Department by the Chest Clinic. Home Help was arranged, also W.R.V.S. contacted who supplied meals-on-wheels, clothing and blankets. This man eventually regained sufficient confidence in himself to join the local community association where he still takes an active part. He now contacts this Department when in need of advice.

Case IV

West Indian couple with seven children, the father, aged 39, was confined to bed with advanced inoperable cancer. Considerable debts had accrued before this family were referred by the Home Nursing Service. With the help of the National Society for Cancer Relief and the Department of Health and Social Security these debts were cleared before the father died.

Case V

Mother, aged 29, deserted by her husband, leaving her to care for their 5 year old daughter suffering from leukaemia. Considerable financial help was given by the National Society for Cancer Relief to provide bedding and nourishing foods for the child until she died. Daily supportive visiting was given to the mother in her time of need, and continued until she was adjusted sufficiently to obtain work.

Case VI

Mother, aged 30, with one child, suffered from a nervous complaint, had multiple marital problems, and was ill-treated by her husband, came into the Department in a distressed state needing information on how to obtain a divorce. In view of her health she was advised to see her general practitioner, also on how to seek legal advice. The husband, who attended the Chest Clinic was difficult and for a time refused to co-operate. This couple, have been visited regularly in an effort to help them sort out their financial and emotional problems, in the hope that a reconciliation may be effected.

Case VII

Father, aged 41, partially blind, suffering from a chest complaint, was referred to this Department by a chest physician. The man's wife had left him, there were 5 children under 6 years to support, girl 16 years was pregnant, in addition the husband was made redundant from his work. The children fretted for their mother, and waited on the street corner for hours on end looking for her, even after a television appeal she did not return to them. Daily supportive visiting, including the weekend was given to this family by the community medical worker. Financial problems were sorted out, and eventually the mother returned. The couple are endeavouring to stay together for the sake of the children. Supervision has been maintained.

REQUESTS FOR PRIORITY REHOUSING ON GROUNDS OF ILLHEALTH

Requests for priority rehousing on medical grounds showed an increase during the year, there were 591 requests during 1971, an increase of 12 over the figures for the previous year. Of these requests 155 were recommended by the Medical Officer of Health and subsequently approved by the Housing Committee,

Recommendations were made on behalf of tenants of privately owned property who would not under normal circumstances be eligible to be rehoused by the Corporation or to register on the housing waiting list. Applications normally were accompanied by a recommendation from a hospital consultant, or a general practitioner. In exceptional cases the recommendations 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 community medical worker.

Table I on page 123 illustrates the nature of the illness or disability of those who were recommended for priority rehousing, and demonstrates the number of elderly people suffering from respiratory, rheumatic and cardiovascular complaints, which formed the majority of recommendations to the Housing Committee. During the year the community medical workers visited a total of 436 houses and on each occasion prepared a full social report on the home circumstances. In the case of the elderly who were not eligible for priority rehousing on medical grounds but who were living in poor conditions, they were advised to register on the Corporation waiting list for those over 70 years.

The elderly community is basically a fixed income group whose members do not spontaneously move from low rent sub-standard property to better accommodation at much higher rents. Even when illness demands a more modern dwelling old people dislike a change of environment and the attendant change in neighbours and familiar surroundings they have known for a quarter of a century or more. This particular group are usually recommended for warden-aided accommodation.

When the problem was over-crowding or complaints of dampness, structural deficiencies, or rodent infestation, it was duly referred to the Chief Public Health Inspector for investigation. Table 2 on page 123 illustrates the areas which appear to have the most pressing housing problems.

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 1971 was 60,549, an increase of $5\frac{1}{2}$ thousand on the previous year. This figure includes meals supplied to the Welfare Services Occupational Centre.

LUNCHEON CLUBS

The total number of these clubs is now 16, an increase of 2 since last year. Meals provided numbered 16,045, almost 500 more than last year.

OLD PEOPLE'S VISITING SCHEME

20 W.R.V.S. Members visited 22 elderly persons in their homes, in addition to visits to hospital patients.

CLOTHING

6,862 garments were issued to 1,331 needy people from the W.R.V.S. Clothing Store during 1971.

TROLLEY SHOPS IN OLD PEOPLE'S HOMES

W.R.V.S. Trolley Shop service continues to operate in 12 Old People's Homes in the City.

BOOKS ON WHEELS

W.R.V.S. Library includes 7 schemes in various areas in Nottingham, providing books for the elderly and the housebound.

HEALTH EDUCATION SECTION

BY

THOMAS P. FLAHERTY, M.R.I.P.H.H.

Health Education Officer

In September 1971 the city appointed its first Health Education Officer. An appointment that has been long neglected bearing in mind the City's health problems, particularly the increase in sexually transmitted infections over the past few years.

Before programmes could be formulated the first task was to assess the overall needs and priorities and to make contact with all the agencies who would help with public education in this important sector of preventive medicine. Outlined below is the progress made, and the priorities.

THE NURSING SERVICES

This section of the Health Department already plays a major role in the health education programme of the City. Health visitors in particular carry out a great deal of health education teaching at maternal and child welfare clinics. It is to be expected that their range of activities will be extended to include more work in this and other fields, to this end in-service training courses in visual aids and communication techniques are to be run.

SCHOOLS

The young in the class room situation are an obvious target for large scale health propaganda, up to now health education in this environment has not been consistent with an overall policy. It is hoped to remedy the situation by running courses for teachers built around a syllabus which has been drawn up by the Education Advisory Committee on Health Education. The syllabus will include talks and discussions on smoking, alcoholism, drug abuse, personal relationships, contraception, abortion and the venereal diseases, the programme to be aimed at the 14-15 year age group.

This department will provide the visual aid material and specialist advice as required.

COLLEGES OF EDUCATION

Although the colleges do some health education, it is felt that teachers in training ought to receive much more factual help particularly on subjects such as the sexually transmitted diseases. To this end it is hoped to be able to persuade the college authorities to include a wider course to all students in their syllabus starting in the academic year 1972.

SEXUALLY TRANSMITTED INFECTIONS

As will be seen from Dr. Bittiner's report there was again an increase in the number of venereal disease infections treated at the

clinic in 1971. Extensive discussions on ways and means of educating the public have taken place with many agencies, both medical and lay, e.g. V.D. Clinic, Education Department, Factories, etc. In the light of these discussions it was decided that the campaign against these infections should be directed at:

- (a) the promiscuous girl who is often unaware of being infected and is a reservoir for this group of diseases.
- (b) the 14-30 age group who because they are the most sexually active make up the bulk of patients.

Problems have been raised, the largest one being clinic facilities which at the present time would be swamped by even a 10% increase in patients, which could be the least expected initially following the start of the campaign. The position will be eased by the opening of the new clinic at the General Hospital which is due in September.

The campaign will consist of an exhibition in which the signs, symptoms, spread and treatment of venereal diseases is backed by a press and poster campaign. It is hoped to tour large factories, colleges, and public places in the City with the exhibition.

FAMILY PLANNING CLINICS

A publicity scheme is being planned to coincide with the opening of the Corporation's scheme due to start after April 1972.

CYTOLOGY CLINICS

Although the clinics are already well attended, many women are still unaware of the facilities available and the purpose of the clinics. It is to this end that a poster campaign will be used in factories, clinics and other sites visited by the general public.

Next year it is hoped that the results from the above mentioned campaigns, particularly in the field of the sexually transmitted diseases, can be evaluated. It is anticipated that there will be an initial rise in the numbers attending clinics for diagnosis and further, attending at an earlier stage, this will allow contacts to be traced sooner and thereby reduce the potential sources of infection.

AMBULANCE SERVICE

BY

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

Chief Ambulance Officer

The events of 1971 made it the most important year in the history of the City Ambulance Service. The report on the future development of the Service referred to in more detail on page 7 resulted in an immediate increase of 6 vehicles and authorisation to purchase a further 6 in a year's time. The appointment of an administrative assistant will enable the senior officers to spend much more of their time on operational duties. The building work referred to in last year's report commenced in the autumn and is now nearly completed. The works will provide much-needed additional space for the operational staff and vehicles. As a result of the expansion of the fleet, further proposals have been included in the Capital Budget, starting 1972/73, to provide yet more vehicle accommodation and offices for the administrative and clerical staff.

The work of enlarging the control room was finished early in 1971, giving room for the installation of the teleprinter link, with the General Hospital. This link was formally inaugurated on the 12th November during a ceremony presided over by the Chairman of the Health Committee in the presence of members of the Health Committee and of the Nottingham University Hospital Management Committee. A similar link with the City Hospital, envisaged for next year, is being discussed with representatives of the Nottingham and District Hospital Management Committee. Opportunity is taken at this stage to express to both these Management Committees, as well as to Trent Vale H.M.C. grateful thanks for the combined efforts made during the year at achieving better co-ordination and co-operation. Several meetings have been held in an atmosphere of sympathetic understanding of the difficulties facing all concerned.

Many difficulties were met in the discussions of the Joint Productivity Committee, but some progress was also made, and it is hoped that a viable and acceptable scheme may soon emerge. The Joint Staff Management Committee has met quarterly and has contributed in no small measure to the improved relationships between employees and management. The constitution and scope of the Committee is under discussion as a result of the guidance published by the Ambulance Service Advisory Committee.

VEHICLES AND MAINTENANCE

Delivery of the 5 replacement vehicles ordered from N. Hanlon Ltd., Southern Ireland, in 1970 was considerably delayed and the fifth vehicle arrived only in December. They are, however, pleasant vehicles, both in looks and operation. Six replacement vehicles for 1971/72 were ordered from Wadham Bros. of Portsmouth and delivery is expected early in April. The new estate car ambulance ordered from Lomas Bros. was delivered in December.

Maintenance of the fleet has caused some concern and following discussions between the Health and Transport Departments additional maintenance staff will be based at Beechdale next year. It was also agreed to look into the possibility of renewal of vehicles on a mileage basis. The average annual mileage per vehicle is 18,500 and is increasing yearly. The 4×20-seater coaches acquired for the transportation of Mapperley and St. Francis day patients have proved invaluable. Some minor modifications have been carried out on 1 and it is hoped that the rest will be dealt with in 1972.

PATIENTS—MILEAGE

Once again patients carried show an increase—6·2%—over the previous year, the total being 217,950 as against 205,203 in 1970. Mileage shows an increase of 4·6%, the total being 736,925 as against 704,262. The highest number of patients carried in 1 day was 900, on 11th May. Emergency calls still disorganize carefully pre-planned journeys and in this field there seems no solution. The mileage figures, especially on long-distance journeys, were kept in check through co-ordination with neighbouring authorities. Both the General and City Hospitals were visited by the Health Committee to gain first-hand knowledge of the extent to which the service was being used.

LONG-DISTANCE JOURNEYS

Out-of-town journeys totalled 609, including 355 to Derby and 130 to Sheffield, mainly for brain and renal investigation. Initial journeys to these centres were invariably followed by journeys for treatment.

EMERGENCY CALLS

There were 11,252 calls during the year as against 11,008 for 1970. The highest number of calls in one day was 58 on the 24th December 1971. The service again attended multiple accidents on the M1 under the mutual aid call scheme. Several major fires were also attended and on the 16th December the service was at the scene for 21 hours after a rail accident involving a mail and a goods train. A letter of appreciation was received from British Rail.

OPEN DAY AND VISITS TO HEADQUARTERS

The open day at Beechdale again attracted considerable numbers of visitors, but it is felt that the Festival, held at Wollaton Park, which now appears to be becoming an annual event, could be used as a means towards greater publicity and increased awareness of the service provided.

During the annual inspection by the Committee a simulated road traffic accident was staged in the Wollaton area. Members were taken by ambulance to the scene and saw the 3 emergency services working together to release a trapped person. So realistic was the incident that a crowd gathered and a local doctor hastened to the scene to give assistance.

Visits to Beechdale have been curtailed this year due to the building of the new block. However, it is hoped that the new year will attract even greater numbers when the work is completed.

TRAINING OF STAFF

Training of staff is progressing satisfactorily and favourable reports are being received from the regional school at Leicester. The Department of Health and Social Security recommended during the year that ambulance personnel should receive refresher courses of a 10-day duration and allowance has been made in the 1972/73 estimates to enable this to be carried out. Liaison in training with the City Fire Brigade is still excellent and this brings the 2 services closer together. Mr. J. A. Wilson, who was acting training officer, qualified at the Wrenbury instructors' school and was appointed training officer in June 1971. Circulars were received from the Department regarding the conveyance of dangerous substances by road and hazards connected with radiation and instruction in these matters will be dealt with in the coming year. The use of Entonox is also being considered.

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
1971	39	100	217,950	736,925

WORK LOAD DURING 1971

				<i>Patients</i>	<i>Mileage</i>
Emergencies	..	..	..	11,252	67,338
Admissions	..	..	..	11,592	95,816
Discharges	..	..	..	12,552	93,948
Out-patients	..	..	..	182,314	457,557
Unclassified	..	..	..	240	4,464
Non-service	..	..	..	—	17,802
Total	..	..	..	217,950	736,925

ENVIRONMENTAL SERVICES PUBLIC HEALTH INSPECTION

BY

ROYCE YOUNG, M.B.E., F.R.S.H., F.A.P.H.I.

Chief Public Health Inspector

GENERAL

By the end of the year, the staff of public health inspectors was almost at full strength. The approved establishment was 53, comprising 24 public health inspectors, 11 technical assistants, 3 authorised meat inspectors, 8 clerks and 7 manual staff. At the beginning of the year, there were 7 vacancies for public health inspectors, 5 of which were subsequently filled. This favourable position, which has been unknown for many years, made it possible to complete a housing survey, and to commence positive action to secure an improvement in the condition of houses in multiple occupation, details of which will be found in the Housing section of this report.

The number and variety of complaints relating to public health nuisances which are listed on page 124 were similar to those in previous years and showed that the irresponsible dumping of refuse on vacant land still presented a serious problem in the City. It is also surprising that so many houses in districts not scheduled for demolition were abandoned by their owners, and following the activities of vandals, became a source of nuisance to the occupants of adjoining houses. The owners of the abandoned houses were often difficult to trace, but even the securing of the property against unauthorised entry presented an aspect which was still detrimental to the amenity of the other houses.

One complaint of interest occurred during the summer when large clouds of "fluff" were blowing over a residential area, entering houses and sticking to freshly painted woodwork. A sample of the "fluff" was sent to the Director of Parks, who identified it as originating from the seed-pods of a species of Italian Black Poplar. Fortunately, this phenomenon is likely to occur infrequently, because it was quite troublesome to those affected.

As can be expected in a large industrial city, many of the complaints received were in respect of noise or the emission of fumes. Gone are the days when the principal source of smells was the statutory offensive trades, where the products of animal origin were processed, for today the manufacture and processing of synthetic materials is responsible for odours which adversely affect the environment, and also present technical problems in finding a remedy. The establishment of cafe/kitchens on the ground floor of new blocks of offices brought about complaints of cooking smells from office workers, which were, in many cases, justified.

It is imperative that the level of noise to which people are subjected should be reduced, and the number of complaints of noise received indicated that the public are becoming more aware of the possible

risk of impairment to their health, safety and efficiency which can occur as a consequence. Much has been done by industry to reduce noise levels, and greater co-operation was received from contractors in muffling drills and compressors which were a concentrated source of noise which seriously affected those working or living in the immediate vicinity. There is merit in the proposal of the Association of Public Health Inspectors that Local Authorities should consider the declaration of noise-free zones in certain areas, similar to smoke control areas, where the residents can live in environmental conditions reasonably free from noisy processes and with reduced traffic movement.

Serious consideration was given to the provision of a permanent caravan site for gipsies in accordance with the statutory requirement under Part II of the Caravan Sites Act, 1968, and following a careful investigation into the suitability of a number of sites, the Health Committee gave provisional approval for the establishment of a properly equipped site on Corporation-owned land at Moor Bridge, Bulwell. During the latter half of the year large numbers of caravans occupied various waste land sites in the City, and their presence and activities were responsible for many complaints from near-by householders. In most cases, the land was owned by the Corporation, and officers from the Estates Department removed them, only to find the caravans were merely moved on to other unauthorised sites. A considerable amount of time on the part of the officers of the Estates and Health Departments was spent on this unpleasant task which failed to solve the recurring problem. Often the behaviour of caravan dwellers was such that much public sympathy was lost owing to large quantities of litter thrown about, and the faecal contamination of the land they used.

The number of site licences in force under the provisions of the Caravan Sites and Control of Development Act, 1960, was 7.

Measures against Rodents and Insect Pests

Although there was a reduction in the number of premises infested by rats compared with the previous year, more of the infestations occurred on the outskirts of the City. The distances involved, coupled with the less frequent bus services meant that considerably more time was spent in travelling between points of call. Some concern was caused in one instance where householders saw a rat passing from the roof of one house to another by means of the rediffusion wires. This route is not uncommonly used by rats, but it is rarely witnessed during the day-time, as such activities are more likely to occur after dark. It is, of course, a possible means of entry of rats to premises which is always borne in mind when investigating the source of an infestation, however, it can be readily cured by minor structural improvement.

There was no reduction in the high level of mice infestations in the centre of the City, which continued to give cause for concern. There was, in fact, an extension of the area seriously affected, and some extremely heavy concentrations of mice came to light during the year.

There was an increased number of cases where infestations of bed bugs were discovered in new well-furnished and well-maintained houses within a year or so of their occupation, and in some cases, this occurred where completely new furniture had been purchased. As a considerable lapse of time arises between the introduction of bugs and the discovery of an infestation, it is impossible to be certain from where the bugs originated. It is a distinct possibility that there may be occasions where infected furniture is carried in removal vans. In such cases bugs may be disturbed in transit, find shelter in the next load and so be introduced to new premises. These bugs would remain unnoticed for some months until the numbers had increased to the extent that they had become apparent to the tenant. All removal contractors in the area had their attention drawn to this possible danger during the summer, and were advised on precautionary measures when requested.

An unusually large number of dwellings suffered heavy infestations of fleas, particularly during August and September, and in almost every case it was found that a cat was responsible for the nuisance. In 1 complaint from a factory, the staff were still being bitten some weeks after the offending cat had been found a new home, as the control measures were difficult owing to the large amount of sawdust and wood chippings being continually produced.

<i>Rodent and Insect Control</i>	1971	1970	1969	1968	1967	1966
Properties surveyed ..	4,561	5,325	4,990	4,996	5,118	5,060
Infestations dealt with:						
rats	1,477	1,883	1,666	1,472	1,629	1,744
mice	1,568	1,570	1,669	1,617	1,222	917
insects	771	1,006	737	987	946	846
TOTAL VISITS ..	12,042	13,169	13,328	11,177	12,731	12,394

Sewerage

Part of the defective brick sewer in The Wells Road was renewed with reinforced concrete pipes.

The improvement of the River Leen is completed as far as Highbury Road, Bulwell, and all the work within the City should be completed in 1972.

The 41 domestic cesspools were regularly emptied, together with a small number of private industrial sumps which were emptied and the cost charged to the owners.

Sewage Purification

The drainage area served by the sewage treatment works remained unchanged at 53,533 acres, approximately 84 square miles. The loss of population from the City exceeded the increase in population of the other contributing local authorities so that the population served decreased to 455,939 persons. The average daily flow of domestic sewage and industrial effluents received for treatment was 33.8 million gallons, fluctuating between a minimum of 22.8 million gallons and a maximum of 61.7 million gallons.

In the course of preliminary treatment, a total of 5,477 tons of wet grit was removed from the detritus channels and, together with 928 tons of wet rags and paper from screening processes, were disposed of in an adjoining tip without nuisance.

Work, which will be spread over a 4 year period, to remove for inspection and to repaint all the uptake tubes of the aeration plant was started during the summer months. This necessarily reduced the aeration capacity available, but the average composition of the effluents discharged to the River Trent remained satisfactory.

A total of 97,448,000 gallons containing 12,990 dry tons of mixed primary and surplus activated sludges was pumped into the sludge digestion tanks. Of this, 3,550 tons were gasified to produce 166,180,000 cubic feet of gas. Most of this gas was used as fuel for engines driving generators to produce electrical energy for use on the works. To permit extensions to the sludge digestion plant to proceed without endangering the fabric of the existing plant, it was considered advisable to empty 1 primary digester and to maintain the sludge level in the secondary digester at the minimum. In spite of the increased loads which necessarily had to be treated by the remaining plant, the sludge digestion processes continued to function efficiently. No inhibition of the fermentation processes was noted.

Water

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

Bacteriological and chemical analyses of supplies from each source were undertaken monthly by the Water Department's chemist and at those works where treatment was carried out the samples were examined both prior to and following such treatment. During the year 122 chemical samples and 260 bacteriological samples were taken and *Escherichia coli* was absent in all treated water put into supply. 227 samples were also taken from the distribution system, all of which were satisfactory. In addition samples were taken weekly, 996 in all, from the various sources for bacteriological examination by the Public Health laboratory.

During the year 204 samples of water were taken at random from dwelling-houses in all parts of the city. This total includes 26 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. All the repeat samples were found to be satisfactory after remedial action had been taken.

Chemical analyses were made bi-monthly and a table of typical results is shown on page 127.

The number of houses supplied in the city on 31st March 1971 was 103,527, and the provisional census population 299,578. All were supplied directly from the mains.

No action was taken concerning fluoridation of water supplies.

Swimming Baths

Co-operation between the Baths and Health Departments continued, and all samples taken by the Health Department were satisfactory. In addition, the routine sampling of water by the staff of the Baths Department took place every 2 hours whilst each pool was open.

Knackery

There is 1 registered Knackery in the city, carried on at the Eastcroft, London Road. It received regular visits 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 10 samples of meat were taken and submitted to the Public Health Laboratory for bacteriological examination: all were found to be negative for *Salmonella*.

Common Lodging-Houses

There were 2 common lodging houses in the city, 1 in Aberdeen Street provided by the Salvation Army, and the other—Sneinton House, Boston Street owned and managed by the Corporation.

Mention was made in last year's report of the proposed building of a new hostel adjacent to the existing Salvation Army hostel and, during the year, discussions took place with a view to improving the accommodation provided at Sneinton House.

Verminous Persons

Proposals were considered and approved during the year for providing a small cleansing station under the control of the Health Department. In the meantime, 17 verminous persons were treated at Sneinton House, whilst a further 4 were treated in their own homes.

Rag Flock and other Filling Materials Act, 1951

The number of upholsters' premises registered in accordance with the Act increased by 3 to a total of 24. Regular supervisory visits were made to the premises.

There are no premises in the city licensed for the manufacture or storage of rag flock.

Out of a total of 46 samples of various filling materials submitted to the prescribed Analyst, only 1 sample failed to comply with the Rag Flock and Other Filling Materials Regulations, 1961/71. Investigation of this failure involved "Curled Feathers", and indicated a need for partial revision of the specific Prescribed Test. In recent years, feathers have been more and more derived from broilers, i.e. relatively young birds reared indoors and wet-plucked at poultry packing stations. Feathers from this source, even when washed and processed in the factory in the usual way, have been found to fail the "cleanliness" test. It was found that part of the total extraneous matter recovered during the test was dissolved protein from the feathers, and not 'dirt'. An investigation is being carried out by the British Standards Institute with the principal object of devising a further test which would differentiate between washed and unwashed poultry feathers.

Fertilisers and Feeding Stuffs Act, 1926

Fertilisers and Feeding Stuffs Regulations, 1968

A total of 30 samples of fertiliser and feeding stuffs were taken for analysis, of which 3 fertilisers and 1 feeding stuffs were found to be unsatisfactory. (See page 128) In each case the fault was due to incorrect labelling of the product.

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 4 new applications approved during the year, and 5 premises were removed from the List as they had ceased to operate under the Act.

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

Shops Act, 1950

Shops (Early Closing Days) Act, 1965

A considerable amount of time was spent dealing with complaints that shops were open for retail business on a Sunday in contravention of the Act. The legislation relating to Sunday trading is most unsatisfactory, and there is an urgent need for a review of the law to clarify the position.

Complaints from parents that young persons were working excessive hours or were not receiving adequate breaks for meals were satisfactorily resolved with the employers.

Twelve visits were made to private houses where it was alleged that "pirate hairdressing" businesses were being carried on, but enquiries showed that hairdressing was not, in fact, being conducted on a business basis.

The Consumer Protection Act, 1961 and 1971

The Heating Appliances (Fireguards) Regulations, 1953

In 1 instance an electric fire was found to be insufficiently guarded: this was withdrawn from sale by the retailer and destroyed.

The Stands for Carrycots (Safety) Regulations, 1966

Inspections of carrycots at both retail and wholesale premises confirmed that all carrycots examined complied with the Regulations.

The Nightdresses (Safety) Regulations, 1967

On no occasion was it found necessary to take action under these Regulations.

The Toys (Safety) Regulations, 1967

Routine sampling took place on several occasions, as well as liaison with outside authorities reporting excessive lead in toys. The ready co-operation of both retailers and wholesalers resulted in suspect toys being withdrawn from sale.

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

During the course of inspections of appliances at various premises concerned with the sale of electrical goods, it was found necessary to draw the attention of several wholesalers and retailers to the fact that certain domestic appliances to which flexible supply cords were attached, were still fitted with the obsolete colour code: all these appliances were either withdrawn from sale completely or were properly modified.

Offices, Shops and Railway Premises Act, 1963

Reference to the tables on pages 129 and 130 will give (a) details of registrations and general inspections, and (b) analysis by workplace and type of accident occurring to persons employed in premises registered under the Act.

The total number of infringements listed in notices served during the year was 1,252, and the total number of infringements remedied, including some outstanding from 1970, was 1,407.

The total number of registered premises was reduced by 159 during the year, whilst the number of persons decreased by 624.

Since 1967 there has been a progressive reduction in the number of accidents notified, as shown below:—

1965	154
1966	183
1967	185
1968	159
1969	155
1970	112
1971	103

This trend is welcome, as it seems fair to assume that, but for the co-operation of owners, employees and the advice of the enforcement authority, a considerable number of persons might otherwise have been injured.

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.	2,158 including 30,966 animals.
Number of licences received under the Importation of Animals Order, 1955, etc.	30, involving 263 animals.
Number of licences received from Local Authorities.	883, involving 12,822 animals.
Number of poultry exposed for sale in the Nottingham Cattle Market under the Live Poultry (Restrictions) Order, 1957.	13,112
Total number of visits in connection with the Act.	660

Although fowl pest seriously affected various parts of the county, only 3 cases were confirmed within the city, 2 being at Bulwell and 1 at Wollaton. Altogether, 21 Form B. Notices under the Fowl Pest Order, 1936, were served on the owners of poultry exposed to the infection, but no further cases were reported. Owing to the fowl pest epidemic restrictions, only 4 licences were issued under the Live Poultry (Restrictions) Order, 1971, to permit the sale of poultry at the Cattle Market, Nottingham, and these sales were limited to poultry intended for immediate slaughter. Periodic checks were made under the Conveyance of Live Poultry Order, 1919, which regulates conditions of construction, overcrowding, cleansing and disinfecting, and checks were also made in accordance with the Transit of Animals (Amendment) Order, 1931, which requires records of stock carried on motor-vehicles used for the conveyance and transportation of animals. No irregularities or breach of conditions were found.

Diseases of Animals (Waste Food) Order, 1957

Certain premises, on which are kept pigs or poultry and where waste food, consisting of meat, bones, offal, etc., or waste food which had been in contact with such meat is received, must have satisfactory plant for boiling 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 34 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 26 cases, and 116 inspections were made to find out whether the conditions under which the licences were granted were being fulfilled.

Animal Boarding Establishments Act, 1963

There were no animal boarding establishments within the city.

The Riding Establishments Acts, 1964 and 1970

Only 1 riding establishment was licensed.

HOUSING

During the year 1,775 houses which were unfit for human habitation were demolished, bringing the total number of houses so dealt with since 1955 to 9,622.

The representation and clearance of the unfit properties contained within the St. Ann's Redevelopment Scheme continued in accordance with the approved programme. To date, 10 Public Inquiries (including No. 2(a)) have been held, and confirmation has been received by the Secretary of State for the Environment in respect of 9 of the Compulsory Purchase Orders. The last 2 Phases, Nos. 10 and 11, were represented during the year, making a total of 7,496 houses found to be unfit within the whole of the St Ann's Scheme.

Satisfactory progress was made towards the redevelopment of a second large area of sub-standard property to the south of the City, known as the Meadows. In November, a Public Inquiry was held into 2 Compulsory Purchase Orders affecting land between Arkwright Street and London Road, and land between Deering Street and Kirkewhite Street. Confirmation of these 2 Orders is awaited. Inspection of the second large phase was also completed and the representation submitted.

Details of the work relating to unfit houses carried out during the year are as follows:—

<i>Represented to the Housing Committee</i>					<i>Number of unfit houses</i>
Meadows No. 1	..	..	..	..	1,031
Meadows No. 4(a)	..	..	..	..	58
Fisher Street No. 2	..	..	..	..	138
St. Ann's Phase 10	..	..	..	..	574
St. Ann's Phase 11	..	..	..	..	238
Meadows No. 2	..	..	..	..	786
Individual unfit houses	..	..	..	..	6
					2,831

<i>Public Inquiries held in respect of Clearance Compulsory Purchase Orders</i>					<i>Number of unfit houses</i>
St. Ann's Phase 8	..	..	..	..	514
St. Ann's Phase 9	..	..	..	..	574
Meadows No. 1	..	..	..	..	1,031
Meadows No. 4(a)	..	..	..	..	58
					2,177

<i>Orders Confirmed</i>					<i>Number of unfit houses</i>
St. Ann's Phase 7	..	..	..	..	1,264
St. Ann's Phase 8	..	..	..	..	514
					1,778

Housing Survey

By June, public health inspectors had completed an extensive survey of the older houses in the City. The object, broadly, was to find out how many houses were in such a condition that they would require demolition within the next 10 years, and to define those areas of the City where the houses were in need of repair and/or improvement to prevent their further deterioration, and so preserve the stock of good housing accommodation.

It was found that 8,500 houses would probably have to be demolished, and approximately 14,000 would require repair or improvement. From this useful information, the appropriate Committees of the Corporation agreed upon 2 realistic programmes relating to clearance and improvement additional to the programme of redevelopment already in progress.

The new programme for clearance of unfit properties maintains the present impetus in slum clearance, and requires the demolition of 2,000 houses each year. The areas affected were placed in order of priority so that the worst would be dealt with first, with the intention that all the unfit houses would be abolished by the year 1980-81.

Most of the houses in need of repair and improvement were within well-defined districts and, following an appraisal by the City Planning Officer in respect of environmental and planning considerations, a programme was approved whereby these districts would be declared general improvement areas. It is anticipated that an average of 5 general improvement areas, totalling approximately 1,600 houses, will be declared each year over the next 9 years.

Improvement Grants

Delays in dealing with applications for improvement grants became rather serious due, not only to the shortage of staff both inspectorial and clerical, but also to the fact that several Departments were involved.

Following an investigation into the present administrative procedures and staffing requirements by the Director of Technical Services, the Chief Officers' Group submitted 2 reports, 1 on the subject of improvement grants, and the second on general improvement areas, to the appropriate Committees, which received their approval.

The reports recommended that the Health Department should be the lead department, and be responsible for all improvement grant work, that an improvements Section should be set up, and an Improvements Officer appointed, together with 7 public health inspectors, 4 technical assistants and supporting clerical staff, to carry out the work efficiently. It was implicit in these recommendations that, particularly in the field of general improvement areas, other Departments would be equally involved with their respective responsibilities.

Office accommodation was not available for the new Improvement Section to be set up immediately, but by the end of the year suitable premises had been found, and approval for their use obtained. It was hoped that early in 1972 the new arrangements would be implemented and a start made on the Corporations' proposals for general improvement areas.

The number of applications for improvement grants dealt with by the Department with regard to the "life" of the property and the need for works of repair was as follows:—

Standard grants	..	..	..	138
Improvement grants	..	..	..	592
Special grants	..	..	..	4
Improvement grants combined with an application for a qualification certificate				185
Application by tenants under Section 19	..			73
				992

Qualification Certificates

In accordance with the provisions of the Housing Act, 1969, owners of controlled houses submitted 546 applications for qualification certificates, and 444 certificates were approved. In addition, 185 applications for grants were combined with an application for a qualification certificate.

Houses in Multiple Occupation

In recent years it had not been possible to make any real progress in dealing with unsatisfactory conditions which generally occur when houses are used in multiple occupation, due to pressure of other housing work. Towards the end of the year, however, improved staffing enabled district inspectors to devote more time to the inspection of such premises.

Tackling the problem is full of difficulties, due to the number of different people involved in the lettings, obscurity of some landlords and the complicated and time-consuming legal procedures which are necessary. A reasonable standard for the provision of amenities such as sinks, baths, washing facilities and sanitary accommodation according to the lettings was adopted, Direction Orders were applied where overcrowded conditions occurred or where the accommodation was unsuitable, and the recommendations of the Chief Fire Officer applied with regard to means of escape in case of fire.

It will probably take some time before the impact of this work is really effective, but the owners are beginning to realise that the present poor conditions offered as housing accommodation will no longer be tolerated. In 1 case a large house was in such a deplorable condition that the health and safety of the tenants were at risk. The Health Committee made a Control Order and with the co-operation of the Director of Housing, some of the tenants were re-housed and urgent repairs carried out. Subsequently, a Compulsory Purchase Order was made, and the premises will be converted into satisfactory housing accommodation.

Legal proceedings were taken against the owner of the house for offences against the Management Regulations and a breach of the Direction Order, resulting in a fine totalling £80 plus £10 costs. Details of other action taken are as follows:

Number of premises inspected	77
Number of visits	492
Notices requiring information as to ownership ..	134
Informal notices served	43
Notices requiring provision of amenities ..	34
Notices to require works of management ..	11
Notices requiring means of escape in case of fire	27
Management Orders	11
Direction Orders	41
Control Orders	1

Corporation Home Loans

An inspection of 455 houses was carried out on behalf of the City Estates Surveyor and Valuer, to find out the extent of disrepair and the expected "life" of the properties before consideration was given to the application for corporation loans towards their purchase.

ATMOSPHERIC POLLUTION

Smoke Control Order No. 6(a) was made by the City Council and confirmed by the Secretary of State for the Environment, affecting 3,828 dwelling-houses and 91 other premises situated mainly within the Broxtowe and Bells Lane Estates. The Order covers 718 acres, and when it comes into operation in July 1973, over 40% of the area of the City will be subject to Smoke Control Orders. This new Order will make a valuable contribution towards clean air, as it mainly deals with domestic fireplaces which are responsible for the discharge of smoke at low level. Most of the houses in this area are owned by the Corporation, and the tenants have been given freedom of choice in the type of heating they prefer. Provision was also made to allow for improved heating standards by the installation of central heating with the cost covered by an increase in rent. Early indications were that many tenants will take advantage of this improvement, and that their preference is for gas heating.

No difficulties were experienced during the year with regard to fuel availability, and in particular solid smokeless fuels were quite adequate for the demand.

The trend of industry away from coal to oil-burning, with commercial users turning to gas in preference to solid fuel, continued.

The 3 district heating schemes with coal-fired furnaces continued to operate, and further experiments throughout the year with 1 of the large units resulted in a much-improved performance in its modified form, with regard to chimney emissions.

A start was made on the construction of the large incinerator at Eastcroft, which will, in due course, be connected to a large district heating scheme which will serve the St. Ann's and Meadows redevelopment areas, as well as other major developments in the City and, in the meantime, temporary oil-fired boilers in St. Ann's have operated without nuisance. The completion of the new district heating scheme should play a great part in smoke control by the elimination of thousands of domestic chimneys.

A further contribution to clean air arose from the development of an industrial complex where natural gas was installed, and during the year the first large steam-raising boiler plant using gas came into operation, replacing some oil-fired units.

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 135, and on the graph shown on page 137.

In addition to the measurement of smoke, there were 7 stations in operation which measured heavier deposited solids from the atmosphere, details of which will be found on page 134.

Clean Air Acts, 1956 and 1968

During the year, 102 complaints of smoke, grit, fumes or odour arising from industrial or commercial premises were investigated, and in 56 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	..	..	18
Chimney stacks dismantled	..	..	12
Boilers converted from hand to mechanical stoking	..	6	
Mechanical stokers overhauled or renewed	..	7	
New boilers installed	..	..	27
Grit arresting apparatus repaired	..	..	10
Conversions from coal to oil-fired or gas fired	..	2	
Miscellaneous	..	..	7

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. Notice of such proposals to install were received in 14 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 height of new chimneys to the proposed installations be approved by the Local Authority. In 11 cases notices of proposals were received, and approved with the necessary amendments where appropriate.

FOOD SUPERVISION AND INSPECTION

The Food Hygiene (General) Regulations, 1970, came into operation on the 1st March, 1971. Principally a consolidating measure, the new provisions gave a new definition of "food", called for a clear separation of unfit from fit food and gave additional powers to prevent possible contamination of food, including the requirement that most handlers of food must wear clean and washable overclothing. The law relating to animal food in a food room was tightened up, and the packing or sorting of eggs, fruit or vegetables on farm premises were made subject to certain requirements with regard to food hygiene.

It is regrettable to report that instead of the Food Hygiene Regulations being a recognised code of good practice, they so often have to be used as punitive legislation against recalcitrant traders, sometimes in respect of firms of national standing.

During the year many lectures on most aspects of food control were given to firms and other organisations. It must be true to say that over a period of time such propaganda in favour of better standards of hygiene and safety must become effective, but so rapid is the rate of turnover of some staff in food shops, that much of the time and effort spent by public health inspectors in this work appears to be minimised.

The regular inspection of food at wholesale markets, warehouses and cold stores resulted in the surrender of 183 tons of various foods as shown on page 140. Some of this loss can be attributed to bad handling techniques both in transit and at wholesale premises.

Attention continued to be given to the labelling of foodstuffs, and it is pleasing to report that in all cases of non-compliance with the labelling legislation, manufacturers appeared to be anxious to co-operate in preventing future offences.

Following regular inspection of food delivery vehicles and stalls under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, 4 prosecutions were taken with regard to unsatisfactory vehicles, equipment and personal hygiene.

Liaison between the Licensing Justices and the Health Department continued, to the benefit of the consumer public. All plans submitted to the City Planning Officer for the construction of new buildings or the alteration of existing premises were examined, and many requests were made to applicants requiring variation of the plans to meet the requirements of the Health Department.

During the year a total of 3,921 visits were made to food premises in the City, and it was found necessary on 257 occasions to draw attention to contraventions of the Food Hygiene Regulations. Requirements, including those outstanding from 1970, were met in 267 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, and the manufacture or preparation of sausages, or

potted, pressed, pickled or preserved food was 890, and 921 inspections were made of such premises. On page 138 will be found details of the types of food premises in the City, and of those which are registered.

A total of 10 prosecutions were taken for offences under the various Food Hygiene Regulations, involving 113 separate offences, and fines amounting to £3,245 were incurred, with £40·75 costs, as shown on page 139.

Foreign Matter in Food

The public made 154 complaints in connection with the purchase of food. These complaints each covered a wide range of food products, and were individually investigated in order to ascertain the cause. It was found that 52% of the complaints related to mould growth and decomposition of manufactured and imported food, 30% concerned extraneous matter such as glass, metal, paper, etc., in the food, and 18% of the complaints were found to be unjustified.

Whilst investigating these complaints, the opportunity was taken to secure better quality control systems in food premises in order to prevent, as far as possible, a recurrence of such incidents. In 4 cases, official warning letters were sent to the offenders. Three prosecutions resulted in fines and costs totalling £195.

Shell Fish

Shell fish from various sources were received at the Sneinton Wholesale Market. Samples of mussels were taken during the year from layings in England and Wales. A total of 84 samples were submitted for bacteriological examination, 4 of which were reported as being unsatisfactory. Each of these 4 samples contained more than 15 faecal *E. coli* (Type 2) per gram of mussel tissue.

Salmonella typhimurium was isolated in a further sample which was otherwise reported as being Grade I.

The necessary action was taken to prevent unsatisfactory mussels from being exposed for sale, and in 1 instance this included the stoppage of the supply of mussels into the City from 1 source until satisfactory results had been submitted.

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 141.

BRUCELLOSIS ERADICATION SCHEME

Due to the implementation of the Eradication of Brucellosis Scheme by the Ministry of Agriculture, Fisheries and Food, there was an increase in the number of reactors and contact bovine animals slaughtered in the abattoir.

The organism, *brucella abortus*, which causes abortion in cattle, produces undulant fever in man, who may become infected with the disease from drinking raw milk.

Owners of dairy cattle are being encouraged by the Ministry to have their herds tested, so that by the elimination of infected animals, they may produce a disease-free herd, after which strict controls by licensing prevents re-infection. Reactors to the test were sent for slaughter, and extra care was taken in the slaughtering, inspection and disposal of waste material of these suspect animals.

IMPORTED FOOD REGULATIONS, 1968

There was a continuing increase during 1971 in the amount of imported food which arrived at depots in the city by "containerisation". In order to facilitate freshness of the products, and to prevent congestion at the ports of entry, most of the food had only received Customs clearance, and the examination as to its fitness was carried out on its arrival at the premises to which it was consigned. The imported foodstuffs comprised frozen and chilled meat, frozen poultry, frozen rabbits, frozen egg, varieties of tinned foodstuffs, biscuits and chocolate confectionery. In 1 case, a consignment of frozen egg was impounded as tests showed that the product had not been pasteurised in accordance with the Liquid Egg (Pasteurisation) Regulations, 1963. The whole consignment underwent re-pasteurisation and subsequent tests proved satisfactory. Routine samples of imported foodstuffs were taken for bacteriological examination so as to ascertain the hygienic standards under which the product had been produced, and its subsequent handling.

Due to the recent use of nitrogen as a refrigerant, checks were also carried out to ensure that the owners of vehicles using this system were regularly re-charging the canisters.

POULTRY

One poultry slaughtering station within the city was registered under the Slaughter of Poultry Act, 1967, following compliance with the Food Hygiene (General) Regulations, 1970, and the Slaughter of Poultry (Humane Conditions) Regulations, 1971.

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 from the slaughterhouse by approved firms for the manufacture into animal feeding stuff and fertilisers, in compliance with the Meat (Sterilisation) Regulations, 1969.

Other foodstuffs were disposed of by the Corporation's Cleansing Department, either by controlled refuse tipping or by incineration.

For details of unsound food surrendered, see page 140.

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)	..	601

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 milk	..	586

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

The public are quite justifiably becoming increasingly critical of what they consider to be unsatisfactory standards of hygiene. This is to be encouraged, for their aesthetic demands in the non-acceptance of lower standards renders a valuable service in protecting public health.

There is a field where the public can, themselves, play an effective part, and this relates to milk bottles. Complaints are received of milk being delivered to the consumer in what are alleged to be dirty glass returnable bottles. Despite the care the processors exercise with their sophisticated bottle-washing machines, including visual and electronic detector systems, cases do occur where visibly unsatisfactory bottles go through the washing process, are subsequently filled with milk and reach the public with, for example, cement or similar material which has been fixed inside the bottle, and it is no comfort to the consumer to know that the foreign substance has also been washed.

There is an increase in the number of milk bottles which are returned to the dairies in a grossly contaminated condition. The consumer has a responsibility whilst the bottle is in his care to see that it is not mis-used, and a simple rinsing of the bottle before returning it to the dairy would assist the dairymen and reduce the cause for complaint. Whilst, legally, it may be the dairymen who are required to put milk into clean bottles, in fairness to them, ethically it is a shared responsibility with the public.

Sales of pasteurised milk in non-returnable plastic bottles commenced in the city during 1971. These were retailed from a limited number of outlets by a multiple firm. Initially, the introduction was accompanied by a sales promotion exercise. Subsequent results have indicated that the sale of milk from plastic bottles appears to have been well accepted by the buying public.

Production and sales of ultra-heat treated milk from cartons, which commenced in the city in 1968, have shown a marked increase. In view of its enhanced keeping qualities, the demand by the public for this product is generally at its peak during the warmer months of the year, and is in particular demand for transitory purposes. One brand is processed in Nottingham, and 3 others are on sale which are processed outside the city and retailed specifically in supermarkets. The number of brands showed an increase of 1 from the previous year. An additional advantage with this long-life product from the public point of view is that the shelf-life is clearly indicated on each carton.

Milk Sampling

BACTERIOLOGICAL EXAMINATION

Pasteurised milk in glass, plastic bottles or cartons

A total of 492 samples, including 92 which were additionally homogenised, and 131 of Channel Islands quality, were subjected to the methylene blue test and also to the phosphatase test. Of these, 7 failed the methylene blue test, and all satisfied the phosphatase test. The phosphatase test indicates whether the milk has been properly pasteurised, while the methylene blue test measures the "keeping quality" of the milk.

Follow-up investigations were carried out in respect of the 7 bottles of milk which failed the methylene blue test. The results of the investigations indicated that 3 failures were due to faulty storage and stock rotation at a retail outlet, whilst the remaining 4 were probably due to contaminated bottles.

Sterilised milk in glass bottles

Of 92 samples obtained for examination, all satisfied the turbidity test. The turbidity test is designed to show whether sterilised milk has been sufficiently heat treated.

Ultra-heat treated milk in cartons

Fifty-one samples were obtained for examination, and only 1 failed the ultra-heat treated test. The ultra-heat treated test consists of a colony count after incubation, i.e. the bacterial count of viable organisms.

With regard to the single carton of milk which failed to satisfy the ultra-heat treated test, follow-up investigations were carried out at the retail outlet concerned. Visual examination of the contents of a percentage of the remaining same date production stock on sale indicated that they were unsatisfactory. As a result of this, the

remaining stock consisting of 138 cartons was surrendered for destruction by the retailer. Investigations were also carried out by the processing dairy, which is outside the city, and also the local public health department concerned. Whilst it was difficult to specify the reason for the unsatisfactory condition of the milk, it is believed that this was due to impact damage to the affected individual cartons whilst in transit in bulk form.

CHEMICAL EXAMINATION

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

Total milk samples examined . .	496
	(inc. 83 Channel Islands Milk)
Average fat content . .	3.715
	(Channel Islands 5.0004)
Average solids-other-than-fat	8.745
content	(Channel Islands 9.081)

(The presumptive standard for milk is "fat 3.0%" and "solids-other-than-fat 8.5%". For Channel Islands and South Devon milk the legal *minimum* standard for fat content is 4.00%.)

Of the 405 samples subjected to the gerber test, 18 or 4.44% were provisionally unsatisfactory.

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.

Regular inspections were made of premises, and also of mobile sales vehicles.

REGISTRATIONS

In force at the end of the year:

<i>Manufacturers:</i>		
'Hot mix' method . .	2	
'Cold mix' method . .	2	
'Soft ices'	8	
		12
<i>Vendors and dealers:</i>		
New registrations . .	32	536
Transfer of registrations	27	

CHEMICAL ANALYSIS FOR NUTRITIVE QUALITY

A total of 34 samples were taken for chemical analysis. All conformed to the standard required by the Ice Cream Regulations, 1967, which came into operation on the 4th January, 1971. These Regulations superseded, with amendments, the Food Standards (Ice Cream) Regulations, 1959, and the provisions of the Labelling of Food Order, as amended, which related to ice cream.

Three ice lollies were examined and found to be satisfactory.

BACTERIOLOGICAL EXAMINATION FOR HYGIENIC QUALITY

A total of 359 samples of ice cream were examined by the methylene blue test, 35 samples were found to be unsatisfactory from a hygienic (bacteriological) point of view, and 324 were considered to be satisfactory.

Ice cream may be graded according to efficiency of its heat treatment and subsequent handling. The following table indicates the percentage of ice cream falling into the respective grades during 1971:

Satisfactory	Grade 1	276	}	90.25%
Satisfactory	Grade 2	48		
Inferior	Grade 3	20	}	9.74%
Unsatisfactory	Grade 4	15		

It must be stressed that the above table does not imply that almost 10% of ice cream sold in the city is of inferior or unsatisfactory bacteriological quality, since sources found to be producing or retailing inferior or unsatisfactory quality ice cream are revisited and investigations made in order to try and determine the cause. It was found that in all instances further samples, following remedial action by the sources concerned, were found to be satisfactory.

Food Sampling

A total of 41 samples of food sent for bacteriological examination included sausages, baby's milk, cheese, watercress, frozen egg albumen, beer and an escallop; of these, only 2 were reported as being unsatisfactory.

There were no egg pasteurisation plants in the city. Considerable quantities of imported frozen eggs arrived in the city, but all consignments were accompanied by the necessary certificates stating that each batch of eggs satisfied the alpha-amylase test as required by the Liquid Egg (Pasteurisation) Regulations, 1963.

Samples taken for chemical analysis were as follows:

Formal	..	501	Analysed by the Public Analyst
Informal	..	500	Analysed by the Public Analyst
Informal Milk		405	Tested by the Inspector

Informal samples were found to be unsatisfactory in 16 cases, which included labelling irregularities and misleading claims, as shown on page 142. Letters were sent to the individuals or firms concerned.

THE NOTTINGHAM FESTIVAL CROSS CHANNEL RELAY SWIM

BY

KENNETH D. MASON,

M.B.E., M.B., B.S., M.F.C.M., D.P.H., D.C.H., D.T.M. & H., D.I.H.

Deputy Medical Officer of Health

At the end of February, the General Manager of the Public Baths and Laundries Department wrote and asked for advice on an unusual problem. A group of his swimming baths' managers had decided to swim the English Channel in relay during the Nottingham Festival in July, and they were experiencing some physical difficulties with their training. It was also anticipated that certain medical problems would arise during the actual attempt. As a result, the Deputy Medical Officer of Health was invited to become the medical adviser to the relay team and he accompanied them on the boat during their Channel swim on the 18th July 1971.

During the pre-swim period certain specialist advice was sought from The Institute of Naval Medicine at Alverstoke, Gosport. The Nottingham University Department of Physiology was also asked to help assess the physical fitness of the swimming team by measuring their cardio-respiratory responses to exercise. Part of the team's training consisted of daily spells of swimming in heated baths during winter and then in open-air baths as the weather improved. This was supplemented by water polo.

The first of the physiological assessment tests were made 9 weeks before the Channel swim and there were a series of 4 during that period. Basically, oxygen consumption was measured against heart rate, the higher the oxygen consumption for a given heart rate, the fitter the subject. Similar tests were used to assess the effect of the drug hyoscine on the swimmers since it would be used to prevent sea-sickness during the attempt. Measurements were also carried out to determine the effect of hyoscine on swimming performance. It was found that the men were about half-way between normal subjects and highly trained athletes in their performance, and normal doses of hyoscine had no effect on their fitness or performance. It was considered that their training achievement was sufficient for a relay attempt.

The Institute of Sports Medicine gave advice on medical supplies and equipment so that all possible emergencies would be catered for as well as the minor discomforts of long-distance swimming. In addition, modern resuscitatory equipment was loaned by the City Ambulance Service.

The team comprised 7 male members, whose ages ranged from 18 to 33 years. Each one filled in a detailed medical questionnaire and underwent a full medical examination 3 weeks before the attempt.

THE CHANNEL SWIM

Originally, it was planned to swim from France (Cap Gris Nez) to England (St. Margaret's Bay, Dover), starting in the very early hours of either the 17th or 18th July, having left Folkestone for the French coast the previous night. Bad weather delayed departure for 48 hours so an alternative plan was used. The actual attempt took place on 18th July from England to France, leaving Shakespeare beach, Dover, at 8.00 a.m. The boat used was the 50-ft. Folkestone trawler '*The Accord*', with a shallow draft and a low engine speed which could easily be followed by a swimmer.

Weather conditions were fair at the beginning of the swim, but deteriorated progressively. After 8 hours' swimming and when close to the French coast, the wind was Force 4 with considerable cooling power in spite of sunny conditions. Wave periods were 5 seconds or less and wave heights were 5 to 6 ft. and finally over 6 ft. These adverse conditions slowed the swimmers in the final stages and the relay was completed in 11½ hours only by dogged determination and endurance. Each man swam twice and 3 of the team swam 3 times. The tide swept the last swimmer away from the boat, giving everyone some minutes of apprehension until he could be followed into the shore.

Despite these adverse conditions, there were no major injuries or illnesses amongst the swimmers. Minor conditions were experienced and they are listed as follows:

Hypothermia occurred only in 1 case and was corrected by the blankets and hot-water bottles provided in the boat. The swimmers were coated with lanoline before entering the water in order to insulate their bodies to cold.

Sea-sickness affected 1 man only and further medication and some hours rest made him fit enough for his next swim.

The uncomfortable results of swallowing sea water were experienced by the majority, but loss of appetite was only temporary and the team ate various tinned foods, supplemented by high-glucose drinks, sweets and glucose tablets.

Irritation of the eyes by salt water leading to conjunctivitis occurred in 2 cases and there were instances of mild sunburn and cramp. Subjective feelings of isolation and lowering of morale while in the water were generally experienced. Courage, however, was high and was made so by the enthusiasm, team loyalty, comradeship and *esprit de corps* which had been encouraged during training.

Objects in the water were mainly jelly fish and were successfully avoided. Collision with the attendant boat was a hazard since swimmers swam close to this vessel for shelter from high waves. No one was hurt, but vigilance was needed on the part of those watching from the deck. Finally the last swimmer climbed out on to the slippery, jagged rocks at the foot of Cap Gris Nez. He then dived back into the sea and returned to the boat. The return crossing by boat to England took 2½ hours. After a day's rest in Dover, on their return to Nottingham the team was given a Civic Reception by the Lord Mayor.

Drug Collection Week

A joint drug collection week (17th-22nd May) was planned by the City Health Services and the County Health Department to inform the public of the dangers of hoarding unwanted medicines and to give encouragement and advice in their disposal. The collection area comprised the City and the County Urban Districts of Arnold, Carlton, Beeston and Stapleford, and West Bridgford. A joint working party was set up which included representatives of the Police, the Pharmaceutical Society of Great Britain, the Local Pharmaceutical Committee, the Local Medical Committee, the Regional Addiction Unit, Home Safety Councils, as well as staff of both Health Departments. The full co-operation of the police and the retail pharmacists in the area was readily given. The total cost of the campaign was £211 and most of this (£196) was spent on publicity.

PUBLICITY

Intensive publicity was planned to commence with a press conference 12 days before the campaign. Press notices and articles appeared and posters and leaflets were distributed to pharmacies, surgeries, hospitals, libraries, factories and post offices. Radio interviews were given and television items appeared. Progress information throughout the campaign was sent out by the press and local radio. Both handbills and posters were of identical design and showed an open and spilled bottle of capsules over-printed with contrasting coloured lettering.

PROCEDURE

Chemists' shops were the collecting points where the public handed in their unwanted medicines during the campaign week.

A special carton on the pharmacist's shop counter, designed to take up the minimum amount of space, was conspicuously labelled to attract the attention of customers in the shop. The label was on 3 sides of the carton. It emphasized the danger of hoarding old medicines, pills and tablets and invited the public to place any unwanted preparations in the carton. It explained that the Police and Health Department officials would jointly collect them from the shop *for destruction*. The last point was made particularly clear. As the carton was filled, the pharmacist transferred its contents into a plastic storage sack supplied by the local health authorities.

Collection of the sacks from the pharmacies was arranged by the police. A police car, carrying a member of the Health Department staff and a plain-clothes officer, picked up the collection from the shop every day. Drugs were sealed with string and sealing wax in a plastic bag in the presence of pharmacist, police officer and health official. The sealed bags were taken to Police Headquarters and kept in safe custody until they were examined by an assessment panel, which had both police and pharmacist membership. These

precautions were arranged at police request and took care of the problems of security and legality of possession. Finally, after assessment, the police vehicle took each day's collection to Eastcroft Cleansing Department for destruction by incineration.

RESULTS

The population of the area taking part was about 500,000 and 100 retail chemists' shops were used. Altogether 1,120 lbs. (509 kg.) of drugs and medicines were collected from the public, with a further 330 lbs. (150 kg.) from pharmacists' old stock. Over 70% of a random sample of the collection were tablets and capsules and they numbered over 250,000. More than 20 gallons of liquid medicine were collected.

Analgesics, antirheumatics, tranquillisers, sedatives, antibiotics, sulphonamides, vitamin preparations and dermatological preparations formed nearly 66% of the total. Mixing of tablets in 1 bottle, incorrect labelling by patients, uncompleted courses of treatment (antibiotic and tranquillisers), retention of poisonous tablets of household and horticultural poisons and very old drugs whose composition was probably altered were some of the common hazards identified by the process of assessment.

At the end of the collection week, the working party was disbanded, with an understanding to reconvene should a repetition of the campaign be required.

Medical Liaison with the Local Taxation Department

BY

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

Principal Medical Officer

The Medical Officer of Health is medical advisor to the local taxation department and over the last 18 months, as a result of new legislation regarding the issue of driving licences to epileptics which came into operation 1st June, 1970, there have been an increasing number of cases referred for his advice. In addition there have been cases referred from the taxation department for advice regarding other medical conditions.

EPILEPSY AND DRIVING

In April 1970 the Ministry of Transport sent a memorandum to Registration and Licensing Authorities explaining details regarding epilepsy and driving contained in Regulation 22 (2) of the Motor Vehicles (Driving Licences) Regulations 1970. This memorandum set out the arrangements which had been agreed for dealing with applications for driving licences from persons with epilepsy, who could, in suitable cases, be issued with a driving licence from 1st June, 1970. Since this date the Medical Officer of Health has collected and correlated the medical information from the applicant and the general practitioner in each case, obtained a consultant's opinion if this were considered necessary, and then advised the licensing authority as to whether or not a driving licence, which is renewable each year, should be issued.

During the year 32 cases, including re-assessments, were investigated for epilepsy. This figure included 4 cases which were found on examination not to be cases of epilepsy. Details of the medical assessments carried out are given below.

PERSONS SUFFERING FROM EPILEPSY ASSESSED FOR THE LOCAL TAXATION DEPARTMENT

<i>Date</i>	<i>Total number of cases assessed</i>	<i>Number referred for consultant opinion</i>	<i>Number referred to medical referee</i>	<i>Number refused a licence</i>
1st June 1970— 31st December 1970	14	3	1	2
1st January 1971— 31st December 1971	28 (including 8 re-assess- ments)	7	0	4

There were 2 cases awaiting assessment at the 31st December, 1971.

During 1971 there were 4 cases found not to be suffering from epilepsy, while 7 other cases were assessed for medical reasons other than epilepsy.

Departmental Publications 1971

Parry, W. H. and Wilson, L. A., *Cervical Cytology in Nottingham 1966-1970* (1971), *The Medical Officer*, 125, 85-87.

Parry, W. H., *The Community Physician of the Future* (1971), *Royal Society of Health Journal*, 91, 33-35.

Parry, W. H. and Seymour, M. W., *New Day Nurseries for the City of Nottingham* (1971), *The Medical Officer*, 125, 217-219.

Parry, W. H. and Seymour, M. W., *Epidemiology of Battered Babies in Nottingham* (1971), *Community Medicine*, 126, 121-123.

Parry, W. H., *The Community Physician in the Health Services* (1971), *Community Medicine*, 126, 165-166.

Miss P. Morton, Chapter 5, entitled 'The Administrative and Managerial Structure for Nursing', in the book *Health Service Administration and Research*, edited by H. P. Ferrer, published by Butterworth (1971).

Cost of Health Services

SERVICE	ACTUAL COST Year ended 31st March 1971					ESTIMATED COST Year ended 31st March 1972				
	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	Estimated net expenditure to be met from Rates	Equivalent Rate per head of population	Estimated net expenditure to be met from Rates
Administration ..	£ 47,897	£ 4,938	£ —	£ 42,959	P 0.28	£ 65,480	P 0.42	£ 65,480	P 0.22	£ 65,480
Environmental Services ..	101,391	3,304	512	97,575	0.63	124,245	0.79	124,245	0.42	124,245
Health Centres ..	50,358	19,929	—	30,429	0.20	25,495	0.16	25,495	0.09	25,495
Maternal and Child Health—										
Clinics and Centres	55,420	1,450	—	53,970	0.35	60,755	0.39	60,755	0.20	60,755
Other Services ..	9,069	23	—	9,046	0.06	11,025	0.07	11,025	0.04	11,025
Nursing Services ..	302,205	8,325	440	293,440	1.90	339,640	2.17	339,640	1.14	339,640
Vaccination and Immunisation ..	14,236	936	—	13,300	0.09	17,480	0.11	17,480	0.06	17,480
Ambulance Service ..	226,652	630	—	226,022	1.47	249,150	1.59	249,150	0.84	249,150
Prevention of illness, Care and After-care	37,467	1,518	—	35,949	0.23	47,870	0.31	47,870	0.16	47,870
*Junior Training Centre ..	53,935	1,463	—	52,472	0.34	—	—	—	—	—
TOTAL ..	898,630	42,516	952	855,162	5.55	941,140	6.01	941,140	3.17	941,140

*Under the provisions of the Education (Handicapped Children) Act, 1970 the administration of the Junior Training Centre was transferred to the Education Committee with effect from 1st April 1971.

Analysis of Neonatal Deaths

	Born at			Sex	Age at Death	Place in Family				Age of Mother										
	Total	Hospital	Nursing Home			Legitimate	Premature	Place in Family				Age of Mother								
								0-23 hrs.	24-47 hrs.	2-6 days	7-27 days	1	2	3	4	5 or over	15-19	20-24	25-29	30-34
<i>Ante-natal causes</i>																				
(a) Toxaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) A.P.H.; No toxaemia	4	4	—	3	2	4	—	—	—	1	—	1	2	—	2	1	—	1	—	—
(c) Rhesus incompatibility	3	3	—	2	1	2	1	3	—	—	—	—	1	1	1	2	—	—	—	—
<i>Intra-natal causes:</i>																				
(a) Injury	3	3	—	3	2	1	3	2	1	—	—	2	—	1	—	—	1	2	—	—
(b) Anoxia	2	2	—	1	—	2	1	1	—	1	—	—	1	—	1	—	—	—	—	—
Prematurity only	20	20	—	16	12	8	20	12	2	5	1	8	8	2	1	1	4	8	4	2
<i>Respiratory distress syndrome</i>																				
	11	11	—	8	9	2	11	6	3	2	—	4	4	2	—	1	1	4	2	2
<i>Congenital malformation</i>																				
	12	12	—	10	6	6	4	4	1	4	3	4	1	2	4	1	2	4	2	3
<i>Infection:</i>																				
(a) Respiratory	1	—	1	1	—	1	—	—	—	—	1	—	—	—	—	1	—	1	—	—
(b) Gastro-intestinal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other causes	5	4	1	5	3	2	5	—	1	3	1	3	—	—	1	1	3	1	1	—
TOTAL	61	59	2	49	35	26	49	32	8	15	6	21	15	8	8	9	11	24	13	7

Analysis of Stillbirths

	Total	Born at			Legitimate	Sex		Premature	Place in Family					Age of Mother																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
		Hospital	Home	Nursing Home		M.	F.		1	2	3	4	5 or over	15-19	20-24	25-29	30-34	35-39	40-44																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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*Ante-partum haemorrhage †Cause not determined

Vaccination of Children Under Age 16 Completed during 1971

COMPLETED PRIMARY COURSES

<i>Type of Vaccine</i>	<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
	1971	1970	1969	1968	1964- 1967		
Triple DTP	153	2,622	1,383	348	121	12	4,639
Diphtheria/ Tetanus ..	3	10	2	6	530	67	618
Diphtheria/ Only ..	—	—	—	—	3	1	4
Whooping cough only	—	—	—	—	—	—	—
Tetanus only	1	3	2	2	4	108	120
Poliomyelitis	135	2,610	1,394	351	724	117	5,331
Measles ..	4	1,827	1,193	386	379	40	3,829
TOTALS							
Diphtheria ..	156	2,632	1,385	354	654	80	5,261
Whooping cough ..	153	2,622	1,383	348	121	12	4,639
Tetanus ..	157	2,635	1,387	356	655	187	5,377
Poliomyelitis	135	2,610	1,394	351	724	117	5,331

REINFORCING DOSES

<i>Type of Vaccine</i>	<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
	1971	1970	1969	1968	1964- 1967		
Triple DTP	—	32	35	15	184	22	288
Diphtheria/ Tetanus ..	—	5	5	1	2,322	75	2,408
Diphtheria only ..	—	—	—	—	17	—	17
Whooping cough only	—	—	—	—	—	—	—
Tetanus only	—	—	—	2	15	96	113
Poliomyelitis	—	15	23	8	2,274	90	2,410
Measles ..	—	—	—	—	—	—	—
TOTALS							
Diphtheria ..	—	37	40	16	2,523	97	2,713
Whooping Cough ..	—	32	35	15	184	22	288
Tetanus ..	—	37	40	18	2,521	193	2,809
Poliomyelitis	—	15	23	8	2,274	90	2,410

Smallpox Vaccination of Children 1971

<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	2	—
3-6 months	8	—
6-9 months	9	—
9-12 months	13	—
1 year ..	980	—
2-4 years ..	636	18
5-15 years ..	74	81
TOTAL ..	1,722	99

Tuberculin Test and B.C.G. Vaccination 1971

A. CONTACTS:

Number skin tested ..	331
Number found positive ..	51
Number found negative ..	269
Number vaccinated ..	313
Number vaccinated at birth ..	87

B. SCHOOL CHILDREN:

Number of 13 year old children	4,977
Number of acceptances ..	3,961
Number skin tested ..	3,911
Number found positive ..	328
Number found negative ..	3,102
Number vaccinated ..	3,102

Confinements in the City

Place	Nottingham Mothers			Others			Totals
	Total	Live	Stillborn	Total	Live	Stillborn	
<i>At home:</i>							
Conducted by midwife ..	1,293	1,284	9	3	3	—	1,296
“ private doctor ..	—	—	—	—	—	—	—
No one in attendance ..	3	3	—	—	—	—	3
Home delivery by County Midwife ..	1	1	—	—	—	—	1
Born in ambulance.. ..	—	—	—	1	1	—	1
	1,297	1,288	9	4	4	—	1,301
<i>Hospitals:</i>							
City ..	2,290	2,260	30	920	894	26	3,210
Firs ..	522	516	6	901	892	9	1,423
Women's ..	662	649	13	1,731	1,699	32	2,393
Highbury ..	289	286	3	1,050	1,042	8	1,339
General ..	—	—	—	1	1	—	1
TOTAL ..	3,763	3,711	52	4,603	4,528	75	8,366

HEALTH VISITING

Summary of Visits

<i>Visits in connection with</i>	1971	1970	1969	1968	1967	1966
<i>Pre-School Chil- dren:</i>						
Primary visits	29,242	29,046	30,234	32,188	30,571	30,641
Revisits ..	38,054	50,275	49,832	54,824	49,947	47,225
<i>Old People:</i>						
Primary visits	1,560	1,324	986	1,017	724	814
Revisits ..	2,103	2,607	1,941	1,752	1,280	1,347
<i>Expectant Mothers:</i>						
Primary visits	92	96	79	168	143	156
Revisits ..	42	62	50	84	107	162
Housing ..	19	20	11	20	9	18
Hospital after- care ..	100	145	91	61	85	61
Diabetes ..	155	101	44	36	17	16
Vaccination and immun- isation ..	29	21	29	21	9	36
Infectious dis- ease ..	53	157	27	—	10	1
Eye conditions	4	5	8	2	—	—
B.C.G. vaccina- tion ..	—	—	1	—	2	—
Neo-natal enquiry ..	—	3	—	2	3	—
Stillbirth ..	3	4	—	5	7	1
Other ..	1,192	881	711	582	594	426
NUMBER OF HOME VISITS	72,648	84,737	84,044	90,762	83,408	80,904
"NO ACCESS" VISITS ..	19,746	21,337	23,287	26,200	22,430	18,147
TOTAL VISITS	92,394	106,074	107,321	116,962	105,838	99,051

Attendances at Welfare Centres

	Doctors' Ante-natal and Post-natal Clinics				Midwives Clinics			Relaxation Clinics			Infants Clinics			Toddler Clinics		
	No. of Ses-sions	New Cases	Post-natal Attend-ances	Ante-natal Attend-ances	Attend-ances for Blood only	No. of Ses-sions	New Cases	Total Attend-ances	No. of Ses-sions	Total Attend-ances	No. of Ses-sions	New Cases	Total Attend-ances	No. of Ses-sions	New Cases	Total Attend-ances
Aspley ..	..	—	—	—	—	49	236	824	—	—	95	300	3,712	—	—	—
Basford ..	23	—	—	—	178	52	241	717	48	185	101	349	4,159	—	—	—
Bestwood Park ..	..	—	—	—	—	51	140	720	48	310	48	181	1,640	32	83	576
Bilborough ..	..	—	—	—	—	52	111	346	45	282	53	137	2,339	—	—	—
Bulwell ..	..	—	—	—	—	52	251	904	55	561	103	295	3,723	—	—	—
Edwards Lane ..	10	—	—	—	85	51	250	598	—	—	93	217	1,777	12	9	197
Ernest Purser ..	12	—	—	—	26	49	285	894	49	279	92	387	3,788	9	16	18
Hyson Green ..	..	—	—	—	—	48	506	1,408	48	441	153	586	5,332	—	—	—
John Ryle H. C. ..	3	—	—	—	134	52	330	1,457	49	461	184	374	5,449	—	—	—
Lenton Abbey ..	..	—	—	—	—	—	—	—	—	—	12	28	156	—	—	—
Mapperley ..	..	—	—	—	—	—	—	—	—	—	51	55	1,218	—	—	—
Radford ..	52	1	—	—	658	48	538	1,742	49	461	107	581	6,703	57	21	777
Derby Road ..	..	—	—	—	—	—	—	—	—	—	12	33	230	—	—	—
Sherwood Rise ..	20	—	—	—	208	—	—	—	—	—	101	365	3,054	46	59	285
Sneinton ..	50	32	31	359	309	52	475	1,494	50	351	153	448	3,926	51	15	345
Wollaton ..	..	—	—	—	—	—	—	—	—	—	100	258	3,931	—	—	—
TOTALS ..	170	33	31	359	1,598	556	3,363	11,104	441	3,331	1,458	4,594	51,137	207	203	2,198

HOME NURSING SERVICE

Comparative Index of Work over Seven Years

	1971	1970	1969	1968	1967	1966	1965
Register 1st January ..	2,153	2,075	2,106	2,052	1,801	1,865	1,837
New patients	4,430	4,142	3,802	3,934	4,063	3,912	3,962
Total visited	6,583	6,217	5,908	5,986	5,864	5,777	5,799
Register 31st December	2,168	2,153	2,075	2,106	2,052	1,801	1,865
Total nursing visits ..	167,636	161,116	171,613	187,202	188,683	192,386	203,953
Total supervisory visits	1,203	1,009	1,976	1,410	1,953	2,883	2,298
Case load — visits per month per nurse ..	230	228	240	257	251	250	259
<i>Type of illness</i>							
Cardio-vascular ..	1,185	1,266	1,204	1,207	1,202	1,197	1,324
Central nervous ..	764	778	782	826	778	732	810
Alimentary ..	612	609	595	626	667	615	520
Respiratory ..	371	399	381	367	388	508	516
Malignant diseases ..	564	576	554	599	637	594	566
Senility ..	454	412	422	442	402	415	398
Skin diseases	673	520	450	412	396	362	296
Rheumatism, Arthritis ..	539	483	442	376	331	288	274
Trauma ..	628	434	425	405	378	370	334
Diabetes ..	223	271	196	243	239	269	289
Genito-urinary ..	236	229	224	249	236	221	219
Tuberculosis	68	70	102	104	98	100	113
Infectious fevers ..	7	7	7	7	1	2	3
Other ..	259	163	124	123	89	104	137
TOTALS	6,583	6,217	5,908	5,986	5,864	5,777	5,799
<i>Age Groups of Patients</i>							
4 years and under ..	1.1%	0.8%	0.7%	0.9%	1.0%	0.9%	0.9%
5—14 years	2.7%	1.6%	1.5%	1.7%	1.3%	1.5%	2.3%
15—44 „ ..	11.8%	10.3%	10.0%	10.0%	11.5%	10.0%	11.7%
45—64 „ ..	23.4%	22.0%	22.0%	23.0%	23.3%	23.7%	23.1%
65 and over ..	61.0%	65.3%	65.8%	64.4%	62.9%	63.9%	61.9%

Loan of Nursing Equipment

ISSUED BY HOME NURSING SERVICE

<i>Article</i>	1971	1970	1969	1968	1967	1966	1965
Air rings ..	255	224	217	249	258	257	263
Bed pans ..	605	691	550	621	663	768	789
Back rests ..	357	467	341	324	387	326	492
Barrier outfits	11	1	27	92	183	371	316
Cradles ..	196	156	148	152	170	155	125
Crutches ..	46	42	43	39	43	41	36
Draw sheets..	116	64	72	58	81	85	97
Feeding cups	64	55	63	54	66	76	71
Incontinent gowns ..	20	19	19	15	13	16	16
Infectious outfits ..	—	—	3	2	4	7	6
Lifting apparatus	—	2	2	2	4	5	13
Mackintosh sheets ..	42	51	72	92	144	265	489
Midwifery outfits ..	—	—	2	1	5	7	8
Sorbo cushions	276	203	226	239	264	318	319
Syringes 5cc. T.B. ..	—	1	3	64	91	307	346
Syringes others	3	4	11	—	13	3	—
Urinals ..	439	436	390	385	389	445	400
Walking tripods	267	251	242	200	197	171	139
TOTALS ..	2,697	2,667	2,431	2,589	2,975	3,623	3,925

ISSUED FROM HEALTH SERVICE STORE

<i>Article</i>	1971	1970	1969	1968	1967	1966	1965
Air beds ..	—	—	—	—	—	—	1
Bed tables ..	11	9	7	3	5	3	2
Bedsteads ..	171	151	131	150	85	99	65
Commodes ..	824	765	554	732	429	351	295
Invalid chairs	420	373	305	267	162	142	152
Mattresses ..	219	192	176	197	98	101	72
Self lifting poles ..	76	59	27	43	28	20	14
Walking frames	124	61	38	27	15	9	7
Ripple beds	3	—	—	—	—	—	—
Fracture boards (sets)	31	—	—	—	—	—	—
TOTALS ..	1,879	1,610	1,238	1,419	822	725	608

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

<i>Article</i>	1971	1970	1969	1968	1967	1966	1965
Draw sheets..	2,000	1,800	1,200	825	561	670	780
Polythene sheets ..	1,340	1,728	1,536	1,216	996	960	436
Incontinence pads:							
thick ..	—	3,768	1,680	40,604	31,788	24,492	17,520
thin ..	46,452	28,320	20,160	6,792	8,460	8,208	13,680
roll ..	9,040	4,307	1,392	—	—	—	—
pants ..	752	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.

The reduction in numbers is partly due to the omission of cases formerly on the Mental Health and Welfare Department lists who are known to be in institutions.

			<i>Educa- tion</i>	<i>Social Services</i>	<i>Others</i>	<i>TOTAL</i>
Cerebral palsy	..	..	31	92	25	148
Epilepsy	..	..	175	112	7	294
Cerebral palsy and epilepsy	..	..	2	11	—	13

Incidence of Blindness

BLIND	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibro- plasia</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	—	14
(b) Treatment (medical, surgical or optical) ..	15	7	1	28
(2) Cases at (1)(b) above which on follow up action have received treatment ..	13	7	1	26
PARTIALLY-SIGHTED				
(1) Cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:				
(a) No treatment ..	1	—	—	2
(b) Treatment (medical, surgical or optical) ..	5	4	—	22
(2) Cases which received follow up treatment	2	4	—	22
Number of blind persons on register at 31st December	..			753
Number of partially sighted persons on register at 31st December				208

Priority Rehousing on Medical grounds

TABLE 1

<i>Age distribution:</i>	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	<i>Total</i>
<i>Medical reason:</i>										
Cardio-vascular	—	—	—	—	—	7	14	15	4	40
Bones and joints ..	—	1	—	2	1	3	10	8	6	31
Respiratory ..	3	—	1	2	—	3	7	7	—	23
Nerves ..	—	1	3	4	1	2	4	2	3	20
Central nervous system ..	6	2	1	—	—	1	2	2	2	16
Malignant ..	—	—	—	—	1	3	7	—	—	11
Special senses	1	—	—	—	—	1	4	3	1	10
T.B. ..	—	—	1	1	1	—	—	1	—	4
TOTAL ..	10	4	6	9	4	20	48	38	16	155

TABLE 2

<i>Area</i>	<i>No. of visits paid</i>
Meadows	132
Hyson Green and Forest Fields ..	45
St. Ann's	41
Radford	41
Basford	32
Central	30
Lenton and Dunkirk	22
Sneinton and Carlton Road ..	20
Sherwood, Carrington and Mapperley ..	20
Bulwell	26
Bilborough, Broxtowe, Aspley, Strelley ..	20
Clifton	5
Wollaton	2
TOTAL	436

ENVIRONMENTAL SERVICES

Summary of Complaints Received and the Action Taken

Complaints received:

Housing defects	2,083
Choked or defective drains and sewers	780
Overcrowding	327
Dirty houses	73
Defective dustbins	351
Accumulations of refuse	682
Offensive odours	150
Nuisance from smoke, grit and fumes	77
Nuisance from empty properties	42
Water in cellars	65
Keeping of animals	84
Noise nuisance	66
Caravans	60
Food hygiene	77
Nuisance from pigeons	41
Insect pests	823
Rats and mice	3,028
Miscellaneous	120
TOTAL	8,929

Nuisances remedied following the serving of notices:

Additional water closets provided	—
Water closets cleansed	5
Courts, yards and passages paved or cleansed	295
Drains repaired or cleared	159
Dustbins provided	308
Factories	17
Dirty houses	13
Keeping of animals	4
Accumulation of refuse	167
Water closets repaired or cleansed	479
Miscellaneous nuisances	102
TOTAL	1,549

Complaints referred to other Corporation Departments

following investigation	862
Number of visits in connection with complaints	18,766

Housing defects remedied:

Fireplaces	55
Floors and ceilings	478
Rain water gutters and downspouts	488
Roofs	692
Walls	2,406
Sinks	86
Water pipes and fittings	33
Windows	589
Others	441
TOTAL	5,268

Number of houses involved in the foregoing defects 1,478

Statutory Notices

Total number served	..	..	..	..	1,140
					<i>Complied with</i>
<i>Public Health Act, 1936:</i>					
Section 39	Drainage	..	..	..	164
Section 40	Soil pipes	..	..	..	1
Section 44	Inadequate closet accommodation	..	..	..	2
Section 45	Closets	..	..	..	13
Section 56	Paving of courts, yards and passages, dwelling-houses	..	..	..	61
Section 75	Dustbins	..	..	..	53
Section 79	Offensive matter	..	..	..	7
Section 92	Houses	..	..	..	352
Section 287	Notice of entry	..	..	..	4
<i>Public Health Act, 1961:</i>					
Section 17	Stopped-up drains	..	..	..	98
<i>Nottingham Corporation Act, 1923:</i>					
Section 64	Paving	..	..	..	4
Section 73	Repair of water-closets	..	..	..	90
<i>Nottingham Corporation Act, 1952:</i>					
Section 80	Repairs	..	..	..	—
<i>Housing Act, 1957:</i>					
Section 9	..	..	..	..	256
TOTAL	..	..	..	..	<u>1,101</u>

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:

<i>Nottingham Corporation Act, 1923:</i>					£
Section 73	..	..	..	..	26·24
<i>Nottingham Corporation Act, 1952:</i>					
Section 80	..	..	..	..	26·18
<i>Housing Act, 1957:</i>					
Sections 9 and 10	..	..	..	..	116·18
<i>Public Health Act, 1936:</i>					
Section 39	..	..	..	..	185·35
Section 56	..	..	..	..	169·98
Section 45	..	..	..	..	26·45
Section 79	..	..	..	..	40·18
Sections 92 and 93	..	..	..	..	51·14
<i>Public Health Act, 1961:</i>					
Section 17	..	..	..	..	372·76
TOTAL	..	..	..	..	<u>£1014·46</u>

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 £24·38.

Insects received in the department for identification

<i>Beetles</i>			<i>Larvae</i>		
Anobium punctatum	..	1	Anobium punctatum	..	1
Attagenus pello ..	..	1	Attagenus pello ..	..	1
Attagenus piceus	..	2	Calliphora ..	..	1
Blaps mucranata	..	1	Fannia canicularis	..	1
Calandra oryzae ..	..	1	Hofmannophila pseudospretella	3	
Cryptophagus ..	..	2	Laspeyresia pomonella	..	1
Euophryum confine	..	1	Nacerdes mellanura	..	1
Feronia melanaria	..	1			
Harpalus rufipes	..	1	<i>Miscellaneous</i>		
Lathridius nodifer	..	2	Bryobia praetiosa	..	6
Ocypus olens ..	..	1	Ceratophyllus gallinae	..	1
Ptinus tectus ..	..	13	Lacewings	..	1
Stegobium paniceum	..	4	Mining bees	..	11
Tenebrio molitor	..	5	Mites ..	..	2
			Psocids ..	..	7
<i>Flies</i>					
Drosophila ..	..	2			
Megaselia ..	..	1			
Paracollinella fontinalis	..	2			
Psychoda ..	..	1			

Water Supply — Chemical Results — 1971 (Results in parts per million)

	Basford	Bestwood	Boughton	Burton Joyce	Halam	Lambley	Markham	Papple- wick	Rufford	Salter- ford	Ompton	Eastwood
Total solids ..	520	300	251	396	180	184	184	200	350	189	180	98
Sal. ammonia ..	Nil	Nil	0.012	Nil	Nil	Nil	Nil	0.018	0.024	Nil	Nil	0.024
Alb. ammonia ..	0.012	0.006	0.012	Nil	0.009	0.006	0.006	0.012	0.012	0.006	Nil	0.030
Oxygen demand	0.08	0.08	0.14	0.04	0.08	0.08	0.08	0.12	0.12	0.08	0.06	0.26
Nitrite N. ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0.02
Nitrate N. ..	16.1	6.20	5.40	1.16	2.24	2.83	2.50	5.62	4.96	5.82	2.90	0.84
Chloride Cl ..	49	29	31	16	11	10	11	23	96	26	19	12
Carb. Hardness	170	90	115	190	125	120	140	55	75	65	130	20
Non Carb. Hard- ness ..	184	92	79	128	3	8	6	71	1.19	77	10	34
TOTAL Hardness	354	182	194	318	128	128	146	126	194	142	140	54
Silica SiO ₂ ..	8	8	7	6	6	6	7	6	9	7	8	5
Colour ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	5
pH ..	7.7	8.2	8.2	7.8	8.2	8.2	8.15	8.1	7.9	8.2	8.0	9.1
Iron Fe ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0.06
Free CO ₂ ..	8	2	3	6	2	3	3	4	6	2	4	Nil
Calcium Ca ..	81.6	43.2	40.0	61.6	18.4	16.8	16.8	25.6	44.0	27.2	24.8	15.2
Magnesium Mg	35.5	17.7	22.6	39.3	19.7	20.6	24.8	14.9	20.2	17.7	18.7	3.8

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>					
Lawn fertiliser ..	..		1	—	1
Bone meal ..	..		2	2	4
John Innes base ..	..		2	—	2
Soluble blood ..	..		—	1	1
Rose liquid manure ..	..		1	—	1
Nitrate of soda ..	..		1	—	1
Adeo complete garden fertiliser ..	..		1	—	1
Eclipse plant food ..	..		2	—	2
Sulphate of potash ..	..		1	—	1
Fisons growmore ..	..		1	—	1
Clays fertiliser ..	..		1	—	1
<i>Feeding Stuffs:</i>					
Gold lay pellets ..	..		1	—	1
Pig baconer ..	..		2	—	2
Growers mash ..	..		1	—	1
Layers mash ..	..		6	—	6
Baby chick crumbs ..	..		1	—	1
Layers pellets ..	..		2	1	3
TOTALS ..	..		26	4	30

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 ..	—	22	3	—	1	1	1
Retail shops	—	45	13	—	—	5	8
Wholesale shops, warehouses	—	22	4	—	—	2	2
Catering establishments open to public, canteens ..	—	14	1	—	—	—	1
Fuel storage depots ..	—	—	—	—	—	—	—
TOTALS	—	103	21	—	1	8	12

ANALYSIS OF REPORTED ACCIDENTS

	Offices	Retail shops	Whole-sale ware-houses	Catering establishments open to public, canteens	Fuel storage depots
Machinery ..	—	2	5	1	—
Transport ..	1	2	1	—	—
Falls of persons ..	7	10	2	6	—
Stepping on or striking against object or person ..	2	4	1	1	—
Handling goods ..	8	16	10	3	—
Struck by falling object ..	—	4	2	—	—
Fires and explosions	—	—	—	1	—
Electricity ..	—	—	—	—	—
Use of hand tools ..	—	3	1	1	—
Not otherwise specified ..	4	4	—	1	—
TOTALS ..	22	45	22	14	—

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	80	1,361	272
Retail shops	64	1,855	208
Wholesale shops, warehouses	21	397	63
Catering establishments open to the public, canteens ..	20	474	59
Fuel storage depots ..	—	14	4
TOTALS	185	4,101	606

NUMBER OF VISITS OF ALL KINDS (INCLUDING GENERAL INSPECTIONS) TO REGISTERED PREMISES 1,645

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

<i>Class of workplace</i>	<i>Number persons employed</i>
Offices	23,637
Retail shops	12,447
Wholesale departments, warehouses ..	3,777
Catering establishments open to the public	4,102
Canteens	400
Fuel storage depots	52
TOTAL	44,415
TOTAL MALES	22,175
TOTAL FEMALES	22,240

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	10	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	1,639	15	6	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	2	—	—	—
TOTAL	1,651	15	6	—

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) ..	2	5	—	—	—
Ventilation (Section 4) ..	—	1	—	—	—
Drainage of floors (Section 6) ..	—	—	—	—	—
Sanitary conveniences (Section 7):					
(a) Insufficient ..	1	1	—	—	—
(b) Unsuitable or defective ..	2	8	—	6	—
(c) Not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	1	1	—	—	—
TOTAL ..	6	16	—	6	—

PART VIII OF THE ACT

Outwork

Section 133

Nature of Work	Number of out-workers in August list required by Section 133(1)(c)		
	1971	1970	1969
Wearing apparel, making, cleaning, etc. ..	730	658	663
Lace, lace curtains and nets	698	563	487
Nets other than wire nets	98	156	93
Household linen	123	91	82
Carding, etc., of buttons, etc.	75	24	24
Curtains and furniture hangings	5	5	2
Making of boxes from cardboard, etc. ..	—	—	—
Weaving of textile fabrics	—	—	5
TOTAL	1,724	1,497	1,356

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	6,001
Inspections made for the purpose	9,030
Dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	2,331
Dwelling-houses—exclusive of those referred to under the preceding sub-head—found not to be in all respects reasonably fit for human habitation.. .. .	1,193

Informal Action

Defective dwelling-houses rendered fit in consequence of informal notices by the Local Authority or their officers ..	2,752
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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	220
Dwelling-houses in which defects were remedied after service of informal notices:	
1. By owners	252
2. By Local Authority in default of owners	4

2. *Proceedings under the Public Health Acts:*

Dwelling-houses in respect of which notices were served requiring defects to be remedied	653
Dwelling-houses in which defects were remedied after service of formal notices:	
1. By owners	520
2. By Local Authority in default of owners	70

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

Dwelling-houses in respect of which demolition orders were made	3
Dwelling-houses demolished in pursuance of demolition orders	3
Closing Orders made	1

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

First Visits	15,754
Re-visits	7,219
TOTAL	22,973

Rent Act, 1957—Certificates of Disrepair

<i>Certificates of Disrepair</i>	1971	1970	1969	1968	1967
<i>Rent Act, 1957:</i>					
Part I Applications for Certificates of Disrepair:					
No. of applications for certificates	—	2	1	4	3
No. of decisions not to issue certificates	—	—	—	—	—
No. of decisions to issue certificates:					
(a) in respect of some but not all defects	—	2	1	4	1
(b) in respect of all defects ..	—	—	—	—	2
No. of undertakings given by landlords	—	2	1	—	1
No. of certificates issued ..	—	—	—	4	2
Part II Applications for cancellation of Certificates:					
Applications by landlords for cancellation of certificates ..	—	—	3	1	1
Objections by tenants to cancellation of certificates	—	—	1	—	—
Certificates cancelled by local authority	—	—	2	1	1

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	276.25	27.64 : Aug.	105	249 : Jan.	186	315 : Jan.
†Bulwell	152.48	18.60 : Nov.	89	185 : Jan.	127	229 : Jan.
City Centre	150.60	16.66 : Nov.	81	183 : Jan.	172	297 : Jan.
Clifton	95.72	10.29 : Jan.	35	77 : Jan.	111	160 : Jan.
†Mapperley	96.50	12.52 : Feb.	62	140 : Jan.	113	199 : Dec.
Meadows	125.83	14.37 : Nov.	104	200 : Feb.	140	214 : Dec.
Wollaton	105.81	15.52 : Mar.	39	94 : Jan.	96	166 : Jan.
Average for City	143.31	—	74	—	135	—

†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		
1971	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total
Jan.	16.00	7.62	23.62	8.97	7.29	16.06	7.70	5.78	13.48	5.88	4.41	10.29	6.01	4.68	10.69	7.62	6.80	14.42	8.38	5.48	13.86
Feb.	11.67	4.25	15.92	8.74	4.96	13.70	9.15	3.74	12.89	6.82	2.57	9.39	9.39	3.13	12.52	6.72	3.90	10.62	5.68	3.26	8.94
March	24.64	4.73	29.37	12.33	4.79	17.12	6.88	5.96	12.84	6.01	3.95	9.96	5.45	3.90	9.35	6.75	4.46	11.21	12.00	3.52	15.52
April	18.07	4.33	22.40	10.88	3.92	14.80	7.54	3.72	11.26	5.81	2.75	8.56	2.70	2.90	5.60	5.17	3.82	8.99	3.24	3.56	6.80
May	21.64	4.30	25.94	5.04	3.77	8.81	9.70	3.77	13.47	3.69	3.57	7.26	5.96	3.13	9.09	5.53	3.87	9.40	8.53	2.90	11.43
June	19.72	4.76	24.48	6.32	5.86	12.18	7.11	4.89	12.00	0.92	4.66	5.58	2.96	3.87	6.83	4.63	4.73	9.36	1.58	4.86	6.44
July	17.12	3.39	20.51	7.21	4.54	11.75	6.88	3.44	10.32	5.10	2.72	7.82	8.46	2.39	10.85	7.11	3.26	10.37	6.88	3.46	10.34
August†	22.88	4.76	27.64	—	—	—	5.32	5.35	10.67	2.78	3.34	6.12	2.60	1.99	4.59	3.46	4.49	7.95	2.78	3.72	6.50
Sept.	14.57	4.20	18.77	6.52	3.69	10.21	6.39	4.46	10.85	5.10	2.34	7.44	8.79	3.03	11.82	6.90	3.39	10.29	3.95	2.52	6.47
Oct.	21.94	4.48	26.42	10.12	4.79	14.91	6.60	5.22	11.82	3.31	2.83	6.14	3.36	2.70	6.06	3.64	4.00	7.64	1.78	2.65	4.40
Nov.†	21.96	4.97	26.93	13.71	4.89	18.60	9.53	7.13	16.66	6.32	3.34	9.66	—	—	—	5.63	8.74	14.37	3.87	3.26	7.13
Dec.	9.89	4.36	14.25	9.40	4.74	14.14	7.82	6.52	14.34	4.00	3.50	7.50	5.50	3.60	9.10	6.34	4.87	11.21	2.96	5.02	7.98
TOTAL	220.10	56.15	276.25	99.24	53.24	152.48	90.62	59.98	150.60	55.74	39.98	95.72	61.18	35.32	96.50	69.50	56.33	125.83	61.63	44.18	105.81

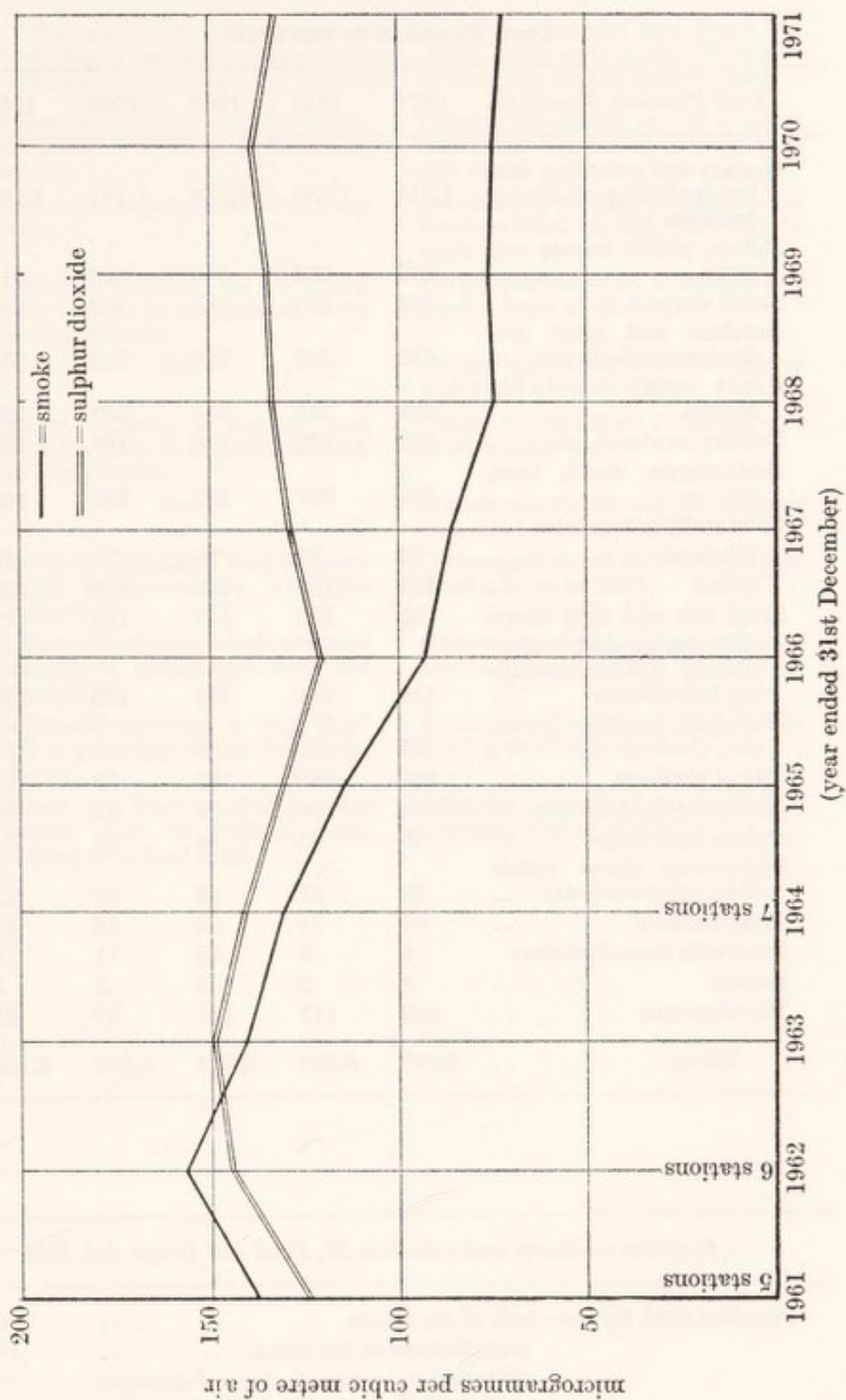
†Interference

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		
														1971	1970	
CLIFTON	SO ₂ ..	..	160	136	118	101	94	90	94	77	83	105	128	146	111	130
	Smoke	..	77	68	34	25	19	12	12	14	27	31	51	52	35	34
CITY CENTRE	SO ₂ ..	..	297	293	202	151	106	98	97	86	126	149	218	240	172	187
	Smoke	..	183	161	92	64	51	38	38	45	53	68	88	85	81	94
BASFORD	SO ₂ ..	..	315	300	215	144	117	106	96	83	127	200	245	281	186	194
	Smoke	..	249	217	106	79	54	35	23	33	47	112	152	161	105	116
BULWELL	SO ₂ ..	..	229	168	138	104	88	71	76	72	88	137	159	198	127	118
	Smoke	..	185	150	82	59	43	29	36	36	59	89	136	159	89	88
MAPPERLEY	SO ₂ ..	..	157	160	119	85	78	72	75	55	91	117	145	199	113	98
	Smoke	..	140	118	68	39	30	21	20	21	34	53	94	110	62	57
MEADOWS	SO ₂ ..	..	211	195	160	112	89	98	80	66	104	147	206	214	140	154
	Smoke	..	193	200	127	91	50	52	31	36	70	88	157	151	104	103
WOLLATON	SO ₂ ..	..	166	125	104	98	80	71	69	57	80	94	100	107	96	106
	Smoke	..	94	80	41	35	25	17	19	20	28	34	38	34	39	34

Atmospheric Pollution 1961-1971 (monthly averages for all measuring stations in the City)



Food Hygiene

FOOD PREMISES IN THE CITY

<i>Food Premises Supervised</i>	1971	1970	1969	1968	1967
Grocers and provision dealers including off-licence premises	1,018	1,056	1,136	1,137	1,151
Hotels, public houses and clubs	571	552	540	529	514
Sweet shops	333	350	399	410	403
Butchers and meat products manufacturers ..	330	353	345	352	374
Fruit and vegetable dealers	331	345	324	327	329
Factory canteens, etc. ..	172	182	178	183	220
Restaurants, snack bars, etc.	300	327	293	286	267
Food stalls in markets:					
Wholesale	75	81	75	70	78
Retail	131	107	128	129	120
Fried fish and chip shops	150	159	147	143	142
Bread, pastry and confectionery dealers, including bakehouses ..	114	141	121	123	122
Wet fish, poultry, game, etc., dealers	47	64	49	50	54
School kitchens	104	142	130	129	138
Wholesale food dealers ..	141	110	79	81	80
Mobile food shops ..	35	33	34	33	31
Self-service stores (other than supermarkets) ..	39	51	42	32	22
Supermarkets	63	71	58	48	41
Ice-cream manufacturers	6	9	10	11	12
Dairies	3	2	3	3	3
Miscellaneous	122	113	123	90	65
TOTAL	4,085	4,248	4,214	4,166	4,166

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

Premises used for the—sale of ice cream	536
manufacture of ice-cream	10
preparation or manufacture of sausages or potted, pressed, pickled or preserved food	344
TOTAL	890

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

Failure to comply with the Regulations at a meat manufacturing factory.

Owners convicted on 32 charges and fined a total of £1,510, plus £25 costs.

Failure to keep a retail food shop clean.

Owner convicted on 2 charges and fined a total of £35 plus £15.75 costs.

Failure to maintain an ice cream sales vehicle in accordance with the Regulations.

Owner convicted on 8 charges and fined a total of £120.

Do.

Owner convicted on 13 charges and fined a total of £260

Failure to keep a grocery and provision shop in accordance with the Regulations.

Owner convicted on 7 charges and fined a total of £170.

Do.

Owner convicted on 32 charges and fined a total of £590.

Failure to maintain a food delivery vehicle in accordance with the Regulations.

Owners convicted on 7 charges and fined a total of £425.

Failure to maintain wholesale food premises in accordance with the Regulations.

Owners convicted on 4 charges and fined a total of £95.

Failure to maintain a "hot dog" stall in accordance with the Regulations.

Owner convicted on 6 charges and fined a total of £30.

Failure of a food handler to wear overalls and to refrain from smoking at a food stall.

Offender convicted on 2 charges and fined a total of £10.

Details of Unsound Food Surrendered

<i>Food other than Meat</i>	<i>In Stones</i>					
	1971	1970	1969	1968	1967	1966
Bacon ..	201	772	180	113	154	257
Butter ..	4	—	—	—	1	1
Canned goods ..	8,109	9,862	6,616	9,255	6,998	5,701
Cakes and pastry	720	1,545	982	1,185	758	1,133
Cereals ..	6	321	858	—	—	—
Cheese ..	146	27	44	59	81	152
Chocolate and sweets ..	—	12	163	9	17	1
Coffee ..	3	—	1	7	30	5
Conserves ..	1	80	71	83	32	34
Cooked meat ..	1	420	588	880	812	462
Dried fruit ..	—	21	37	12	15	109
„ milk ..	—	2	—	—	9	—
Eggs—liquid ..	3	—	4	2	12	6
—shell ..	—	—	—	6	12	—
Fish ..	72	1,023	622	1,106	399	578
Fruit ..	1,888	2,043	6,678	1,757	2,317	1,600
Flour ..	2	25	157	83	41	—
Margarine ..	—	7	5	2	1	1
Miscellaneous ..	1,037	28,524*	10,389	607	635	957
Poultry ..	—	100	39	331	119	120
Rabbits ..	2	40	25	1	23	—
Sausage ..	—	513	490	709	661	375
Shell fish ..	476	143	482	918	714	907
Sugar ..	—	—	—	—	1	1
Imitation cream	2	1,298	1,078	—	—	13
Vegetables ..	3,201	5,575	3,248	7,359	8,485	14,332
TOTAL ..	15,874	52,353	32,757	24,484	22,327	26,745

* includes 25,064 stones soft drinks

<i>Meat</i>	<i>Home-killed</i>			<i>Imported</i>		
	<i>in stones</i>			<i>in stones</i>		
	1971	1970	1969	1971	1970	1969
Beef ..	1,310	1,446	1,250	241	486	577
Mutton and Lamb ..	200	479	468	77	618	297
Pork ..	1,537	3,012	3,118	67	371	62
Veal ..	29	42	49	—	—	9
Offals ..	9,976	15,661	12,743	—	130	53
TOTAL ..	13,052	20,640	17,628	385	1,605	998

GRAND TOTAL ALL FOOD SURRENDERED 1971:

29,311 stones = 183 tons approx.

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	11,763*	2,762	149	33,696	25,233	73,603
<i>All diseases except tuberculosis and cysticerci:</i>						
Whole carcases condemned ..	2	5	4	24	45	80
Carcases part (or organ) con- demned ..	2,680	1,459	3	1,127	8,916	14,185
Percentage affected ..	22.78	52.82	2.01	3.34	35.33	—
<i>Tuberculosis only:</i>						
Whole carcases condemned ..	—	—	—	—	1	1
Carcases part (or organ) con- demned ..	—	—	—	—	450	450
Percentage affected ..	—	—	—	—	1.78	—
<i>Cysticercosis:</i>						
Carcases part (or organ) con- demned ..	3	—	—	—	—	3
Carcases sub- mitted to treatment by refrigeration ..	3	—	—	—	—	3
Generalised and totally con- demned ..	—	—	—	—	—	—

* Bulls—8

Bullocks—9,486

Heifers—2,269

Food and Drugs

SAMPLES EXAMINED BY CITY ANALYST

Item	Genuine			Unsatisfactory			Totals		
	For- mal	In- formal	Total	For- mal	In- formal	Total	For- mal	In- formal	Total
Milk, untreated	386	—	386	6	—	6	392	—	392
Milk, processed	104	1	105	—	—	—	104	1	105
Milk, canned, condensed or dried ..	—	6	6	—	—	—	—	6	6
Butter, cream, cheese and other dairy products ..	—	16	16	—	1	1	—	17	17
Ice cream and frozen lollies	—	34	34	—	—	—	—	34	34
Open meat pro- ducts ..	—	19	19	—	—	—	—	19	19
Canned or pre- served meats and meat products ..	—	64	64	—	2	2	—	66	66
Canned or pre- served fish and fish pro- ducts ..	—	26	26	—	1	1	—	27	27
Soups ..	—	20	20	—	—	—	—	20	20
Oils and fats ..	—	7	7	—	—	—	—	7	7
Canned or pre- served vege- tables ..	—	34	34	—	2	2	—	36	36
Canned or pre- served fruit	—	30	30	—	2	2	—	32	32
Sweets, sugar con- fectionary, etc.	—	31	31	—	—	—	—	31	31
Jams, conserves, fruit curds, jellies, etc. ..	—	19	19	—	—	—	—	19	19
Bread, biscuits etc. ..	—	7	7	—	—	—	—	7	7
Flours and flour mixtures ..	—	10	10	—	—	—	—	10	10
Cakes and pud- dings ..	—	1	1	—	—	—	—	1	1
Canned or pre- packed cakes and puddings	—	7	7	—	—	—	—	7	7
Cereals ..	—	23	23	—	—	—	—	23	23
Food flavourings and colourings	—	17	17	—	2	2	—	19	19
Food drinks and non-alcoholic beverages ..	—	25	25	—	3	3	—	28	28
Spices, sauces and condiments	—	51	51	—	3	3	—	54	54
Wines, spirits and other alcoholic beverages ..	5	6	11	—	—	—	5	6	11
Drugs (internal and external use) ..	—	15	15	—	—	—	—	15	15
Baking powders and raising preparations	—	3	3	—	—	—	—	3	3
Miscellaneous	—	12	12	—	—	—	—	12	12
TOTALS ..	495	484	979	6	16	22	501	500	1,001

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