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ANNUAL REPORT

OF THE

MEDICAL OFFICER

TO

The County Council

OF

NOTTINGHAMSHIRE,

FOR THE YEARS 1917-18,

BY

HENRY HANDFORD, M.D., Edin., D.P.H., Camb.

Fellow of the Royal College of Physicians of London,
and of the Royal Sanitary Institute.
Hon. Consulting Physician to the General Hospital, Nottingham,
and to the Nottingham and Notts. Association for the Prevention
of Consumption.

Nottingham:

THOS. FORMAN AND SONS, SHERWOOD STREET.

1918.

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PUBLIC HEALTH DEPARTMENT,

SHIRE HALL,

NOTTINGHAM,

October 7th, 1918.

MY LORDS AND GENTLEMEN,

I have the honour to present my twenty-second Annual Report.

Never before has so much new work been undertaken in so short a time, and that, too, with a depleted staff.

Two new Tuberculosis Dispensaries, four Child Welfare Centres, a Venereal Diseases Centre, Child Welfare home visiting for several additional districts ; laboratory provision for all the doctors resident in the County, and finally the provision of Midwives in Rural Districts. All this is entirely new work.

In accordance with the wishes of the Local Government Board, this is essentially an interim Report, and the sections dealing with Water Supply, Drainage, and other kindred matters are postponed until after the war.

The statistics relate to the year 1917. Since 1916 they have been supplied directly to the County Medical Officer by the Registrar-General. They are of more importance then formerly, as many of them do not appear in the District Reports, and can otherwise only be found in the very voluminous Report of the Registrar-General, which is usually published at a later date.

An abstract of all the most important Vital Statistics was issued to the Public Health Committee early in July.

The net death-rate, namely, 12·2, is the lowest but one during the past twenty-six years, and is a matter for much congratulation.

Unfortunately, this is more than balanced by the fall in the birth-rate, which was 19·7, or 3·1 per thousand less than the previous lowest on record. This means an absolute loss of 978 lives to the County, of whom 883 would have been alive at the end of twelve months.

The infantile mortality rate remains practically the same as in 1916; namely, 95·6 instead of 95·0 per 1,000 births. The special infant welfare work undertaken by the County Council, was only commenced in November and December, 1917, and has not yet had time to produce much effect. During 1918 much more work has been undertaken, which is fully described on pages 15 to 19. It must not be forgotten that the infantile mortality for the whole kingdom has slightly increased, the rise being attributed—probably with truth—to the increasing strain and anxiety falling upon the mothers on account of the war, both as regards food for the family and war risks for husbands, sons and brothers, and the increasing employment of women in war and other work, leading to neglect of home duties.

An unusually full account of work in connection with the treatment and the prevention of Tuberculosis is given on pages 49–78. This has been rendered necessary by the increased public interest in tuberculosis, the constant pressure of the Insurance Commissioners for the treatment of discharged tuberculous soldiers, the very frequent requests of the Pensions Committees for the special examination of cases, and numerous communications from the recruiting offices. This very large increase of work has been met with a Medical Staff which, until the last few months, was much smaller than before the war. The increased accommodation for which the public are insistently asking, is not within the discretion of the County Medical Officer. With the recently increased staff the work is being better and more completely done than ever before. A short reference to the Epidemic of Influenza of July, 1918, is given on pages 46, 47. The much more serious and extensive outbreak occurring in October and November, 1918, will be treated in a separate report.

By the instructions of the Local Government Board, I prepared a very detailed Report on the Provision of Midwives in Urban Districts, which appears on pages 26–36. As a result of my previous Report on the Provision of Midwives

in Rural Districts, negotiations have taken place with the Notts. Nursing Federation, and Midwives for four areas are being subsidised, while several Midwives are being trained for unprovided areas.

A very great deal of work has been done in connection with providing additional centres for the treatment of Venereal Diseases. The difficulties of obtaining suitable premises during the war are extremely great, but they are legal and financial and not medical.

Much of the work of the Public Health Department is delayed by the reduced train services and by the difficulties in hiring motor cars during the war. A motor car for the service of the Health Department would not only be a convenience, but would enable work to be more rapidly accomplished.

I have the honour to be,

Your obedient servant,

HENRY HANDFORD.

ANNUAL REPORT.

The staff of the County Medical Officer has been very greatly disorganised by the War. The dearth of Medical Officers and Nurses, owing to the needs and prior claims of the Army with the Military and Civil Hospitals, and the great demand for Clerks at higher rates of pay, explains the fact that only four of the following staff have been in the service of the County Council more than a year. These frequent changes make administration more than usually difficult.

COUNTY MEDICAL OFFICER'S STAFF.

County Medical Officer of Health, Chief School Medical Officer, and Chief Tuberculosis Officer—

HENRY HANDFORD, M.D. Edin., F.R.C.P. Lond., D.P.H. Camb.

Assistant Tuberculosis Officers—

SCOTT C. ADAM, M.B., Ch.B. Glas., D.P.H. London.
HANWAY RICHARD BEALE, M.D. Lond., D.P.H. (part time)
THOMAS CLEATON GARRETT, M.B., C.M., Glas. (part time)

Resident Medical Officer, Ransom Sanatorium—

RICHARD R. S. WEATHERSON, M.B., Ch.B. Edin.

Medical Officer for Maternity and Child Welfare—

MISS ROSE HUDSON, M.B., Ch.B. Glas., D.P.H. Edin.

Chief Inspector of Midwives—

MISS ROSE HUDSON, M.B., Ch.B. Glas., D.P.H. Edin.

Tuberculosis Health Visitors—

MISS AMY QUICK, Health Visitors Cert. R.S.I.

MISS LEATHER, Three Years' Nursing Certificate.

MISS NICHOLSON, Three Years' Nursing Certificate.

MISS J. SPEAK, Health Visitors' and School Nurses' Certificate, R.S.I.

Health Visitors for Maternity and Child Welfare—

MRS. RAWSON, C.M.B., San. Cert. R.S.I.
MISS EDITH HORNE, C.M.B.
MISS CATHERINE BURNS, C.M.B.
MISS EMILY STERLING, C.M.B

School Nurses, who act as Assistant Inspectors of Midwives—

MISS SIMMONS, L.O.S., C.M.B.
MISS HAYLOCK, C.M.B., San. Cert. R.S.I.

Chief Clerk and Sanitary Inspector—

S. TEMPLE BROWN, Cert. Royal San. Inst.
(*Absent :* Called up for Military Duty, Oct. 1st, 1917.)

Clerk—

MISS D. WARSOP.

Clerk to Sanatorium Management Sub-Committee—

MISS D. WARSOP.

Tuberculosis Clerk—

MR. WOODCOCK (*Absent* with the R.F.A. in the Mediterranean since August 7th, 1914).

Assistant Tuberculosis Clerk—

MISS G. FLATT.

NAMES AND ADDRESSES OF THE MEDICAL OFFICERS OF HEALTH OF THE 26 DISTRICTS INTO WHICH THE COUNTY IS DIVIDED.

BOROUGHS AND URBAN DISTRICTS.

Districts.	Name of the Medical Officer of Health.	Address.
MANSFIELD (Borough)	John Lambie, M.D., D.P.H. (Absent on Military Duty.)	Queen Street, Mansfield.
	Dr. Waterworth, (Temporary M.O.H.)	Queen Street, Mansfield.
NEWARK (Borough)	Charles Wills, M.R.C.S. (Consulting M.O.H. and Deputy M.O.H.)	Farnsfield, Southwell.
,,	Samuel Nicol Galbraith, M.B., Ch.B. Glas., D.P.H. Camb. (Absent on Military Duty.)	Newark.
EAST RETFORD (Borough)	Hanway R. Beale, M.D., D.P.H.	Bridgegate House, East Retford.

Districts.	Name of the Medical Officer of Health.	Address.
ARNOLD	Harvey Francis, M.D.	Arnold, Nottingham.
BEESTON	George Chalmers, M.B., C.M. Aberd.	Devonshire Avenue, Beeston, Notts.
CARLTON	J. T. Knight, M.R.C.S.	Ivy Lodge, Carlton, Nottm.
EASTWOOD	F. Dixon, L.R.C.P.	Eastwood, Notts.
HUCKNALL	W. Garstang, M.B.	Sherwood House, Hucknall, Nottm.
HUTHWAITE	Robt. Irvine, L.R.C.P.	Huthwaite, Mansfield.
KIRKBY-IN-ASHFIELD	M. E. Kayton, L.R.C.P., D.P.H.	126, Low Moor Road, Kirkby-in-Ashfield, Nottm.
MANSFIELD WOODHOUSE	Ernest H. Houfton, M.D.	Bath House, Mansfield.
SUTTON-IN-ASHFIELD	R. Nesbitt, L.R.C.S.I.	Ashfield House, Sutton-in-Ashfield, Nottm.
WARSOP	H. W. Horan, M.B., B.S. (Absent on Military Duty.) Deputy, Dr. Court	Warsop, Notts. Cuckney, Worksop.
WEST BRIDGFORD	Walter Hunter, M.D.	Bridgeway House, Arkwright Street, Nottm.
WORKSOP	T. C. Garrett, M.B.	Newcastle Avenue, Worksop.

RURAL DISTRICTS.

Districts.	Name of the Medical Officer of Health.	Address.
BASFORD	W. H. Parkinson, M.B., D.P.H.	Burton Buildings, Parliament St., Nottingham.
BINGHAM	O. B. Eaton, M.R.C.S., D.P.H.	Long Acre, Bingham, Nottingham.
BLYTH AND CUCKNEY	W. T. Wood, L.R.C.P. (Absent on War Duty.) Deputy, Dr. J. Dooley.	The Laurels, Creswell, near Mansfield.
EAST RETFORD	Hanway R. Beale, M.D., D.P.H.	Bridgegate House, East Retford.
LEAKE	N. B. M. Blackham, L.R.C.P.	25, Victoria St., Loughboro'
MISTERTON	Dr. Bruce	North Leverton, Retford.
NEWARK	Samuel Nicol Galbraith, M.B., Ch.B., D.P.H. (Absent on Military Duty.) Deputy, Dr. John V. Coghlan	Newark. North Collingham, Newark
SKEGBY	J. O. Littlewood, M.R.C.S., D.P.H.	Highfield, Mansfield.
SOUTHWELL	Charles Wills, M.R.C.S.	Farnsfield, Southwell.
STAPLEFORD	E. Kingsbury, M.D.	High Street, Stapleford, Nottingham.
NOTTS. PARISHES administered by SHARDLOW	S. Hunt, M.R.C.S.	Spondon, Derby.

CHANGES OF STAFF.

During 1918 the changes of staff have not been so numerous as in 1917, but nevertheless they have proved to be sufficiently frequent to cause much additional trouble until the successors of those who have left have had at least one or two years in which to gain the experience which is absolutely necessary for efficiency in very highly specialized work.

In the course of the year the Committee have lost the services of the Assistant Tuberculosis Officer, Dr. Talbot; and of the Resident Medical Officer at the Ransom Sanatorium, Mrs. E. Dukes, L.R.C.P., and several of the sisters and nurses at the Sanatorium who, during the continuance of the War, are difficult to replace.

Their successors have already been appointed and have commenced work.

In addition, two part-time Assistant Tuberculosis Officers, Dr. Beale and Dr. Garrett, have been appointed for the North of the County, and a fourth tuberculosis Health Visitor for the same district.

In consequence of the pressure of the Local Government Board and of public opinion in connection with Maternity and Child Welfare, three new Health Visitors have been appointed, and it is hoped that three more may be found and appointed before the end of the year.

There has been no change among the Clerks, who are working well and rapidly gaining the special experience necessary to efficiency.

Among the Medical Officers of Health of the Urban and Rural Districts, with whom the County Medical Officer of Health is required to keep in constant and close communication, there have been two changes by death during 1918: namely, Dr. Frank Rothera, of Beeston, reported in the last report, and Dr. Dall, of Collingham, temporary M.O.H. for the Newark Rural District, who died after a few days' illness, from pneumonia after Influenza.

ANNUAL REPORTS.

The Medical Officer of Health of each Urban and Rural District, is required by Section 19 of the Local Government Act of 1888, to "*send to the County Council a copy of every* "*periodical report of which a copy is for the time being required*

" by the regulations of the Local Government Board to be sent " to the Board, and if a Medical Officer fails to send such copy " the County Council may refuse to pay any contribution, which " otherwise the Council would in pursuance of this Act pay " towards the salary of such Medical Officer."

And, further, by the Housing, Town Planning, etc., Act, 1909, Section 69 (2). *" The Medical Officer of Health " of a district shall give to the Medical Officer of Health of the " County any information which it is in his power to give, and " which the Medical Officer of Health of the County may reason- " ably require from him for the purpose of his duties prescribed " by the Local Government Board."*

The County Statistics used to be compiled from the Statistical Tables in the Annual Reports of the Medical Officers of Health of each Urban and Rural District. Since 1916 County Medical Officers have been supplied direct by the Registrar-General with the necessary material for the County Statistical Tables, which have had to some extent to be recast in consequence. Hence it is no longer necessary to wait for the District Annual Reports, several of which have not been received.

POPULATION.

The *natural* increase of population for the year 1917, by excess of births over *civilian* deaths, was **3,372**, compared with 4,126 in 1916, 3,775 in 1915, 4,845 in 1914, 4,934 in 1913, and 5,007 in 1912. This is the smallest increase of population since 1893.

The above is the *natural* increase and takes no account of the numerous deaths of soldiers, which are excluded from the civilian statistics.

The *actual* civil population has, of course, been greatly reduced by the very large number of men required for the Army, and also by the very considerable transference of population, owing to the establishment of numerous large munition works and to the great number of women now employed who, before the War, were either unemployed or did quite different work. In consequence of these numerous disturbing conditions, the Registrar-General has supplied an estimate of population, which the Local Government Board direct Medical Officers to use.

The population for calculating the death-rate is 344,822.

The population for calculating the birth-rate includes many soldiers who come home on leave, and is given as 384,378.

BIRTHS.

The number of live births registered in the County during the year 1917, amounted to 7,589, showing an absolute decrease of 978 compared with 1916, and corresponding to a rate of 19·7 per 1,000 of the population, compared with 22·8 in 1916, 25·0 in 1915, and 25·9 in 1914. The Urban rate was 20·9 and the Rural 17·6.

In the year 1917 the County lost 1952 *potential* lives, compared with the birth-rate of the first year of the War, 1914.

The declining birth-rate is no new question, but it has acquired a new significance, since the great European War has shown the vital importance of man-power to any country which wishes to maintain its position in the world. While the War has filled the graves, it has emptied the cradles.

The Registrar-General has shown that up to the present, we have lost in England and Wales, in potential lives, 650,000, on the standard of 1913.

The Registrar-General shows that at the present time, every day that the War continues, means the loss of 7,000 potential lives to the United Kingdom, France, Italy, and the Central Empires. Race suicide among European peoples on the most colossal scale has been the outstanding result of German militarism.

In the following tables the birth-rates of the different districts in the County are given for the year 1917, calculated from the populations supplied by the Registrar-General for the purpose of estimating the birth-rate. This population is larger than that used for estimating the civilian death-rate, and contains a proportion of soldiers on home service or on leave.

BIRTH-RATE FOR 1917, PER 1,000 OF THE POPULATION.

URBAN DISTRICTS.	RATE.
Warsop	29·6
Mansfield Woodhouse	25·8
Kirkby-in-Ashfield	24·7
Huthwaite	23·4
Worksop	23·3
Sutton-in-Ashfield	22·8
Hucknall	22.6
Mansfield	22·5
Eastwood	20·2
Carlton	18·4
Beeston	18·1
Arnold	17·7
Newark	16·6
East Retford	15·0
West Bridgford	11·2
MEAN OF URBAN DISTRICTS	20·9

RURAL DISTRICTS.	RATE.
Skegby	24·2
Stapleford	20·0
Basford	19·5
Misterton	17·9
Newark	16·6
Southwell	15·8
East Retford	15·5
Blyth and Cuckney	15·3
Bingham	13·4
Leake	13·1
Kingston and Ratcliffe	4·9
MEAN OF RURAL DISTRICTS	17·6
Whole County	19·7

In accordance with the rules of the Central Midwives Board, notices of 111 still-births were sent to the County Council by certified midwives during the year 1916, and 107 for 1917, compared with 107 for the year 1915, and 129 for 1914. These must be a very small proportion of the whole number of still-births occurring in the County during the year. And yet in many instances the distinction between live-birth and still-birth is so fine as to leave the door open to serious dangers.

ILLEGITIMATE BIRTHS.

In the whole County there were 378 illegitimate births, or a proportion of 49·8 per 1,000 registered births, compared with 46 per 1,000 in 1916, 42 in 1915, and 45 in 1914.

THE NUMBER OF LEGITIMATE AND ILLEGITIMATE BIRTHS FOR EACH DISTRICT, IN THE YEAR 1917.

URBAN DISTRICTS.	Births.	Legitimate.	Illegitimate.
Mansfield	1,030	985	45
Newark	282	250	32
East Retford	204	194	10
Arnold	217	203	14
Beeston	257	244	13
Carlton	329	310	19
Eastwood..	106	101	5
Hucknall	395	371	24
Huthwaite	138	128	10
Kirkby-in-Ashfield	431	410	21
Mansfield Woodhouse	353	337	16
Sutton-in-Ashfield	566	535	31
Warsop	209	201	8
West Bridgford	164	158	6
Worksop	526	500	26
TOTAL OF URBAN DISTRICTS ..	5,207	4,927	280
RURAL DISTRICTS.			
Basford	875	847	28
Bingham	186	176	10
Blyth and Cuckney	76	74	2
East Retford	229	217	12
Leake	51	50	1
Misterton	76	75	1
Newark	145	139	6
Skegby	201	189	12
Southwell	311	294	17
Stapleford	230	221	9
Kingston and Ratcliffe	2	2	..
TOTAL OF RURAL DISTRICTS ..	2,382	2,284	98

In the Urban Districts there were 53·7 per 1,000 births, and in the Rural Districts 41·1. There is thus a slight increase in both Urban and Rural Districts.

DEATHS.

The number of civilian deaths occurring in the County in 1917, including the deaths of residents taking place elsewhere and *transferred* to this County, was 4,217, or 224 fewer than in 1916, when the numbers reached 4,441. In 1915 the figures were 5,068.

The *death-rate* per 1,000 civilians living is unusually difficult to estimate because of the extreme uncertainty of the exact civilian population, owing to the large drafts of men for the Services and to the excessive migration of the population for munition work, and in lesser degree for coal-mining and for agricultural work.

The population adopted for making these estimates is that supplied by the Registrar-General, which it will be noted is smaller than that used for calculating the birth-rate.

Using these figures, the Nett Death-rate for the whole County was 12·2, which is the lowest but two yet recorded.

The aggregate Urban rate was 11·9, and the aggregate Rural rate 12·7.

In order to obtain the number of Nett Deaths, the Registrar-General sent to the County Medical Officer triplicate forms concerning each of 473 deaths which, for statistical purposes, need to be transferred from the place of registration to other districts. Each of these "transferable deaths" has to be allotted to the correct sanitary district in this or some other county, forwarded to the District Medical Officer of Health for verification, collected again, and finally returned to the Registrar-General. All this involves much time and correspondence, but immensely improves the accuracy of the Death Statistics.

The following table gives the death-rates of the different districts corrected for transferable deaths, and calculated from the civil population given by the Registrar-General for estimating the death-rate.

NETT DEATH-RATES PER 1,000 OF THE POPULATION FOR THE YEAR 1917.

URBAN DISTRICTS.	RATE
Huthwaite	13·8
Newark	13·7
Worksop	13·7
East Retford	13·6
Eastwood	13·2
Arnold	12·9
Kirkby-in-Ashfield	12·7
Mansfield Woodhouse	11·8
Sutton-in-Ashfield	11·6
Beeston	11·4
Hucknall	11·2
Warsop	11·2
Mansfield	11·2
Carlton	10·9
West Bridgford	9·3
Mean of Urban Districts	11·9

RURAL DISTRICTS.	RATE
Newark	14·8
Southwell	14·3
Blyth and Cuckney	14·1
East Retford	13·7
Misterton	13·4
Bingham	13·1
Stapleford	12·3
Skegby	12·2
Basford	11·2
Leake	11·1
Kingston and Ratcliffe	5·5
Mean of Rural Districts	12·7

INFANTILE DEATH-RATE.

The rate for the whole County in 1917 was 95·5 per 1,000 births. For the Urban Districts the rate was 98·5, and for the Rural 89·0.

RATE OF INFANTILE MORTALITY PER 1,000 BIRTHS.

	WHOLE COUNTY.	URBAN DISTRICTS.	RURAL DISTRICTS.
1895	154	180	128
1896	138	149	122
1897	152	169	128
1898	151	166	129
1899	161	178	135
1900	160	173	141
1901	145	154	132
1902	138	151	115
1903	134	141	122
1904	139	150	118
1905	126	133	114
1906	121	131	104
1907	127	134	113
1908	119	128	102
1909	106	112	93
1910	110	122	85
1911	125	137	115
1912	93	95	87
1913	101	110	82
1914	107	112	96
1915	112	125	87
1916	95	102	78
1917	95·5	98·5	89·0

The following table shows the extraordinary variations in the infantile mortality in different Districts, while the weather conditions, which were distinctly favourable, remained the same for all.

It is to be noted that while the Urban rates still remain higher than the Rural, there has been a *decrease* of 4 in the Urban rates and an *increase* of 10·8 in the Rural rates, which are thus tending to approximate to the Urban rates. This affords very ample justification for the immediate extension of Child Welfare work to the Rural Districts, which is now being undertaken by the County Council.

RATE OF INFANTILE MORTALITY FOR 1917, PER 1,000 BIRTHS.

URBAN DISTRICTS.	RATE.	RURAL DISTRICTS.	RATE.
Huthwaite	137·7	Misterton	118·4
Mansfield Woodhouse ..	116·1	Bingham	118·3
Carlton	106·3	Stapleford	113·0
Arnold	106·0	Newark	110·3
Mansfield	104·9	Basford	93·7
Sutton-in-Ashfield ..	104·2	Blyth and Cuckney ..	92·1
Eastwood	103·8	Skegby	79·6
East Retford	102·9	Leake	78·4
Kirkby-in-Ashfield ..	99·8	Southwell	61·1
Newark	99·3	East Retford	48·0
Worksop	89·4	Kingston and Ratcliffe ..	0·0
Hucknall	88·6	MEAN OF RURAL DISTRICTS	89·0
Beeston	81·7		
Warsop	76·6	**Rate for the whole County**	95·6
West Bridgford	36·6		
MEAN OF URBAN DISTRICTS	98·5		

MATERNITY AND CHILD WELFARE.

In continuation of the reports upon this subject contained in my Annual Report for 1916-17, on pages 15-18 and 23-24, little further is needed to bring the matter up to date.

Paragraph 3 of the Scheme is to the following effect :— "That the County Council take steps to establish Maternity "and Child Welfare Centres in Districts where the work is "not already being carried out by Urban and Rural District "Councils, or by Voluntary Agencies, or to take over existing "Centres established by Voluntary Agencies."

It was further very strongly the wish of the Public Health Committee that this new work should be developed *gradually*, and that the Council should not be rushed hastily into an undertaking of unknown magnitude. Consequently

the County Council, on January 30th, 1917, approved the following recommendation of the Committee :—

"It is the intention of the Committee to bring the "Scheme into operation *gradually*, increasing the work and "the number of Centres in future years as experience is "gained, and the necessity for more Centres is shown. This "increase can be effected to a considerable extent with the "help of the Government Grants, without addition to the "sum (£800) to be provided by the rates. For the first year "the Health Visitors would chiefly assist at Infant Welfare "Centres in the County at present maintained or hereafter "to be partially maintained by voluntary effort."

These instructions, as limited, have been strictly carried out. A lady doctor and Health Visitors have been appointed and work was commenced in 1917 at Carlton, by taking over the Welfare Centre previously managed by a Voluntary Association, and at Stapleford by starting an entirely new Welfare Centre.

At Carlton the work has proved eminently successful, and at the January Meeting of the County Council authority was obtained to more than double the size of the Centre by taking the adjoining house. The necessary alterations have been completed, after the delays inseparable from war-time work, and the Centre is feeling the benefit of the much increased room. The ladies committee, who formerly managed the Centre, very kindly gave their furniture and weighing machine to the Health Committee, and also were good enough to continue to assist in the work of the Centre.

At Stapleford the task was an uphill one, but the work has gradually won success, and a much larger house is needed, though so far no suitable premises have been found. The present premises are temporary and held on short notice.

At the Meeting of the County Council on October 30th, 1917, permission was given to establish two further Centres in the County. The necessary Health Visitors have been obtained and Centres are at work at Southwell and at Bingham. At Southwell a Welfare Centre had been in operation for nearly two years under the management of a Voluntary Association, but had died out. It is too early yet to say whether it can be successfully resuscitated, although the ladies' Committee have consented to continue their voluntary services.

At Bingham, too, the population is very small and it is uncertain whether in these small places Welfare Centres can

be maintained. In each District the far more important visiting of the homes from which births are notified is being carried out with much advantage by newly-appointed Health Visitors. Temporary premises have been found at Bingham and are held at short notice. The Centre was opened at the end of September.

On page 17 of last year's Report the great difficulty of defining the area upon which the special rate was to be levied was discussed, and at the Meeting of the County Council held on January 29th, 1918, it was decided that the special area should include the Urban Districts of Carlton and West Bridgford, and the Rural Districts of Bingham, Blyth and Cuckney, East Retford, East Leake, Misterton, Newark, Southwell, and Stapleford. This was afterwards approved by the Local Government Board.

In June a further communication was received from the Local Government Board, intimating that they would be glad if the County Council would extend their Maternity and Child Welfare Scheme to the following districts, where at present no arrangements have been made for Health Visiting, viz.: West Bridgford, East Leake, East Retford (Rural District), Misterton, and Newark (Rural District).

These five districts form part of the special area for which the County Council has already undertaken responsibility. The County Council at their Meeting on July 30th, 1918, approved the recommendation of the Public Health Committee that the scheme be extended as suggested by the Board, and that three additional Health Visitors be appointed. At the time of writing, these recommendations are being carried into effect.

At the present time there is a very great dearth of well-trained and well-educated Health Visitors, and it is wise not to attempt to extend the area of work too rapidly. There are plenty of untrained or inadequately trained women, but the value of them for educational work of this kind is not very great.

The Maternity and Child Welfare Centres were originally developed and organised in very large towns, and can be worked with fair success in most Urban Districts; but it is very doubtful whether they can be introduced into rural districts with a scattered agricultural population except at great expense and on a modified scale.

It can be readily understood from the Infantile Mortality rates shown on page 15 that the need for child welfare work

is much less in the country districts than in the towns ; but in several Rural Districts the Infantile Death-rate is still much higher than it need be. Indeed, with an Infantile Death-rate of about 40 per 1,000 births in New Zealand, one cannot say that any Rural District is incapable of improvement.

For the first few years after the passing of the Notification of Births Act, the County Councils were discouraged from undertaking Child Welfare work, which was placed in the hands of the District Councils. Now the County Council has placed upon it the duty of sweeping up those Districts whose Councils have found the work too difficult and have made no commencement ; and the task is by no means an easy one.

Much new work has been undertaken this year which will require one or two years to consolidate : so much depends in country districts on the personality of the Health Visitor, and upon slowly gaining the confidence of the people.

In the Welfare Centres already in operation much is being done in supplying Dried Milk, Glaxo, Virol, etc., at cost price or less for the children whose mothers are not otherwise able to obtain it. Very few instances of serious difficulty in obtaining milk for infants or children in rural areas have been discovered : consequently an important incentive for attendance at a Welfare Centre is wanting in country districts.

The visit of the Maternity and Child Welfare Exhibition to this County, under the auspices of the *National Union of Women Workers (who, with the aid of the Carnegie Trustees, mainly financed it), took place in February, March and April, 1918.

The Education Committee greatly helped the Exhibition by allowing some of the pattern garments to be prepared in sewing classes, by lending hampers, and most of all by allowing the children, boys and girls, of 12 years of age and over, to attend the Exhibition in class with their teachers, when the Exhibition visited the town.

The County Medical Officer visited almost all the exhibitions and assisted in several places by giving addresses and lectures. The programme of places to be visited was drawn up in co-operation with the County Medical Officer, and the Health Visitors also gave assistance where needed.

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* Now the National Council of Women.

The exhibition visited the following places for periods varying from two to four days, according to the size of the town : viz., Ruddington, Carlton, Bingham, Newark, Retford, Mansfield, Mansfield Woodhouse, Sutton-in-Ashfield, Hucknall, Arnold, Southwell. Short lectures and demonstrations were given at frequent intervals, much simple "Welfare" literature was distributed, and with hardly an exception the exhibition was markedly successful.

The scope of the Exhibition was very much wider than was popularly supposed. Very full illustrations were supplied of the requirements of a *normal healthy existence* in infancy, childhood, and early adult life. A stall illustrating "Insect Pests" and the means of prevention was most useful. Stalls showing the common dangers connected with the Eye, the Ear, and the Teeth afforded much instruction. An exceedingly complete stall illustrating "Food Values," together with many lectures on Food, appealed specially to parents and heads of families. A very well-furnished "*Thrift*" stall was most popular, and enabled many of the poorer mothers to learn how most of the necessary home comforts could be brought within their means. Probably the most popular stall was the one at which *Sample Infant Garments* were shown, and a great variety of paper patterns were prepared and sold in large numbers at cost price.

Since the visit of the Exhibition to one or two towns with Child Welfare Centres, the demand for patterns and samples of the most suitable infant clothing has been most insistent.

Many thanks are due to the Teachers, who displayed great interest, and were most helpful.

In numerous instances the children—the boys just as much as the girls—showed themselves to be most valuable propagandists, and after seeing the Exhibition in class in the morning, insisted on bringing their mothers in the evening.

The chief cause of regret is that the Exhibition, at any rate upon so large and complete a scale, cannot be an annual one.

PUBLIC HEALTH DEPARTMENT,

SHIRE HALL,

NOTTINGHAM,

May 27th, 1918.

THE MILK (MOTHERS AND CHILDREN) ORDER, 1918.

In accordance with the instructions of the Local Government Board, I have investigated the needs of those districts of the County which have no Maternity and Child Welfare Schemes separate from the County Council Scheme, in respect of the provision of food and milk for expectant and nursing mothers, and of milk for children under five years of age.

The part of the County in question is practically the Special Area included in the County Scheme, and comprises the Urban Districts of Carlton and West Bridgford, together with the Rural Districts of Bingham, Blyth and Cuckney, East Retford, Leake, Misterton, Newark, Southwell, Stapleford, and the Nottinghamshire Parishes administered by Shardlow.

A circular letter of enquiry has been directed to the Medical Officer of Health of each of these Districts, asking for any information in his possession, bearing upon the question of the needs of the District in respect of the provision of food and milk for expectant and nursing mothers, and of milk for children under five years of age.

Replies have been received from them all, and with one exception they unanimously state that they have not met with any evidence of difficulty in obtaining milk, or any other food except meat, butter or margarine.

Dr. Dall, Medical Officer of Health for the Newark Rural District, states that he has sometimes found there is a difficulty in obtaining milk for children and for nursing mothers.

A similar letter was sent to each of fourteen midwives practising in the District. They have all replied, and with two exceptions have stated that in their practice they have not met with any cases in which either mothers or children have met with unusual difficulty in obtaining a sufficient quantity of milk and of other food.

Two Midwives near Newark speak of meeting with difficulty in two or three cases, but complain more of the quality than the quantity of the milk.

I think it is possible the majority are adopting what they consider a patriotic war standard, and have not fully realised that a more liberal supply of food would raise the standard of health.

But undoubtedly in the agricultural Rural Districts, there is at present no difficulty whatever in obtaining fresh milk, and there is abundance of money to buy milk and other food. In the Winter there may be some difficulty.

In Carlton and in Stapleford we have first-hand information, acquired at our Welfare Centres. They are both near Munition Works, and there has been much difficulty in obtaining a sufficient quantity of fresh cows' milk. Dried Milk Powder and Virol are being freely supplied at the Welcomes at cost price, and only two cases have hitherto been found where the mothers have been unable to pay for it. Arrangements have been made to supply dried milk at less than cost price, or free, in the few cases where it may be needed.

It is intended to make similar provision at Bingham and Southwell as soon as the contemplated Maternity and Child Welfare Centres are in operation, which I trust will be in a few weeks.

H. HANDFORD, M.D.,

County Medical Officer.

MILK SUPPLY.

This subject was not mentioned in my last Annual Report as neither the County Medical Officer of Health nor the County Council have any power, during the War, as regards the cleanliness of milk or its freedom from tubercle bacilli. And yet both of these matters are of supreme importance to infants and children. Ample power has been given to provide mothers and babies attending Infant Welfare Centres with milk, but there is no power to see that the milk is clean and free from tubercle.

It is interesting to know from examinations made by the Lister Institute of twenty-seven samples of the milk obtained by mothers attending seven Infant Welfare Centres in different parts of London, that bacilli coli were present in every case ; in two cases the milk was tuberculous. The condition of Nottinghamshire milk in this respect is not known. The presence of bacillus coli in the water from

Clipstone Well a year ago led to the temporary closure of the Well, and the subsequent chlorination of the Well water. It is now again pure. Bacilli coli are more dangerous in milk than in water.

It is generally acknowledged that the large majority of cases of glandular tuberculosis in children owe their origin to tubercle bacilli in cows' milk. It is therefore not reasonable to expect any great diminution in the number of cases of gland tuberculosis in children so long as tubercle bacilli are being distributed in large numbers in the milk.

The milk supply to London comes from a large number of counties extending as far as Nottinghamshire and Derbyshire. The London County Council take samples of milk from churns arriving at the London railway termini, and have them bacteriologically examined at the Lister Institute.

The following table, which is taken from *The Times* newspaper, shows the results during the nine years the work has been in operation, the period in each year being July 1st to December 31st :—

Year.	Samples examined.	Percentage containing tubercle bacilli.
1908	528	11·6
1909	1966	10·4
1910	2497	10·7
1911	2877	10·4
1912	2885	8·4
1913	2779	9·9
1914	2839	7·9
1915	2559	6·5
1916	1160	8·7

ADMINISTRATION OF THE MIDWIVES ACT, 1902.

The following tables show the work that was done during 1917 in the supervision of Midwives with a very much depleted staff and in the face of great discouragement. In the latter part of 1917 the activity of this branch of work was much increased ; and in 1918 it has been still further improved.

It will be noted that the untrained *bona fide* midwives are rapidly dying out and being replaced by trained women. There is scope for more trained Midwives, but it is only in the populous centres that they are able to obtain a livelihood, and elsewhere they must depend upon a salary or upon part-time work.

The powers of the County Council in the supervision of Midwives are very inadequate and are responsible for much inefficiency.

The number of Midwives who, in compliance with Section 10 of the Midwives Act, have notified to the Local Supervising Authority their intention to practise in this County each year is shown in the following table :—

Year.	Number of Midwives.
1903	40
1904	93
1905	184
1906	181
1907	183
1908	177
1909	195
1910	203
1911	217
1912	220
1913	202
1914	197
1915	178
1916	191
1917	175

Of the 175 Midwives who notified their intention to practise in 1917, 109 had been trained, and 66 received their certificates because they were in bona fide practice before July, 1901.

MATERNITY CASES ATTENDED BY CERTIFIED MIDWIVES WITHOUT A DOCTOR.

Year.	Number of Cases.	Percentage of Total Births.
1907	4,150	46·3
1908	4,290	43·0
1909	4,166	42·0
1910	4,120	43·1
1911	4,339	45·9
1912	5,264	57·1
1913	6,339	67·6
1914	5,487	57·4
1915	5,072	57·3
1916	5,201	60·7
1917	5,004	65·9

Out of 5,004 maternity cases, medical help was advised in 441, or 8·8 per cent., compared with 6·7 per cent. in 1915, and 8·0 per cent. in 1916.

This greater readiness to call in medical help is a most important advance and is a result of the increasing proportion of *trained* midwives who are in a better position to recognise danger and seek assistance.

Ophthalmia Neonatorum.—Sixty-one cases of discharge from the eyes in the new-born were mentioned in the records of sending for medical help in 1917, and 53 in 1916, compared with 32 in 1915, 28 in 1914, and 9 in 1913. The increase is mainly due to more care on the part of the Midwives in reporting cases, and there is no distinct evidence of any increase in the disease. Every case reported is visited by one of the Inspectors of Midwives, and enquiries are made whether efficient steps are being taken to treat the disease.

TABLE OF NOTICES, ETC., RECEIVED BY THE NOTTS. LOCAL SUPERVISING AUTHORITY.

Year	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917
Records of sending for Medical help..	44	177	282	282	340	321	365	466	534	416	421	344	421	441
Notices of still-birth	3	68	123	100	101	106	113	142	110	147	129	107	111	107
Notices of death of child before arrival of doctor ..	0	12	19	15	21	36	26	14	16	12	8	8	13	7
Notices of death of mother before arrival of doctor ..	0	0	0	0	1	0	0	2	1	0	1	1	0	0
Notices of laying out the dead	0	0	0	0	0	0	0	35	64	29	23	16	27	16
Changes of address notified to the Central Midwives Board	0	51	35	45	55	54	67	55	85	40	20	14	6	9
Changes of name notified to the Central Midwives Board	0	0	0	5	4	5	5	4	2	4	0	0	4	0
Deaths of Midwives notified to the Central Midwives Board	0	0	0	0	3	3	3	0	4	0	0	0	2	2
	47	308	459	447	525	525	579	718	816	648	602	490	584	582

Classification of the Causes for which Medical Help was sought during the year 1917.

	1917.	
Pregnancy—		
Abortion	20	
Deformed Pelvis	2	
Excessive Sickness	0	
		— 22
Labour—		
Malpresentation	26	
Where no presentation could be made out	2	
Excessive bleeding	15	
Placenta retained for more than two hours	25	
Ruptured perinæum	47	
Delay in labour	66	
Debility	7	
By patient's wish	2	
Placenta Prævia	2	
Fits	3	
Uterine Inertia	9	
Other Causes	15	
		—219
Lying-In—		
Rise of temperature	12	
White leg	2	
Pain and swelling of breasts	2	
Sepsis	0	
		— 16
The Child—		
Convulsions	15	
Malformation	17	
Dangerous feebleness	45	
Inflammation of eyes	61	
Prematurity	26	
Still birth	3	
Jaundice	3	
Rash	4	
Other Causes	10	
		—184
		441

PUBLIC HEALTH DEPARTMENT,
SHIRE HALL,
NOTTINGHAM,
13th August, 1918.

REPORT ON PROVISION OF MIDWIVES IN URBAN DISTRICTS.

In compliance with the instructions of the Local Government Board, I have prepared a Report showing, as requested, the names and qualifications of the Midwives practising in each of the Boroughs, and in each of the Urban Districts in this County, together with the number of births attended by each Midwife.

In preparing this Report, I have been most cordially assisted by the Medical Officers of Health of the Boroughs and Urban Districts concerned, who, from their more intimate local knowledge, as well as from the fact that they are generally in private practice, are specially qualified to express an opinion as to the adequacy of the midwifery provision to meet local needs. The opinions expressed in the Report as to the adequacy and satisfactory character of the midwifery provision for each District, are the opinions of myself and the Inspectors of Midwives; but generally they are in agreement with the opinions given to me personally by the local Medical Officers of Health.

I have also prepared a list of Monthly Nurses, and of the uncertified and untrained women helpers, or "Handy Women," who attend a considerable number of women "under the direction of a Doctor." A few fully trained Midwives, possessing the certificate of the Central Midwives Board, only attend cases where a Doctor is engaged, and so claim to act as Monthly Nurses. They do not notify their intention to practise as Midwives, and so are not subject to inspection.

There are still a very few "Handy Women" who act as Midwives occasionally—particularly at Mansfield Woodhouse. The Local Supervising Authority have taken action before the Magistrates on several occasions in the last few years in such cases; but on the last two occasions they failed to obtain a conviction, as the women claimed to have acted *in an emergency*. This is now an accepted objection which it is almost impossible to meet, as no engagements are booked. This irregular practice is diminishing.

There is great need for a Maternity Hospital for complicated maternity cases and for Puerperal Fever, for persons residing in the County. At the Mansfield General Hospital

two beds are reserved for this purpose for the use of patients residing in the Borough of Mansfield, and in Mansfield Woodhouse; but there is no provision for the rest of the County.

An efficient Maternity Hospital, with a training school for Midwives attached, would be a very great boon. In the less populous Urban Centres two or three beds would be sufficient. Not only would the women attended at such hospitals be benefited, but the general standard of midwives' work in the County would be gradually raised.

MIDWIVES WHO HAVE NOTIFIED THEIR INTENTION TO PRACTISE.

There are 74 certified Midwives practising in the 15 districts. Of this number, 35 have obtained their certificate by examination. Of the remaining 39, two obtained the L.O.S. by examination, and the remaining 37 were given the C.M.B. certificate because they were in bona fide practice prior to July 1901, and are untrained.

MONTHLY NURSES, INCLUDING UNTRAINED, UNCERTIFIED WOMEN HELPERS.

Of the 52 "Monthly Nurses," four hold the C.M.B. certificate, three have a 3 years' Nursing Certificate, and 45 have no qualifications, and have had no training.

The "Monthly Nurses" are distributed among the Districts as follows:—

	Untrained.	C.M.B.	General Training.
Newark	6	2	1
Retford	4	2	—
Arnold	8	—	—
Carlton	3	—	—
Eastwood	1	—	—
Hucknall..	5	—	—
Huthwaite	3	—	—
Kirkby-in-Ashfield ..	8	—	—
Sutton-in-Ashfield ..	3	—	—
Worksop	2	—	—
Beeston	2	—	2
	45	4	3

H. HANDFORD, M.D.,
County Medical Officer.

MANSFIELD (Borough)

Population, Census 1911	36,888
Estimated population, 1917 (for birth-rate) ..	45,632
Birth-rate—per 1,000 population	22·5
Net Death-rate—per 1,000 population	11·2
Infantile Death-rate—per 1,000 births	104·9

Provision for Midwifery—Satisfactory.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Stephens, Emily ..	130 ..	C.M.B. (by exam.)
Richards, Mrs. M. A.	199 ..	C.M.B. ,,
Allcock, R. H.	174 ..	C.M.B. ,,
Moore, Alice A... ..	71 ..	C.M.B. ,,
Martin, Alice	42 ..	C.M.B. ,,
Bates, Mrs. S. A. ..	29 ..	C.M.B. ,,
Greenaway, A. L. ..	15 ..	C.M.B. ,,
Randlesome, M. E. ..	2 ..	C.M.B. ,,
Munns, Ann	144 ..	C.M.B. (untrained)
Bloor, Mary A. ..	49 ..	C.M.B. ,,
Bethell, Mrs. H. ..	32 ..	C.M.B. ,,

Monthly Nurses and uncertified, untrained Women Helpers.—No names given.

District Nursing Associations :—

Mansfield and Mansfield Woodhouse District Nursing Association. *Secretary*—Miss Turner, Mansfield Woodhouse

There are two whole time Health Visitors and a Maternity and Child Welfare Centre.

NEWARK (Borough).

Population, Census 1911	16,408
Estimated population, 1917 (for birth-rate) ..	16,969
Birth-rate—per 1,000 population	16·6
Net Death-rate—per 1,000 population	13·7
Infantile Death-rate—per 1,000 births	99·3

Provision for Midwifery—Unsatisfactory.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Starbrook, F. M. ..	71 ..	C.M.B. (by exam.)
Smith, Mary	35 ..	C.M.B. (untrained)

Monthly Nurses and uncertified, untrained Women Helpers.—9.

District Nursing Associations :—

1. The Borough of Newark District Nursing Association. *Secretary*—Mrs. H. E. Branston, Old Hall, Balderton.

2. St. Leonard's Charity Association. *Secretary*—Mr. R. F. B. Hodgkinson, Middlegate, Newark.

There is one whole time Health Visitor, and a Maternity and Child Welfare Centre.

EAST RETFORD (Borough).

Population, Census 1911	13,385
Estimated population, 1917 (for birth-rate) ..	13,562
Birth-rate—per 1,000 population	15·0
Net Death-rate—per 1,000 population	13·6
Infantile Death-rate—per 1,000 births	102·9

PROVISION FOR MIDWIFERY—SATISFACTORY.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Miller, Sarah	11 ..	C.M.B. (by exam.)
Russell, F. B.	104 ..	C.M.B. ,,
Taylor, M. E.	15 ..	C.M.B. (untrained)

Monthly Nurses and uncertified, untrained Women Helpers.—6.

District Nursing Associations.—None.

The Ladies' Health Association provides a whole time Health Visitor.

There is a Maternity and Child Welfare Centre

ARNOLD.

Population, Census 1911	11,146
Estimated population, 1917 (for birth-rate) ..	12,256
Birth-rate—per 1,000 population .. .	17·7
Net Death-rate—per 1,000 population . ..	12·9
Infantile Death-rate—per 1,000 births . ..	106·0

PROVISION FOR MIDWIFERY—UNSATISFACTORY.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Davis, M. A. H.	70	C.M.B. (by exam.)
Annibal, Bertha E.	95	C.M.B. (untrained)

Monthly Nurses and uncertified, untrained Women Helpers.—8.

District Nursing Associations :—

Arnold and Daybrook Nursing Association (affiliated to Notts. Nursing Federation). *Secretary*—Miss Dickenson, Sycamore Villa, Arnold.

There is one whole time Health Visitor, and a Maternity and Child Welfare Centre.

BEESTON.

Population, Census 1911	11,336
Estimated population, 1917 (for birth-rate)	14,151
Birth-rate—per 1,000 population	18·1
Net Death-rate—per 1,000 population	11·4
Infantile Death-rate—per 1,000 births	81·7

PROVISION FOR MIDWIFERY—SATISFACTORY.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Green, Mrs. R. M. A.	21	C.M.B. (by exam.)
Hydes, E. M.	11	C.M.B. ,,
Stannard, R. E.	100	C.M.B. ,,

Monthly Nurses and uncertified, untrained Women Helpers.—4.

District Nursing Associations :—

1. Beeston District Nursing Association (affiliated to Notts. Nursing Federation). *Secretary*—Mrs. P. Venn, Grange Avenue, Beeston.

2. Beeston Nursing Society. *Secretary*—Mrs. Roberts, Acacia Walk, Beeston.

There is one half-time Health Visitor, but no Maternity and Child Welfare Centre.

CARLTON.

Population, Census 1911	15,581
Estimated population, 1917 (for birth-rate) ..	17,877
Birth-rate—per 1,000 population	18·4
Net Death-rate—per 1,000 population	10·9
Infantile Death-rate—per 1,000 births	106·3

Provision for Midwifery—Unsatisfactory.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Hartshorn, Ellen ..	49 ..	C.M.B. (untrained)
Atkin, Helen	80 ..	C.M.B. (by exam.)
Parfrement, Hannah ..	31 ..	C.M.B. ,,
Ellis, Hannah	58 ..	C.M.B. (untrained)
Willson, Zillah M. ..	15 ..	C.M.B. L.O.S.

Monthly Nurses and uncertified, untrained Women Helpers.—3.

District Nursing Associations :—

Carlton District Nursing Association. *Secretary*—Mr. H. Edgar, Burton Road, Carlton.

There is one whole time Health Visitor, and a Maternity and Child Welfare Centre.

EASTWOOD.

Population, Census 1911	4,692
Estimated population, 1917 (for birth-rate) ..	5,234
Birth-rate—per 1,000 population	20·2
Net Death-rate—per 1,000 population	13·2
Infantile Death-rate—per 1,000 births	103·8

Provision for Midwifery—Unsatisfactory.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Allen, Clara	27 ..	C.M.B. (by exam.)
Smith, Rebecca.. ..	31 ..	C.M.B. (untrained)

Monthly Nurses and uncertified, untrained Women Helpers.—1.

District Nursing Associations :—

Eastwood District Nursing Association (affiliated to Notts. Nursing Association). *Secretary*—Mrs. Cockburn, Nottingham Road, Eastwood.

There is one whole time Health Visitor, but no Maternity and Child Welfare Centre.

HUCKNALL.

Population, Census 1911	15,870
Estimated population, 1917 (for birth-rate) ..	17,491
Birth-rate—per 1,000 population	22·6
Net Death-rate—per 1,000 population	11·2
Infantile Death-rate—per 1,000 births	88·6

Provision for Midwifery—Satisfactory.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Sabin, Mary A... ..	81 ..	C.M.B. (untrained)
Willatt, Annie	32 ..	C.M.B. (by exam.)
Harvey, May	27 ..	C.M.B. ,,
Dawes, Lucy A. ..	101 ..	C.M.B. L.O.S.
Deacon, Mary A. ..	88 ..	C.M.B. (untrained)
Springthorpe, Hannah	55 ..	C.M.B. ,,

Monthly Nurses and uncertified, untrained Women Helpers.—5.

District Nursing Associations :—

Hucknall and District Nursing Association (affiliated to Notts. Nursing Association). *Secretary*—Mrs. Beardmore, Nurses' Home, Beardall Street, Hucknall.

There is one whole time Health Visitor, and a Maternity and Child Welfare Centre.

HUTHWAITE.

Population, Census 1911	5,231
Estimated population, 1917 (for birth-rate) ..	5,889
Birth-rate—per 1,000 population	23·4
Net Death-rate—per 1,000 population	13·8
Infantile Death-rate—per 1,000 births	137·7

Provision for Midwifery—Satisfactory.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Hinks, Annie M. ..	76 ..	C.M.B. (untrained)
Banks, Sarah	13 ..	C.M.B. (by exam.)
Butler, Lellen	5 ..	C.M.B. ,,
Fox, Mary A.	21 ..	C.M.B. ,,

Monthly Nurses and uncertified, untrained Women Helpers.—3.

District Nursing Associations :—

Huthwaite District Nursing Association (affiliated to Notts. Nursing Federation). *Secretary*—Mr. Herbert Simpson, Station Road, Huthwaite.

There is one part time Health Visitor, but no Maternity and Child Welfare Centre.

KIRKBY-IN-ASHFIELD.

Population, Census 1911	15,378
Estimated population, 1917 (for birth-rate) ..	17,469
Birth-rate—per 1,000 population	24·7
Net Death-rate—per 1,000 population	12·7
Infantile Death-rate—per 1,000 births	99·8

Provision for Midwifery—Satisfactory.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Carrington, M. A. ..	126 ..	C.M.B. (untrained)
Connely, Harriett ..	66 ..	C.M.B. (by exam.)
Kirk, Jane	19 ..	C.M.B. (untrained)
Eyre, Sarah	59 ..	C.M.B. ,,
Morley, Ann	9 ..	C.M.B. ,,
Bradbury, Mrs. F. ..	4 ..	C.M.B. ,,
Timms, L.	4 ..	C.M.B. ,,

Monthly Nurses and uncertified, untrained Women Helpers.—8.

District Nursing Associations :—

1. District Nursing Association in East Ward. *Secretary*—Miss Hodgkinson, Kirkby-in-Ashfield.

2. District Nursing Association in South Ward. *Secretary*—Miss Gelsthorp, Main Road, Annesley Woodhouse.

There are two whole time Health Visitors and three Maternity and Child Welfare Centres.

MANSFIELD WOODHOUSE.

Population, Census 1911	11,015
Estimated population, 1917 (for birth-rate) ..	13,656
Birth-rate—per 1,000 population	25·8
Net Death-rate—per 1,000 population	11·8
Infantile Death-rate—per 1,000 births	116·1

PROVISION FOR MIDWIFERY—UNSATISFACTORY.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Jenkins, Mrs. Ann ..	131 ..	C.M.B. (by exam.)
Smalley, Isabella ..	76 ..	C.M.B. ,,
Godfrey, Elizabeth A.	7 ..	C.M.B. (untrained)
Hayward, Mrs. Leah ..	43 ..	C.M.B. ,,

Monthly Nurses and uncertified, untrained Women Helpers.—1.

District Nursing Associations :—

Mansfield and Mansfield Woodhouse District Nursing Association. *Secretary*—Miss Turner, Mansfield Woodhouse.

There is one whole time Health Visitor and a Maternity and Child Welfare Centre.

SUTTON-IN-ASHFIELD.

Population, Census 1911	21,708
Estimated population, 1917 (for birth-rate) ..	24,891
Birth-rate—per 1,000 population	22·8
Net Death-rate—per 1,000 population	11·6
Infantile Death-rate—per 1,000 births	104·2

PROVISION FOR MIDWIFERY—UNSATISFACTORY.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Wragg, Hannah ..	172 ..	C.M.B. (untrained)
Corbett, L. K.	108 ..	C.M.B. (by exam.)
Ayto, Myra	43 ..	C.M.B. ,,
Banks, Sarah	17 ..	C.M.B. ,,
Butler, Lellen	2 ..	C.M.B. ,,
Renshaw, Sarah ..	21 ..	C.M.B. (untrained)
Brailsford, Sarah ..	20 ..	C.M.B. ,,
Hinks, Annie M. ..	10 ..	C.M.B. ,,
Ellis, Eliza	6 ..	C.M.B. ,,
Belshaw, Annie ..	21 ..	C.M.B. ,,
Byrnes, M. E.	43 ..	C.M.B. ,,
Fox, Mary A.	11 ..	C.M.B. ,,

Monthly Nurses and uncertified, untrained Women Helpers.—3.

District Nursing Associations :—None.

There is one whole time Health Visitor, but no Maternity and Child Welfare Centre.

WARSOP.

Population, Census 1911	4,221
Estimated population, 1917 (for birth-rate) ..	7,057
Birth-rate—per 1,000 population	29·6
Net Death-rate—per 1,000 population	11·2
Infantile Death-rate—per 1,000 births	76·6

Provision for Midwifery—Satisfactory.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Stimson, Clara	119 ..	C.M.B. (by exam.)
Brailsford, Hannah ..	22 ..	C.M.B. (untrained)
Langbridge, Helen H.	3 ..	C.M.B. (by exam.)
Smedley, Josephine ..	8 ..	C.M.B. ,,

Monthly Nurses and uncertified, untrained Women Helpers.—None.

District Nursing Associations :—

Warsop District Nursing Association (affiliated to Notts. Nursing Federation). *Secretary*—Mrs. Wardley, Warsop.

There is one half-time Health Visitor, but no Maternity and Child Welfare Centre.

WEST BRIDGFORD.

Population, Census 1911	11,632
Estimated population, 1917 (for birth-rate) ..	14,617
Birth-rate—per 1,000 population	11·2
Net Death-rate—per 1,000 population	9·3
Infantile Death-rate—per 1,000 births	36·6

Provision for Midwifery—Satisfactory.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Jones, Annie	37 ..	C.M.B. (by exam.)

Monthly Nurses and uncertified, untrained Women Helpers.—No names given.

District Nursing Associations:—None.

There is no Health Visitor and no Maternity and Child Welfare Centre at present; one is contemplated.

WORKSOP.

Population, Census 1911	20,387
Estimated population, 1917 (for birth-rate) ..	22,527
Birth-rate—per 1,000 population	23·3
Net Death-rate—per 1,000 population	13·7
Infantile Death-rate—per 1,000 births	89·4

Provision for Midwifery—Unsatisfactory.

Name of Midwife.	No. of births attended during 1917.	Qualifications.
Storey, Lizzie	176 ..	C.M.B. (by exam.)
Valadares, S. A. de ..	154 ..	C.M.B. (untrained)
Fryer, Ethel	13 ..	C.M.B. ,,
Howard, Florence ..	7 ..	C.M.B. ,,
Mee, Ann	11 ..	C.M.B. ,,
Smith, Sarah	62 ..	C.M.B. ,,
Stubbs, Susan	3 ..	C.M.B. ,,
Crowder, Esther ..	3 ..	C.M.B. ,,

Monthly Nurses and uncertified, untrained Women Helpers.—2.

District Nursing Associations :—

1. The Victoria Hospital Committee. *Secretary*—Mr. James Boothroyd, Park Street, Worksop.

2. The Victoria Jubilee Nurses' Home.

There is one full time Health Visitor, but no Maternity and Child Welfare Centre at present. Premises for a Welfare are now being acquired.

H. HANDFORD, M.D.,

County Medical Officer.

NOTIFIABLE INFECTIOUS DISEASES.

SMALL POX.

The following table gives the number of cases which have been notified each year since 1895, and the number of deaths.

	SMALL POX.		
	Cases.	Deaths.	Case Fatality per cent.
1895	4	..	..
1896	1	..	..
1897	..	..	..
1898	..	..	..
1899	..	..	..
1900	..	..	..
1901	6	1	16·6
1902	2	..	..
1903	183	8	4·37
1904	101	3	2·97
1905	92	3	3·25
1906	2	..	..
1907	..	..	..
1908	..	..	..
1909	..	..	..
1910	4	1	25·00
1911	..	..	..
1912	1	..	..
1913	..	..	..
1914	..	..	..
1915	..	..	..
1916	..	..	..
1917	1	..	..

The present European War has so greatly increased the risk of an extensive outbreak of Small Pox, that the Local Government Board considered it necessary to issue in August, 1918, a special Report upon "The Incidence of Small Pox throughout the World in Recent Years."

In 1870-71, after the Franco-Prussian War, Small Pox, attacking first the belligerent nations, spread ultimately over the whole of Northern and Western Europe. It is a moderate estimate that this epidemic carried off *more than half a million human lives* in Europe during the time that it lasted.

The circumstances of the present War resemble in certain particulars those of 1870, but the armies of the present day are on a far vaster scale than those of 47 years ago, and the opportunities for mischief, if like conditions arose to those of 1870, would be infinitely greater. One of the present belligerents, Russia, had at the beginning of the War, in 1914 and since, a considerable prevalence of small-pox within its borders. Many Russian soldiers have been made prisoners and interned in Germany. Small Pox has developed among the captured Russians and spread recently to the civil population of Germany. In these events are the possible makings of a European epidemic. In addition, as will be seen further on, the civil population of Germany has been increased by the deported populations of Russia's western provinces, of Belgium and of Northern France, and these unfortunate people are now living in Germany under unwholesome conditions, associated with much bodily and mental suffering, which are not unlikely to make them more susceptible to infection, especially as among these people vaccination has not been generally enforced.

Also, besides the present prevalence of Small Pox in various parts of Germany, the disease is epidemic in Austria, especially in the Galician war zone. It is habitually prevalent among native populations in Egypt and Turkey, and along the shores of the Mediterranean—in Tunis for example—and is so at the present time. In Spain it is now appearing in some of the large towns ; and in smaller numbers Small Pox cases are occurring in other European countries, including Greece, Italy, Holland, and Sweden. At the end of 1916 Small Pox was prevalent in Japan, China, India, Indo-China, and the Dutch East Indies. It has been appearing also in various South American Republics and in Mexico ; also, but in a milder form, in the United States of America and Canada. Two considerations emerge from the above observations. The first, already indicated, is that, as the War continues in Europe and in the Near East, conditions have arisen which tend to aggregate susceptible populations under insanitary arrangements, with overcrowding and consequent lowered vitality. This must tend to promote the spread of Small Pox and intensify its type and virulence. The second is that even the present degree of prevalence is sufficiently serious to make the frequent introduction of Small Pox into the United King-

dom from the Continent a likely event. This will be still more likely if Continental epidemics of the disease become more severe and widespread ; while, should a general intensification of Continental Small Pox coincide with the end of the War and the resumption of free communications, the opportunities of introduction of infection into this country will become numerous and serious.

Should Small Pox of a virulent kind reach this country during the present War, the administrative machinery for dealing with it may, in places, be found defective ; for medical officers of health, public vaccinators, sanitary inspectors, vaccination officers, and other officials have in many instances been called up for military service, and their places temporarily filled by less experienced men, some of whom, perhaps, can hardly be so well relied upon as the permanent officers to deal efficiently and promptly with the first beginnings of an epidemic. There is also the possibility that, at the end of the War, when the pent-up foreign trade of the last few years is let loose again, the sanitary machinery at our ports may be overwhelmed, and Small Pox patients thus enabled to enter the country undetected. As most places in Europe are within a fortnight's journey of England, it is not improbable that persons in the incubation stage of Small Pox will arrive unobserved and develop the disease at their homes or places of destination.

Anyone who has studied the epidemiology of Small Pox cannot fail to have been struck by the frequency with which the infection is conveyed from one country to another by shipping. There is at the present time, as has been said, a large section of our population unprotected against the disease, either unvaccinated or not vaccinated within the last ten years, and therefore susceptible to the infection ; there is also on all sides an ample stock of Small Pox virus ready for importation, and with these two factors in operation it may be difficult to prevent the development of an epidemic even with the greatest watchfulness on the part of the central and local sanitary authorities of this country. For this and other reasons it becomes obvious that it is extremely unwise to postpone vaccination and revaccination till a Small Pox epidemic has developed. Security should be obtained by individual action without delay.

MEASLES.

This disease, the seriousness of which is only gradually being realised, was made notifiable, in a modified degree, from January 1st, 1916. Only the first case in a family is

notifiable by the doctor. But even in this restricted form the number of notified cases reaches the formidable total of 5,964, or considerably more than half of all the notified cases of infectious disease. Fortunately, the deaths were not so numerous as usual, the epidemics not being specially fatal. The most noteworthy feature has been the large number of instances in which adults have been affected, frequently with serious results. Measles has been particularly troublesome in the Army among the recruits.

During 1916 no less than 40 schools were temporarily closed on account of Measles, exclusive of the schools in the boroughs of Newark, Retford and Mansfield. German Measles, or Rubella, is a less serious disease than Measles (Morbilli) but they are not always distinguished in the notification returns, and consequently they are both described under one heading.

Year.	Deaths from Measles.	Year.	Deaths from Measles.
1895	35	1907	147
1896	230	1908	31
1897	47	1909	98
1898	62	1910	140
1899	142	1911	112
1900	67	1912	123
1901	105	1913	40
1902	77	1914	106
1903	42	1915	210
1904	50	1916	54
1905	177	1917	56
1906	7		

Notification is proving useful both in calling public attention to epidemics of Measles, and also in affording guidance in the closing of elementary schools.

The two proceedings which may be expected to produce the best results in checking an epidemic of Measles and diminishing its fatality and duration are, first, the employment of Health Visitors to visit every house where a case is known to occur, in order to advise the parents as to the precautions to be taken, especially where, as so frequently

happens, no doctor is called in. And, secondly, the employment of a nurse to assist in the nursing of cases that are severely ill, particularly with Pneumonia. Many lives may thus be saved. It has been found possible to employ some of the School Nurses as Health Visitors in the case of children absent from School on account of Measles; and although it is too early yet to speak with much confidence of the results, they certainly appear so far to be gratifying.

SCARLET FEVER.

	SCARLET FEVER.			
	Notified Cases.	Deaths.	Case Fatality per cent.	Attack Rate of Cases per 1,000 of the Population.
1895	540	26	4·8	2·17
1896	833	30	3·6	3·30
1897	824	29	3·5	3·21
1898	732	24	3·2	2·80
1899	1,693	44	2·6	6·36
1900	1,485	45	3·0	5·48
1901	1,080	21	1·9	3·91
1902	829	13	1·5	2·90
1903	870	15	1·7	2·95
1904	984	20	2·03	3·24
1905	1,559	33	2·1	5·01
1906	1,468	28	1·9	4·59
1907	937	23	2·4	2·87
1908	793	23	2·9	2·36
1909	726	9	1·23	2·13
1910	815	13	1·59	2·40
1911	1,221	18	1·47	3·53
1912	1,000	12	1·2	2·81
1913	1,392	17	1·2	3·8
1914	1,956	20	1·02	5·3
1915	1,077	14	1·49	3·03
1916	690	5	0·72	2·00
1917	433	3	0·69	1·25

There is nothing fresh to be said as regards Scarlet Fever. *The number of deaths, the "case fatality," and the "attack rate" are each of them the smallest on record in this County.*

DIPHTHERIA AND MEMBRANOUS CROUP.

These diseases are caused by the same organism, and are now classified together under the head of Diphtheria. It should be understood that Membranous Croup is almost invariably Diphtheria affecting the larynx or wind-pipe.

The considerable increase in this disease, which began in 1913, reached its maximum in 1914 as regards the number of cases, and in 1916 as regards the number of deaths.

For 1917 the number of cases was smaller than for any year since 1903, the deaths were less than half those which occurred in the previous year.

In reference to the best means of diminishing the mortality from this very fatal disease and preventing its spread, I wrote last year :—

"The best prospect of seriously diminishing the number of cases lies in the free provision of means for bacterial diagnosis in order that the actively infectious cases may be adequately supervised. Preventive measures of this nature are in operation in a few parts of the County with much success; but they cannot be generally adopted *until a laboratory is available for all Medical Officers of Health and private practitioners in the County*, at the expense of the County.

The case fatality is quite moderate, but might be further reduced by a wider use of Antitoxin *at the earliest possible moment*, even before an absolute diagnosis has been confirmed."

The preceding conditions have now been carried into effect and every doctor residing and practising in the County now has the opportunity of obtaining a bacteriological report upon any suspected case of Diphtheria, at the cost of the County Council.

Diphtheria Antitoxin is also supplied free of cost by most of the District Councils in necessitous cases, so that no case need be without the means of diagnosis and treatment at

the earliest moment. This is of the utmost importance where every hour's delay in commencing antitoxin treatment increases the risk of a fatal result.

	DIPHTHERIA & MEMBRANOUS CROUP.			
	Notified Cases.	Deaths.	Case Fatality per cent.	Attack Rate, or Cases per 1,000 of the Population.
1895	88	35	39·7	0·35
1896	142	38	26·7	0·56
1897	137	35	25·5	0·53
1898	119	26	21·8	0·45
1899	157	27	17·2	0·59
1900	182	32	17·5	0·67
1901	186	41	22·0	0·67
1902	209	29	13·4	0·73
1903	272	35	12·8	0·92
1904	447	63	14·1	1·47
1905	442	54	12·2	1·42
1906	447	53	11·8	1·39
1907	412	44	10·6	1·25
1908	526	60	11·4	1·57
1909	469	41	8·7	1·37
1910	358	31	8·6	1·05
1911	381	39	10·2	1·10
1912	373	35	9·3	1·05
1913	517	53	10·2	1·42
1914	613	63	10·2	1·67
1915	489	61	10·4	1·38
1916	562	64	11·3	1·63
1917	338	31	9·1	0·97

ENTERIC FEVER.

The number of cases and the deaths from Enteric Fever continue to be very small and afford an outstanding proof of the generally good sanitary condition of the County. The improvement cannot be attributed to the benefits of Anti-enteric inoculation, which is very little used in civil life. The

benefits of the military use of anti-enteric inoculation will be felt when demobilisation takes place, but will be dininished by the fact that the protection afforded is transient, and only lasts two or three years.

	ENTERIC FEVER, including "Continued."			
	Notified Cases.	Deaths.	Case Fatality per cent.	Attack Rate or Cases per 1,000 of the Population.
1895	300	44	14·6	1·21
1896	395	58	14·9	1·56
1897	277	41	14·8	1·07
1898	431	63	14·6	1·65
1899	343	46	13·4	1·29
1900	388	51	13·1	1·43
1901	257	34	13·2	0·93
1902	160	22	13·7	0·56
1903	187	31	16·5	0·63
1904	187	31	16·5	0·61
1905	206	36	17·4	0·66
1906	334	36	10·7	1·04
1907	215	29	13·4	0·65
1908	152	22	14·4	0·45
1909	116	20	14·2	0·34
1910	83	15	18·0	0·24
1911	186	23	12·3	0·53
1912	119	10	8·4	0·33
1913	68	11	16·1	0·18
1914	81	15	18·5	0·22
1915	40	9	22·5	0.11
1916	63	9	14·3	0·18
1917	41	11	26·5	0·11

PUERPERAL FEVER.

This term is retained because it is still used in the tables issued by the Local Government Board, and it is, also, the term employed in the Infectious Disease (Notification) Acts. The Local Government Board have directed that for the

purposes of classification in the tables issued by them the terms Puerperal Fever shall be held to include :—" Pyaemia, Septicaemia, Sapraemia, Pelvic Peritonitis, Peri-Metritis and Endo-Metritis, occurring in the Puerperium."

	PUERPERAL FEVER.		
	Cases.	Deaths.	Case Fatality per cent.
1895	24	11	45·8
1896	18	2	11·1
1897	21	9	42·8
1898	12	5	41·6
1899	28	14	50·0
1900	21	18	85·7
1901	23	18	78·2
1902	20	9	45·0
1903	16	9	56·2
1904	17	14	82·3
1905	20	6	30·0
1906	12	7	58·3
1907	21	8	38·0
1908	29	11	37·9
1909	16	10	62·5
1910	12	7	58·3
1911	14	8	57·2
1912	21	8	38·1
1913	9	6	66·6
1914	12	5	41·6
1915	19	4	21·1
1916	17	12	70·5
1917	8	6	75·0

The preceding table gives the number of *notified* cases and deaths during the past twenty years. There is reason to believe that some cases are not notified.

The above deaths do not include the deaths from "other accidents and diseases of pregnancy and parturition," which in 1917 amounted to 19.

WHOOPING COUGH.

The following table shows the number of deaths from Whooping Cough. Nine schools were closed for Whooping Cough in the Education County.

Year.	Deaths from Whooping Cough.	Year.	Deaths from Whooping Cough.
1895	61	1907	86
1896	51	1908	76
1897	129	1909	75
1898	40	1910	67
1899	37	1911	98
1900	109	1912	40
1901	71	1913	47
1902	71	1914	85
1903	88	1915	73
1904	107	1916	29
1905	86	1917	38
1906	61		

Much the same may be said of Whooping Cough as of Measles, but it causes fewer deaths and leaves fewer permanent ill-effects. It is very little under control and has not been recently so troublesome in spreading among young adults, as Measles.

INFLUENZA.

During 1917 the number of deaths from this serious disease remained high.

Although the prevalence of Influenza is favoured by cold and damp, and especially by rapid changes of temperature, it remains essentially an *infectious* disease ; but the knowledge of its infectious properties is very slightly acted upon in practice, and hardly any precautions are taken to prevent its spread. It is by no means unknown in the warmer seasons of the year. Influenza is a common cause of a fatal attack of Pneumonia. It also frequently leads to a recrudescence of Tuberculosis. Neither the serious character nor the infectious properties of Influenza are at all adequately realised, and the number of deaths *indirectly* due to it is large, though they may be classified under other headings. Penalties are needed for the exposure of persons suffering from Influenza in Offices, Factories, Railway Carriages, and other similar places.

The above was written before Influenza became epidemic in July, 1918. That outbreak was of short duration but largely affected the Country Schools, many of which were temporarily closed. The second epidemic in October and November has been more extensive and accompanied by a larger proportion of very fatal pneumonia. Leaflets advising precautions have been sent to the 350 Schools in the County and have been distributed by the Health Visitors. Help has also been given to practitioners by the Assistant Tuberculosis Officer, Maternity and Child Welfare Medical Officer, and by several Nurses.

Year.	Fatal Cases of Influenza.
1900	152
1901	23
1902	47
1903	45
1904	44
1905	47
1906	31
1907	84
1908	69
1909	47
1910	38
1911	38
1912	35
1913	42
1914	55
1915	71
1916	98
1917	74

MALARIA.

This subject has assumed a fresh interest not only on account of the very large numbers of soldiers suffering from Malaria returned from Macedonia, The Dardanelles, Egypt, Mesopotamia, Palestine, and Africa, in addition to the usual number from the East Indies; but still more from the fact that during the last two summers a considerable number of cases have *originated in this Country* in patients who have never left the British Isles. During 1917 at least 178 such cases were found where the infection had been contracted locally in districts where Malaria had been unknown for the last 20 or 30 years. The last year when indigenous Malaria was seriously prevalent in England was in 1859. Much care will be required to prevent the local prevalence of Malaria again becoming serious in England.

DIARRHOEA.

This disease is mainly of importance in connection with infant life, and in hot, dry seasons assumes the characteristics of a specific epidemic disease. The year 1917 was a very favourable one.

Year.	Deaths from Diarrhœa.	Year.	Deaths from Diarrhœa.
1895	201	1907	119
1896	88	1908	128
1897	166	1909	76
1898	240	1910	98
1899	233	1911	396
1900	158	1912	75
1901	205	1913	173
1902	85	1914	178
1903	123	1915	125
1904	242	1916	89
1905	116	1917	59
1906	223		

PUBLIC HEALTH AND CONTROL OF THE LIQUOR TRAFFIC.*

In considering the conditions which affect the Public Health and increase or decrease the death-rate, it is unreasonable to omit the use of alcohol. Much has been said of the improvement of the Public Health which has been attributed, rightly or wrongly, to Rationing, and the consequent prevention of over-eating; nothing is said about the deaths from under-feeding. More strangely still, nothing is said of the great improvement of health coincident with the restricted use of alcohol. In Tuberculosis the use of alcohol is most pernicious: the same may be said in the case of nursing mothers and of children.

Lord D'Abernon, President of the Liquor Control Board, in a lecture recently delivered at the Royal Institute of Public Health, on the control of the liquor traffic in its relation to public health, made an interesting reference to the fact that, although the abuse of alcohol has a profound influence on

* The Medical Officer, June 16th, 1917.

the general health of a community, yet, in the whole course of legislation, with the exception of the Immature Spirits (Restriction) Act, there is not a single clause specifically directed towards the enforcement of hygienic principles. Even in the Public Health Acts the public-house scarcely receives mention, and then only in regard to a minor point. Some reason for this apparent oversight, the lecturer suggested, may be traced to the view hitherto obtaining that the elements of the drink problem belong rather to the sphere of morality than to preventive medicine. However that may be, it was quite clear, as he proceeded to demonstrate, that efficient control of drink traffic can have a very definite influence in diminishing the injurious results arising from excessive use of alcohol. Taking a series of figures indicating the mortality attributable directly or indirectly to alcohol for the years 1913 to 1916, the deaths from such causes show, as compared with 1913, a slight upward movement in 1914, followed in 1915, especially after the restrictions came in force, by a distinct decline, moderate in the case of females, but more marked in the case of males.

In 1916, when restriction was in force throughout the whole year and over the greater part of the country, the case is still clearer, for the decline in alcoholic mortality amounted to over 40 per cent. in the case of males, and nearly 50 per cent. in the case of females, as compared with the 1913 standard.

TUBERCULOSIS.

The Report of the Registrar-General for 1916, issued in February, 1918, showed that the mortality amongst the *civil* population amounted to 1,529 per million, a figure in excess of the total mortality recorded for any year since 1909.

The increase in mortality of females does not extend to ages over 45, and in 1916 particularly affected the most active working period of life, 15—45. Many thousands of women are now, for the first time, subjected to the workshop conditions which have probably tended so much to maintain the mortality of males at working ages in recent years.

The general tendency to increase is not shared in by the rates for children under five years, the rapid decline of which has been such a notable feature of the history of tuberculosis in England since the commencement of the century.

TUBERCULOSIS.—Year 1917.

DISTRICTS. URBAN.	Post-card Notifications. Pulmonary.	Other Tuberculous Diseases.	Total.	Percentage of Notifications per 1,000 population.	Deaths from Pulmonary Tuberculosis.	Number of Notifications to each Pulmonary death.	Deaths from *other* Tuberculous Diseases.	Death-rate per 1,000 of the population from Pulmonary Tuberculosis.	Death-rate per 1,000 of the population from *other* Tuberculous Diseases.	Death-rate per 1,000 of the population from *all* Tuberculous Diseases.	Patients admitted into Ransom Sanatorium.
Mansfield	85	27	112	2·73	37	2·3	14	0·90	·34	1·24	52
Newark	16	1	17	1·11	21	0·76	8	1·38	·52	1·97	8
Retford	37	19	56	4·60	5	7·4	5	0·41	·41	0·82	5
Arnold	11	..	11	1·00	13	0·84	4	1·18	·36	1·54	4
Beeston	16	1	17	1·34	17	0·94	6	1·34	·47	1·81	15
Carlton	15	3	18	1·12	19	0·79	3	1·18	·18	1·37	3
Eastwood	1	..	1	0·21	3	0·33	1	0·64	·21	0·85	3
Hucknall	12	2	14	0·89	9	1·33	2	0·57	·12	0·70	3
Huthwaite	4	..	4	0·76	2	2·00	1	0·37	·18	0·56	1
Kirkby-in-Ashfield	19	2	21	1·34	15	1·26	1	0·95	·06	1·02	5
Mansfield Woodhouse ..	22	1	23	1·87	5	4·40	6	0·40	·48	0·89	11
Sutton-in-Ashfield	24	4	28	1·25	15	1·60	3	0·67	·13	0·81	7
Warsop	3	..	3	0·47	4	0·75	1	0·63	·15	0·79	2
West Bridgford	2	..	2	0·15	6	0·33	7	0·45	·53	0·99	3
Worksop	15	5	20	0·99	22	0·68	8	1·09	·39	1·48	6
Aggregate Urban Districts..	282	65	347	1·55	193	1·46	70	0·86	·31	1·17	128

TUBERCULOSIS.—Year 1917.

DISTRICTS. RURAL.	Post-card Notifications. Pulmonary.	Other Tuberculous Diseases.	Total.	Percentage of Notifications per 1,000 population.	Deaths from Pulmonary Tuberculosis.	Number of Notifications to each Pulmonary death.	Deaths from *other* Tuberculous Diseases.	Death-rate per 1,000 of the population from Pulmonary Tuberculosis.	Death-rate per 1,000 of the population from *other* Tuberculous Diseases.	Death-rate per 1,000 of the population from *all* Tuberculous Diseases.	Patients admitted into Ransom Sanatorium.
Basford	30	3	33	0·82	37	0·81	10	·92	·24	1.17	15
Bingham	4	8	12	0·96	14	0·28	7	1·12	1·56	1·68	5
Blyth and Cuckney ..	4	..	4	0·89	4	1·00	3	·89	·67	1·57	1
East Retford	10	10	20	1·51	13	0·77	5	·98	·37	1·36	2
Leake	4	1	5	1·43	3	1·33	1	·85	·28	1·14	..
Misterton	1	2	3	0·79	5	0·20	4	1·31	1·05	2·36	..
Newark	3	..	3	0·38	6	0·50	3	·76	·38	1·15	..
Skegby	7	..	7	0·94	6	1·16	1	·80	·13	·94	..
Southwell	9	3	12	0·68	13	0·69	4	·73	·22	·96	2
Stapleford	5	..	5	0·49	9	0·55	3	·87	·29	1·16	..
Kingston and Ratcliffe on-Soar..	2	..	2	5·51	..	..	1	·00	2·75	2·75	..
Aggregate Rural Districts ..	79	27	106	0·87	110	0·72	42	·90	·34	1·25	25
Whole Country	361	92	453	1·31	303	1·19	112	·87	·32	1·20	153

Nevertheless, in contradiction of the statement frequently made that children do not suffer from Phthisis (meaning tuberculosis of the lungs), the Registrar-General's Report shows that in 1916, 289 children under one year, per million, died of pulmonary tuberculosis, 209 per million at ages 0—5, and 351 per million at ages 5—10. Surely these figures justify a Children's Sanatorium, for which people so constantly ask.

The Report of the Registrar-General for the whole of England and Wales for the year 1917 is not yet available; but for the County of Notts. there has again been a slight increase in the mortality from pulmonary tuberculosis, namely, from 282 to 303, and a smaller increase from tuberculosis of other organs, namely, from 100 to 112.

The notifications, however, for 1917 have diminished when compared with 1916. The figures are as follows :—

	Pulmonary Cases. Whole County.	Other Tuberculous Diseases.
1916	394	141
1917	296	65

In addition to these, 65 pulmonary cases have been notified upon the weekly post-cards, and 27 'other tuberculous diseases'; but these are given without a name, address, or even locality, and are not available for following up the case.

It should be clearly understood by the County Council and by the District Councils, that cases of tuberculous disease are notifiable to the Medical Officer of Health of the Urban or Rural District in which the patient resides: and not to the County Medical Officer of Health or to the Tuberculosis Officer.

It is clearly laid down in the Order of the Local Government Board, of the 19th December, 1912, that it is the duty of the Medical Officer of Health, as soon as practicable after the end of each week, to send to the Medical Officer of Health for the Administrative County, a statement of every notification . . . . giving the information in regard to each person which was given in the notification.

The previous figures show that this is imperfectly carried out. After notification it is clearly laid down in Article xii of the same Order, that "the Medical Officer of Health, or an Officer of the Local Authority acting under the instructions of the Medical Officer of Health, shall make such enquiries and take such steps as are necessary or desirable for investigating the source of infection, for preventing the spread of infection, and for removing conditions favourable to infection."

Deaths from Tuberculosis.

Year	Deaths from Pulmonary Tuberculosis.	Deaths from other Tuberculous Diseases.
1895	287	..
1896	233	..
1897	308	..
1898	303	..
1899	266	..
1900	256	184
1901	238	153
1902	229	173
1903	262	150
1904	256	167
1905	281	140
1906	267	160
1907	281	143
1908	242	140
1909	245	120
1910	261	166
1911	233	186
1912	234	130
1913	237	110
1914	252	119
1915	261	114
1916	282	100
1917	303	112

Death-rate from Pulmonary Phthisis per 1,000 of the Population.

	Whole County.	Urban Districts.	Rural Districts.
1900	·93	·95	·90
1901	·86	·92	·77
1902	·80	·75	·86
1903	·88	·80	1·01
1904	·84	·79	·92
1905	·90	·93	·86
1906	·83	·84	·82
1907	·85	·88	·81
1908	·72	·72	·71
1909	·71	·72	·70
1910	·77	·83	·66
1911	·67	·73	·58
1912	·65	·68	·62
1913	·65	·64	·67
1914	·68	·70	·65
1915	·73	·68	·84
1916	·81	·86	·72
1917	·87	·86	·90

Death-rate from **OTHER** Tuberculous Diseases (excluding Tuberculosis of the Lungs) per 1,000 of the Population.

	Whole County.	Urban Districts.	Rural Districts.
1900	·67	·76	54
1901	·55	·64	·42
1902	·60	·65	·53
1903	·50	·53	·46
1904	·55	·59	·48
1905	·45	·48	·40
1906	·50	·51	·48
1907	·43	·46	·39
1908	·41	·47	·32
1909	·35	·36	·33
1910	·48	·59	·31
1911	·53	·61	·40
1912	·36	·40	·30
1913	·30	·39	·14
1914	·32	·39	·20
1915	·32	·32	·31
1916	·28	·36	·15
1917	·32	·31	·34

Death-rate from **ALL** Tuberculous Diseases (including Tuberculosis of the Lungs) per 1,000 of the Population.

	Whole County.	Urban Districts.	Rural Districts.
1900	1·60	1·71	1·45
1901	1·41	1·57	1·20
1902	1·40	1·41	1·39
1903	1·39	1·34	1·48
1904	1·39	1·38	1·40
1905	1·35	1·41	1·27
1906	1·33	1·35	1·30
1907	1·29	1·35	1·20
1908	1·14	1·20	1·03
1909	1·07	1·09	1·04
1910	1·26	1·42	0·98
1911	1·21	1·34	0·98
1912	1·02	1·08	0·93
1913	0·95	1·03	0·82
1914	1·01	1·1	0·85
1915	1·06	1·01	1·15
1916	1·10	1·23	0·88
1917	1·20	1·17	1·25

This work is not made the *duty* of the County Council or of their officers. Hitherto it has not been possible to attempt, with the restricted staff available, to assist in this work beyond visiting the homes of the patients attending the Tuberculosis Dispensaries and the homes of applicants for treatment in the Sanatorium.

Since the Tuberculosis Health Visitors have been at last increased from one, and then two, to four, it is hoped it will be possible for them to visit the home of every notified case of tuberculosis. Many of these will probably not need the help or advice of the Public Authorities, and they will not be visited again except on request.

It must be clearly understood that this voluntary addition to the work of the County Council Tuberculosis Health Visitors does not relieve the Medical Officer of Health of the District of his duties under the Order of 1912.

DISPENSARIES.

The Tuberculosis Dispensaries are Centres for diagnosis and treatment, as well as for consultation in doubtful cases. From them also the home-visiting of patients, both by the Health Visitors and by the Tuberculosis Officer, is arranged. The number of attendances at the Dispensaries at Mansfield, Newark and Nottingham was given in detail in last year's Report, page 61. The number of individual patients treated during 1917 amounted to 990.

The work of the Dispensaries has proved to be so necessary and the inaccessibility of the North of the County to Mansfield so serious, that the arrangements, advised at the beginning of the War and postponed, have been carried out in 1918. Two new dispensaries have been established, and two new part-time assistant Tuberculosis Officers appointed : namely, Dr. Beale, for Retford, the Retford Rural District and Misterton, and Dr. Garratt, Worksop, for Worksop Urban District and Blyth and Cuckney Rural District. The Dispensaries are held once a week, when the Health Visitor is always present. Hitherto it has not been possible to find suitable premises at Worksop. As a temporary measure, therefore, the dispensary is being held in Dr. Garrett's Surgery. At Retford a suitable house has been found in Bridgegate and will soon be ready.

A new Tuberculosis Health Visitor for these two Dispensaries and the areas allotted to them, has been appointed and commenced work on July 15th.

On November 26th, 1917, the New Block was opened at the Sanatorium for observation cases, hospital cases, and advanced cases, and in the autumn of 1918 six more beds will be available in re-arranged shelters, thus increasing the total beds from 32 to 50. The result has been most satisfactory and the long waiting list of applicants is a thing of the past. Suitable cases are now admitted with very little delay. The difficulty in obtaining a sufficient staff of qualified nurses and the change of resident Medical Officer leading to the absence of any resident M.O. for some weeks, has made it unwise to admit too large a proportion of advanced cases.

The Annual Report of the Ransom Sanatorium shows on page 67 the number of advanced cases admitted during 1917, namely, 19, of whom 5 were improved, 2 died in the Sanatorium, and the rest went home with the disease still progressing. There is no doubt an increasingly strong public demand for the institutional treatment of advanced cases of consumption, and of acute, rapidly fatal cases, upon much the same lines as medical and surgical cases are admitted into a General Hospital and cases of infectious disease into an Infectious Diseases Hospital.

Of course, the conditions are not the same, but they are closely analogous. The question is a very large one, and the solution is not easy, but it is mainly a matter of finance.

A Sanatorium is specially designed and constructed for the treatment of early cases who are not confined to bed, and who can benefit by treatment by graduated exercise. It is ill adapted for acute or very advanced cases, whose presence in more than a small proportion depresses and is prejudicial to the early, favourable cases.

It must also be remembered that in reference to the removal of advanced cases from small homes with a view to isolation and the prevention of the spread of infection, there is no power to detain such cases against their wish, and most of them return to their homes in the last and most infectious stages of the disease, and die at home.

The Tuberculosis Officers all over the country are being most unfairly pressed and criticised about the institutional treatment of advanced cases, and of children. They can only make the best use of the inadequate means provided.

I must repeat the main conditions which largely neutralize all the efforts of Tuberculosis Officers and Health Committees to prevent the spread of tuberculosis :—

1.—The most important of these is the Housing Problem : and especially the bad housing available for those who, being below the normal in physical fitness, are only able to earn low wages.

Allied to this question is the proper ventilation of offices, factories and workplaces generally, and the prevention of dust. In addition, the over-crowding of trains and the general failure to use the means of ventilation provided is a serious cause of ill-health.

2.—The failure to deal *adequately* with *advanced* cases.

3.—The failure to deal adequately with tuberculosis, both pulmonary and non-pulmonary, in children. It is in childhood that the disease is most curable, and that the results are most likely to be permanent. A separate children's block is greatly needed at the Sanatorium.

4.—By far the largest part of the glandular tuberculosis in childhood is due to infection from tuberculous cows' milk. Much more adequate steps are needed to prevent this ; but the little that was being done has been interrupted by the War.

5.—The general strain of the War and the attempt to work when unfit are important temporary causes of the present increase.

6.—A certain amount of under-feeding has also played a part.

7.—Too much importance cannot be attached to Influenza in preparing the ground for tuberculosis, as well as Pneumonia. The reckless way in which Influenza is spread from the absence of all precautions to avoid distributing infection is most reprehensible.

PUBLIC HEALTH DEPARTMENT,
SHIRE HALL,
NOTTINGHAM,
11*th March*, 1918.

SPECIAL REPORT ON TUBERCULOSIS ADMINISTRATION BY THE COUNTY MEDICAL OFFICER.

The Tuberculosis work of the County comprises :—

(*a*) The Ransom Sanatorium.

(*b*) Three Dispensaries (Mansfield, Nottingham and Newark).

(*c*) The Home Visitation, in consultation with the Panel Doctors, at least once a year, of all Domiciliary Patients.

(*d*) Acting as Consulting Officer to the Notts. Insurance Committee, and advising them upon all applications for Sanatorium Benefit.

(*e*) The examination of, and making provision for, Uninsured tuberculous persons.

In addition, since the War, the Tuberculosis Officers have frequently been asked to examine and give an expert opinion concerning recruits.

Communications also are frequently received from the Pensions Committee, concerning discharged soldiers. All these entail correspondence, the making of appointments and special journeys.

Lastly, by far the greatest amount of additional work has arisen from the number of discharged tuberculous soldiers sent direct by the Insurance Commissioners for Institutional Treatment, and requiring constant correspondence with the Commissioners in London through the Notts. Insurance Committee, and many special visits and examinations.

There are further a considerable number of discharged sailors and soldiers not sent *directly* by the Commissioners, and not included in the thirty-nine in the table, for whom special treatment and attention is required.

The Insurance Commissioners expect (and no doubt rightly), and are urgently pressing for, a degree of attention which it is quite impossible to give with the present depleted staff and without the *whole time* provision of a motor car. The hiring of motor cars, as occasion arises, has never been so difficult, or so expensive, and leads to a small loss to the doctor on each hiring.

The restricted train service, especially for journeys to the north of the County, makes the home visiting of patients occupy nearly twice the time formerly required. Neither the Chief Tuberculosis Officer nor the Assistant Tuberculosis Officer are provided with a motor car.

The special requirements of the Insurance Commissioners as regards discharged soldiers are causing the most acute pressure, and there is no prospect of this pressure diminishing for a long time.

The Committee are aware that the Assistant Tuberculosis Officer (Dr. Talbot) is leaving about April 11th. His successor, who is to be appointed shortly, may not enter upon his duties for another two or three months. There will remain the County Medical Officer and the Resident Medical Officer at the Sanatorium (Dr. Ethel Dukes) to carry on the whole of the work. This is impossible.

Apart from a general increase of tuberculosis over the whole of the kingdom (and probably over the whole of Europe) as a direct consequence of the War, the following increases of work carried on by the Tuberculosis Officers with a reduced staff, have taken place during the past four years, as shown in the following table :—

Year.	Applications for Sanatorium Benefit.	Dispensary Attendances.	Sanatorium Patients.	Sanatorium Daily Average of Patients.	Discharge[1] Soldiers provided with Institutional Treatment.
1913	149	0	—	—	0
*1914	180	133	117	30·56	0
1915	146	812	108	28·5	9
1916	131	2455	118	28	20
1917	172	3224	155†	30·21	39

* From 1915 onwards the large majority of persons applying for Sanatorium Benefit to the Insurance Committee have already been examined and are suitable for INSTITUTIONAL Treatment. No application is necessary for Dispensary Treatment in most instances. This accounts for the diminishing numbers of applications since 1914.

† Beds increased from 32 to 44 in December, 1917.

To carry on this work the staff in 1914 consisted of a Tuberculosis Officer (Dr. Teare), an Assistant Tuberculosis Officer (Dr. Sharpe), the Resident Medical Officer at the Ransom Sanatorium, and the County Medical Officer.

After the resignation of Dr. Teare in November, 1914, and of Dr. Sharpe in February, 1915, Dr. Wilbourne was appointed in February, 1915. It was decided that a second Assistant Tuberculosis Officer was absolutely necessary. An advertisement was issued and applications were received, but it was thought wiser to postpone the appointment until after the War. As a result, Worksop, Retford and the North of the County have never been properly worked.

At the beginning of the War it was hoped that it might be possible to postpone a good deal of the tuberculosis programme until after the conclusion of peace ; but the Government Departments, as well as public opinion, are now urging more and more prompt and thorough action, the burden of which falls upon the depleted tuberculosis staff.

If it should be decided that the work of treating and supervising the very greatly increased number of patients—about four times the number of Dispensary patients seen in 1915—ought to be carried out as strenuously as before the War, an increase of Staff is essential.

Much relief could be given by establishing Branch Dispensaries at Worksop and Retford, appointing *local part-time practitioners* to attend to them, and so diminish excessive railway travelling, and by requiring these local part-time Tuberculosis Officers to do the home visiting and consultation work in the north of the County, which is so inaccessible from Nottingham.

The establishment of two Branch Dispensaries with part-time Assistant Tuberculosis Officers, would also require a fourth Tuberculosis Health Visitor to reside at Retford.

Further, an endeavour should be made to appoint a *temporary* Assistant Tuberculosis Officer to fill the interval between Dr. Talbot leaving and his successor taking up work.

A satisfactory arrangement about a motor car is absolutely essential to the efficient performance of the work.

During 1915 and 1916, there were two Tuberculosis Health Visitors. In 1917, the frequent changes of Health Visitors led to some inefficiency, and with the increased number of cases needing visitation, caused a third to be appointed in January, 1918. This part of the work is now very efficient, except in the North, where a resident Health Visitor is needed.

Since Dr. Wilbourne ceased work at the end of February, 1917, the whole of the detailed administration has fallen upon the Chief Tuberculosis Officer, and a considerable part of the Clinical Work.

For the three months, March, April and May, 1917, the whole of the Dispensary work at Mansfield, Nottingham and Newark, was carried on by Dr. Ethel Dukes, in addition to her duties at the Sanatorium.

Since Dr. Talbot entered upon his work in June, 1917, he has carried on the Dispensary work at Nottingham, Newark, and one day a week (for men) at Mansfield. Dr. Ethel Dukes still sees the women one day a week at Mansfield, and visits a few patients at home.

Dr. Talbot has seen a fair number of patients at their own homes ; but the difficulties of travelling and the absence of a motor car have put this part of the work at a very great disadvantage. Consequently, it not infrequently takes a week, or longer, for the examinations asked for by the Insurance Commissioners to be carried out.

With the rapidly increasing claims of the Venereal Diseases Programme and the Maternity and Child Welfare Work, the County Medical Officer is quite unable to take up more Tuberculosis work, or to continue to give almost the whole of his time to Tuberculosis as in the past nine months.

H. HANDFORD,

County Medical Officer.

The above Special Report was made in March, 1918, and the preceding pages show that all the most important recommendations have already been carried into effect, except efficient provision for the use of a motor car for tuberculosis work, which is still very unsatisfactory. There can be no real efficiency without the free use of motoring.

PUBLIC HEALTH DEPARTMENT,
SHIRE HALL,
NOTTINGHAM,
July 13th, 1918.

To the Public Health Committee.

GENTLEMEN,

I have great pleasure in submitting the Annual Report of the Ransom Sanatorium, which has been written by Dr. Ethel Dukes, the resident Medical Officer.

The Annual Report shows that the number of fresh patients during the year, namely 155, was the largest hitherto admitted. The reasons for the increase are that the empty beds have been quickly filled, a considerable number of patients were admitted for less than three months (usually six to nine weeks), and on November 26th, the new block containing twelve beds, was opened, thus increasing the total beds from 32 to 44. Notwithstanding these efforts there has always been a waiting list varying from 6 to 25 or more. It has only been kept within moderate limits by the Insurance Committee, with the aid of the Insurance Commissioners, sending the majority of the recently discharged tuberculous soldiers to other sanatoria. But even so the long period of waiting is a serious disadvantage, and many patients while waiting deteriorate from Stage 1 to Stage 2 or even Stage 3. It is hoped that before the end of the present year the beds may be further increased by 6, making a total of 50.

Since the new block has been opened, the Local Government Board require a portion of the beds to be used for the treatment of advanced cases. It will be noticed that 19 advanced or Stage 3 cases were admitted and it was amongst these that the two deaths occurred. There is a limit to the proportion of advanced cases which can wisely be admitted into the same institution as early cases, partly on account of the depressing effect upon the early cases, and partly because of the increased strain upon the nursing staff.

The early cases (81) form a larger proportion than in some former years. This is as it should be, and reflects credit both upon the working of the Dispensaries, where suitable early cases are selected for Sanatorium treatment, and upon the private practitioners, who are in many places beginning to send in patients in the early stages, when alone *lasting* improvement, or arrest of the disease, can be expected.

The educative effect of the Sanatorium upon the neighbourhood is well shown in the large proportion of cases sent in from Mansfield and Mansfield Woodhouse, where on account of the proximity of the Sanatorium, the value of the treatment has long been understood and cases in the earliest stages are sent to the Dispensary.

Where a few weeks' rest and treatment will restore chronic second or third stage cases to working capacity, as it frequently does, the admission of such cases is well worth while.

The admission of very advanced cases does good by taking away from a crowded home a source of infection and treating it in the open air, where infection is nullified. Occasionally an advanced case improves very considerably.

The graduated labour treatment continues to be successful, especially for the men, but needs to be followed by a farm colony. For the women, further facilities for gardening are needed, for it is difficult to arrange for them to work in the same garden with the men, at the same time, with only one gardener to supervise.

A very great and urgent need is the provision of one or two open sheds for workshops. Many men cannot be induced to take any interest in gardening; and in winter even enthusiastic gardeners can find little occupation for many days or weeks at a time. A much greater variety of work in the open air is greatly required.

I should like to call particular attention to Tables V and VI, in which the total admissions to the Sanatorium during 16 years have been analysed, showing the results of treatment according to the stage of disease on admission at various groups of ages. Of the 1,675 admissions, 130 were re-admissions. It is a matter for great satisfaction that out of 1,545 individual patients admitted during 16 years, as many as 616 are well and working at the present time, although 781 are dead. For the most fatal of all diseases, these are not bad results.

If we look a little more closely and consider the Stage at which these patients first came under Sanatorium influence and treatment, we find the advantages of early treatment abundantly evident. Of 665 admissions in Stage I there have been 154 deaths, or one death in 4·3 cases. Of 790 admissions in Stage II there have been 467 deaths, or one death in 1·6 cases. And of 220 admissions in Stage III there have been 160 deaths, or one death in 1·3 cases.

For the three years 1915, 1916, 1917, there have been notified in the whole County 1,130 pulmonary cases, and there have been 846 deaths, or one death out of 1·33 notified patients. The majority of the notified cases have not had the benefit of sanatorium treatment. In the same three years there have been 381 patients in the Sanatorium, of whom 71 have died, or one death among 5·36 patients. It would seem, therefore, that although sanatorium treatment does not guarantee against *relapse* on the return of the patient to unfavourable circumstances and surroundings, much benefit has resulted from the treatment, and many patients have been restored to working capacity.

I am, yours faithfully,

H. HANDFORD,

County Medical Officer and

Chief Tuberculosis Officer.

MEDICAL REPORT OF THE RANSOM SANATORIUM FOR THE YEAR 1917,

BY

ETHEL DUKES, L.R.C.P. and S. (Edin.),

Resident Medical Officer.

During the year—1st January to 31st December—178 patients were under treatment. Of these, 23 patients were admitted during 1916 and their treatment extended for some weeks into 1917.

The admissions during the year were 155, divided as follows :—

Insured persons, per Notts. Insurance Committee ..	97
Uninsured persons, per Notts. County Council Health Committee	28
Discharged Soldiers—Insured..	29
,, ,, —Uninsured	1
	155

TABLE I.—Showing the Districts from which Patients have come to the Sanatorium during 1917.

Mansfield	52	Warsop	2
Newark	8	West Bridgford	3
Retford (Borough)	5	Worksop	6
Arnold	4	Basford	15
Beeston	15	Bingham	5
Carlton	3	Blyth and Cuckney	1
Eastwood	3	East Retford (Rural)	2
Hucknall	3	Southwell	2
Huthwaite	1	Nottingham	2
Kirkby-in-Ashfield	5		
Mansfield Woodhouse	11	TOTAL	155
Sutton-in Ashfield	7		

TABLE II.—Showing the Occupations of the Patients admitted during 1917.

MALES.		FEMALES.	
Ex-soldiers and Sailors	31	Housework (chiefly married women)	31
Miners and workers in and about Collieries	26	Domestic Servants	7
Factory Hands	9	Hosiery Hands	6
Hosiery Hands	4	Factory Hands	11
Clerks	2	Clerks	2
Mechanics, Engineers, etc.	7	Munition Workers	3
Insurance Agents	4	Miscellaneous	2
Labourers	2		62
Miscellaneous—			
Indoor occupations	3		
Outdoor "	5		
	93		

Analysis of Cases admitted during the year :

These number 155 and are classified according to the stage of the disease on admission, viz. :—

Stage I.—Early Phthisis	81
Stage II.—Serious Phthisis	55
Stage III.—Advanced Phthisis	19

Stage I.—Early Phthisis.—The number of early cases admitted was 81, as compared with 54 of the previous year. Of these 59 cases were discharged with their disease "arrested": that means there was an absence of all signs of active disease, sputum (if still present) contained no tubercle bacilli, and the general health was so far restored that the patient was able to perform graduated manual labour without a rise of temperature. At the end of the year most of these patients were at work earning their living in various ways. One patient died some time after leaving the Sanatorium, having had a relapse with an onset of acute disease. Of the 22 cases who

were discharged "much improved," it is probable that many would have had their disease arrested had the number of applications for beds not been so large during the year under observation. We were unable to keep many of these cases

TABLE III.—Showing the Stage of Disease on Admission and the results obtained after treatment.

	Disease Arrested.	Much Improved.	Improved.	Stationary.	Worse.	Died while in Sanatorium.	Total
Stage I	59	22	0	0	0	0	81
Stage II (Serious Phthisis) ..	7	33	13	1	1	0	55
Stage III (Advanced Phthisis) ..	0	3	5	6	3	2	19
Total	66	58	18	7	4	2	155
Average Stay.. ..	11·9 weeks.	8·9 weeks.	8·6 weeks.	5·4 weeks.	6·9 weeks.	——	——
Average gain in weight	11·3 lbs	9·5 lbs.	6·9 lbs.	3·6 lbs.	1·3 lbs.	——	——

longer than six weeks owing to the long waiting list and the demand for the beds. A much larger Sanatorium is required to deal adequately with the cases who apply for admission. The maximum weight gained was 32¼ lbs. by a girl, whose general health on admission was in an extremely poor condition.

The condition of these patients as ascertained in March, 1918, was as follows: 55 were well and working; 10 were well but not working; 1 was not well, but working; 12 were not well and not working; and 3 were dead.

Stage II.—Serious Phthisis—Fifty-five cases were admitted in the second stage of the disease, as compared with 60 the previous year. Except in the case of two patients, these cases derived considerable benefit from their stay in the Sanatorium, but those who suffer from Phthisis in the second stage need a much longer course of treatment than we are at present able to provide. Some of these patients afterwards carried on the treatment at home for a few months; others were obliged to return to work at an early date, and it is to be feared that their improvement will not be permanent. Seven of these cases were discharged with their disease "arrested"; 33 were "much improved"; 13 were "improved"; 1 case was discharged "*in statu quo*"; and one was worse than when he entered the Sanatorium, all our efforts having proved futile against the rapid progress of the disease.

In March, 1918, 31 of these patients were well and working; 6 were well but not working; 13 were not well and not working; and 5 were dead.

Stage III.—Advanced Phthisis.—Nineteen cases were admitted in this stage of the disease. Three patients made rapid progress and were granted an extension of stay; 5 were improved; 6 were discharged "*in statu quo*"; 3 grew worse; and 2 died while in the Sanatorium. Of the last two, one patient died suddenly from heart disease. The other patient was a munition worker, a girl entirely without friends or relatives to care for her, whom we were able to keep in the Sanatorium until she died.

The condition of the above patients in March, 1918, was as follows: 3 were well and working; 4 were well but not working; 6 were not well and not working; and 6 were dead (including the 2 cases who died in the Sanatorium).

TABLE IV.—Showing the Condition of Patients admitted during 1917, as ascertained in March, 1918.

Ages.	Stage of Disease on Admission.	Well and working.	Well but not working.	Not well but working.	Not well and not working.	Dead (not necessarily from Phthisis	Not traced.	Total Admissions. in sections of Ages.	Total in Age Periods.
Under 20	1	17	3	—	1	—	—	21	
	2	6	1	—	1	—	—	8	
	3	1	1	—	—	3	—	5	34
20	1	19	2	1	7	2	—	31	
to	2	7	3	—	7	2	—	19	
30	3	—	2	—	4	1	—	7	57
30	1	12	4	—	3	1	—	20	
to	2	11	2	—	4	2	—	19	
40	3	2	1	—	2	—	—	5	44
40	1	7	—	—	—	—	—	7	
to	2	6	—	—	1	1	—	8	
50	3	—	—	—	—	1	—	1	1
50	1	—	1	—	1	—	—	2	
and	2	1	—	—	—	—	—	1	
upwards	3	—	—	—	—	1	—	1	4
All Ages		89	20	1	31	14	0	155	155

TUBERCULIN TREATMENT.

A few selected cases were treated with Tuberculin, the Bacillary Emulsion being used. This treatment appeared to be of help to those afebrile patients who were not progressing under the general treatment as much as was to be expected.

GRADUATED LABOUR TREATMENT.

The majority of the patients were under this form of treatment, which has yielded most excellent results. A patient usually commences with some light form of work, such as dusting, for a period of half-an-hour in the morning, with half-an-hour's walk in the afternoon, and, as he improves, he is gradually promoted to heavier kinds of labour for longer periods. The highest grade of work to which we are able to advance patients is that of digging for about three-and-a-half hours during the day. If it were possible to keep our patients for six months or a year, or longer where necessary, we could gradually accustom them to an ordinary working day, and the number of *permanent* cases of disease arrested would be much greater. For this purpose a farm colony would be the most useful accessory.

EDUCATIONAL WORK.

This has been carried out as usual by means of lectures and personal talks with the patients and their parents or relatives in charge of them. Before leaving, each patient is given special advice concerning his future, and a small leaflet "For those who have been in a Sanatorium," published by the National Association for the Prevention of Consumption.

LABORATORY WORK.

In addition to the examination of the sputum of patients in the Sanatorium, arrangements have been made whereby County Practitioners and Tuberculosis Officers can send to this Laboratory specimens of sputum for examination. Outfits for this purpose can be obtained from the Shire Hall.

One hundred and ninety-four specimens from outside cases have been examined during the year; and about 360 specimens from in-patients.

DENTAL REPORT,

BY

E. RENSHAW, L.D.S.

Treatment and attendance of patients at the Dental Surgery at the Ransom Sanatorium.

JANUARY—DECEMBER, 1917.

Attendances.

24	Patients have each made	1 visit.	Total 24 visits.
34	,, ,, ,, ,,	2 visits.	,, 68 ,,
18	,, ,, ,, ,,	3 ,,	,, 54 ,,
21	,, ,, ,, ,,	4 ,,	,, 84 ,,
8	,, ,, ,, ,,	5 ,,	,, 40 ,,
3	,, ,, ,, ,,	6 ,,	,, 18 ,,
1	Patient has made	8 ,,	,, 8 ,,
109	Patients		296 ,,

Of the 109 patients there were 72 males and 37 females

Treatment.

Extractions	405
Temporary Fillings	7
Permanent Fillings	34
Scaling Teeth	38
Cleaning Teeth	35
Consultations and other treatment ..	27
	546

TABLE V.—Showing the Condition in January, 1918, of 1,675 Patients admitted into the Sanatorium between February, 1902, and December, 1917, in Groups of Ages.

Year of Admission.	Ages.	Stage of Disease on Admission.	Well and working.	Well but not working.	Not well but working.	Not well and not working.	Dead (not necessarily from Phthisis)	Not traced.	Total Admissions.	Total Admissions in Age Periods.
1902	Under 20	I	2	—	—	—	3	1	6	
		II	1	—	—	—	—	—	1	
		III	—	—	—	—	—	1*	1	8
	20 to 30	I	4	—	—	—	10	—	14	
		II	1	—	—	1	14	1	17	
		III	—	—	—	—	5	—	5	36
	30 to 40	I	2	—	—	—	6	1	9	
		II	1	—	—	—	3	1	5	
		III	—	—	—	—	—	—	0	14
	40 to 50	I	1	—	—	—	1	—	2	
		II	—	—	—	—	2	—	2	
		III	—	—	—	—	—	—	0	4
	50 and upwds.	I	—	—	—	—	—	—	—	
		II	—	—	—	—	—	—	—	
		III	—	—	—	—	—	—	—	0
	All Ages		12	—	—	1	44	5	62	
1903	Under 20	I	2	—	—	—	2	—	4	
		II	—	—	1	—	5	—	6	
		III	—	—	—	—	—	—	0	10
	20 to 30	I	6	—	—	—	4	1	11	
		II	3	—	1	2	12	—	18	
		III	1	—	—	—	4	—	5	34
	30 to 40	I	3	—	—	—	—	—	3	
		II	4	—	1	1	7	1	14	
		III	—	—	—	—	8	—	8	25
	40 to 50	I	—	—	—	—	1	—	1	
		II	—	—	—	—	—	—	0	
		III	—	—	—	—	2	—	2	3
	50 and upwds.	I	—	—	—	—	—	—	0	
		II	—	—	—	—	1	—	1	
		III	—	—	—	—	—	—	0	1
	All Ages		19	—	3	3	46	2	73	

* Surgical Tuberculosis.

Stage I—Early Phthisis. Stage II—Serious Phthisis. Stage III—Advanced Phthisis.

TABLE V.—Continued.

Year of Admission.	Ages.	Stage of Disease on Admission.	Well and working.	Well but not working.	Not well but working.	Not well and not working.	Dead (not necessarily from Phthisis)	Not traced.	Total Admissions.	Total Admissions in Age Periods.
1904	Under 20	I	2	—	—	—	5	1	8	
		II	2	—	—	—	4	—	6	
		III	—	—	—	—	2	—	2	16
	20 to 30	I	8	—	—	1	8	2	19	
		II	2	—	—	1	6	2	12	
		III	—	—	—	—	2	—	2	33
	30 to 40	I	5	—	—	—	2	2	9	
		II	1	—	—	—	11	1	13	
		III	—	—	—	1*	1	—	2	24
	40 to 50	I	1	—	—	—	—	—	1	
		II	—	—	—	—	4	—	4	
		III	—	—	—	—	—	—	—	5
	50 and upwds.	I	—	—	—	—	—	—	0	
		II	—	—	—	—	1	—	1	
		III	—	—	—	—	—	—	0	1
	All Ages		22	—	—	3	46	8	79	
1905	Under 20	I	8	—	—	—	3	4	15	
		II	1	1	—	—	3	—	5	
		III	—	—	—	—	—	—	—	20
	20 to 30	I	10	—	—	—	8	1	19	
		II	4	—	—	—	20	—	24	
		III	—	—	—	—	7	—	7	50
	30 to 40	I	2	—	—	—	4	—	6	
		II	3	—	—	—	7	1	11	
		III	—	—	—	—	—	—	0	17
	40 to 50	I	—	—	—	—	1	—	1	
		II	2	—	—	—	4	—	6	
		III	—	—	—	—	1	—	1	8
	50 and upwds.	I	—	—	—	—	—	—	—	
		II	—	—	—	—	—	—	—	
		III	—	—	—	—	—	—	—	0
	All Ages		30	1	—	—	58	6	95	

* Surgical Tuberculosis.

Stage I—Early Phthisis. Stage II—Serious Phthisis. Stage III—Advanced Phthisis.

TABLE V.—Continued.

Year of Admission.	Ages.	Stage of Disease on Admission.	Well and working.	Well but not working.	Not well but working.	Not well and not working.	Dead (not necessarily from Phthisis)	Not traced.	Total Admissions.	Total Admissions in Age Period
1906	Under 20	I	7	—	—	—	3	1	11	
		II	2	1	1	—	1	—	5	
		III	1	—	—	—	—	—	1	17
	20 to 30	I	8	—	1	—	7	3	19	
		II	3	—	—	1	23	—	27	
		III	—	—	—	—	2	—	2	48
	30 to 40	I	4	—	—	—	4	3	11	
		II	3	—	—	—	14	—	17	
		III	—	—	—	—	2&1*	—	3	31
	40 to 50	I	—	—	—	—	—	1	1	
		II	—	—	—	—	4	—	4	
		III	—	—	—	—	—	—	—	5
	50 and upwds.	I	—	—	—	—	—	—	—	
		II	—	—	—	—	1	—	1	
		III	—	—	—	—	—	—	—	1
	All Ages		28	1	2	1	62	8	102	
1907	Under 20	I	9	—	—	—	2	1	12	
		II	—	—	—	—	5	1	6	
		III	1*	—	—	—	—	—	1	19
	20 to 30	I	5	—	1	1	7	2	16	
		II	1	1	—	1	22	—	25	
		III	—	—	—	—	5	—	5	46
	30 to 40	I	4	—	—	1	7	—	12	
		II	2	—	—	—	7	—	9	
		III	—	—	—	—	1	—	1	22
	40 to 50	I	1	—	—	1	1	—	3	
		II	1	—	—	—	3	—	4	
		III	—	—	—	—	—	—	—	7
	50 and upwds.	I	—	—	—	—	1	—	1	
		II	—	—	—	—	4	—	4	
		III	—	—	—	—	1	—	1	6
	All Ages		24	1	1	4	66	4	100	

* Surgical Tuberculosis.

Stage I—Early Phthisis. Stage II—Serious Phthisis. Stage III—Advanced Phthisis.

TABLE V.—Continued.

Year of Admission.	Ages.	Stage of Disease on Admission.	Well and working.	Well but not working.	Not well but working.	Not well and not working.	Dead (not necessarily from Phthisis)	Not traced.	Total Admissions.	Total Admissions in Age Periods.
1908	Under 20	I	4	—	—	—	4	—	8	
		II	—	—	—	—	12	—	12	
		III	—	—	—	—	1	—	1	21
	20 to 30	I	8	—	—	—	9	4	21	
		II	1	—	—	2	23	2	28	
		III	—	—	—	—	3	—	3	52
	30 to 40	I	5	—	—	—	4	—	9	
		II	5	—	—	1	9	—	15	
		III	—	—	—	—	2	—	2	26
	40 to 50	I	—	—	—	—	—	—	—	
		II	—	—	—	1	1	—	2	
		III	—	—	—	—	1	—	1	3
	50 and upwds.	I	1	—	—	—	—	—	1	
		II	—	—	—	—	—	—	—	
		III	—	—	—	—	—	—	—	1
	All Ages		24	—	—	4	69	6	103	
1909	Under 20	I	7	—	—	1	3	—	11	
		II	1	—	—	—	10	—	11	
		III	—	—	—	—	1	—	1	23
	20 to 30	I	8	—	1	—	4	3	16	
		II	4	—	—	4	18	5	31	
		III	—	—	—	—	2	—	2	49
	30 to 40	I	6	—	—	—	—	2	8	
		II	3	—	1	1	5	—	10	
		III	—	—	—	—	1	—	1	19
	40 to 50	I	2	—	—	1	—	—	3	
		II	2	—	1	1	5	1	10	
		III	—	—	—	—	2	—	2	15
	50 and upwds.	I	—	—	—	—	—	—	—	
		II	—	—	—	—	—	—	—	
		III	—	—	—	—	—	—	—	0
	All Ages		33	—	3	8	51	11	106	

Stage I—Early Phthisis. Stage II—Serious Phthisis. Stage III—Advanced Phthisis.

TABLE V.—Continued.

Year of Admission.	Ages.	Stage of Disease on Admission.	Well and working.	Well but not working.	Not well but working.	Not well and not working.	Dead (not necessarily from Phthisis)	Not traced.	Total Admissions.	Total Admissions in Age Periods.
1910	Under 20	I	2	—	—	1	2	—	5	
		II	3	—	—	—	10	1	14	
		III	—	—	—	—	1	—	1	20
	20 to 30	I	5	—	—	—	4	1	10	
		II	3	—	—	—	22	1	26	
		III	—	—	—	1	3	—	4	40
	30 to 40	I	4	—	—	—	—	—	4	
		II	4	—	—	1	14	—	19	
		III	—	—	—	—	3	—	3	26
	40 to 50	I	5	—	—	—	2	1	8	
		II	1	—	1	1	10	—	13	
		III	—	—	—	—	1	—	1	22
	50 and upwds	I	—	—	—	—	—	—	—	
		II	—	—	—	1	2	—	3	
		III	—	—	—	—	1	—	1	4
	All Ages		27	—	1	5	75	4	112	
1911	Under 20	I	11	—	—	1	3	—	15	
		II	2	1	—	—	5	—	8	
		III	—	—	—	—	1	—	1	24
	20 to 30	I	12	1	1	2	3	—	19	
		II	4	—	—	1	16	—	21	
		III	—	—	—	—	7	—	7	47
	30 to 40	I	3	—	—	—	1	—	4	
		II	4	—	—	1	11	—	16	
		III	1	—	—	—	3	—	4	24
	40 to 50	I	2	—	—	—	—	—	2	
		II	1	—	—	—	4	—	5	
		III	—	—	—	—	1	—	1	8
	50 and upwds.	I	—	—	—	—	—	—	—	
		II	—	—	—	—	1	—	1	
		III	—	—	—	—	—	—	—	1
	All Ages		40	2	1	5	56	—	104	

Stage I—Early Phthisis. Stage II—Serious Phthisis. Stage III—Advanced Phthisis.

TABLE V.—Continued.

Year of Admission.	Ages.	Stage of Disease on Admission.	Well and working.	Well but not working.	Not well but working.	Not well and not working.	Dead (not necessarily from Phthisis)	Not traced.	Total Admissions.	Total Admissions in Age Periods.
1912	Under 20	I	9	—	—	—	2	—	11	
		II	—	—	—	1	2	—	3	
		III	2	—	—	—	2	—	4	18
	20 to 30	I	8	1	—	1	5	—	15	
		II	6	—	—	1	12	1	20	
		III	1 & 1*	1	—	1	11	—	15	50
	30 to 40	I	4	—	—	—	3	1	8	
		II	4	—	—	3	5	—	12	
		III	1	—	—	—	7	—	8	28
	40 to 50	I	3	—	—	—	1	—	4	
		II	1	—	—	1	4	—	6	
		III	1	—	—	—	2	—	3	13
	50 and upwds.	I	—	—	—	—	—	—	—	
		II	—	—	—	—	—	—	—	
		III	—	—	—	1	1	—	2	2
	All Ages		41	2	—	9	57	2	111	
1913	Under 20	I	5	1	—	2	1	1	10	
		II	4	2	—	1	4	2	13	
		III	—	—	—	1	4 & 1*	—	6	29
	20 to 30	I	15	—	1	1	2	2	21	
		II	11	1	—	2	15	2	31	
		III	1†	—	—	—	7	1	9	61
	30 to 40	I	4	—	—	1	—	1	6	
		II	4	—	—	2	10	—	16	
		III	—	—	—	2	2	—	4	26
	40 to 50	I	1	—	—	—	—	—	1	
		II	3	—	1	—	4	—	8	
		III	—	—	—	—	2	—	2	11
	50 and upwds.	I	1	—	—	—	—	—	1	
		II	1	—	—	—	1	—	2	
		III	—	—	—	—	—	—	0	3
	All Ages		50	4	2	12	53	9	130	

* Surgical Tuberculosis. † Non-Tuberculous.

Stage I—Early Phthisis. Stage II—Serious Phthisis. Stage III—Advanced Phthisis.

TABLE V.—Continued.

Year of Admission.	Ages.	Stage of Disease on Admission.	Well and working.	Well but not working.	Not well but working.	Not well and not working.	Dead (not necessarily from Phthisis)	Not traced.	Total Admissions.	Total Admissions in Age Periods.
1914	Under 20	I	12	—	1	2	1	1	17	
		II	5	—	1	—	—	1	7	
		III	2†	—	—	1	1	1†	5	29
	20 to 30	I	15	—	1	3	2	—	21	
		II	10	—	—	3	4	—	17	
		III	2	—	—	2	4	—	8	46
	30 to 40	I	8	—	1	2	1	1	13	
		II	6	—	—	1	5	—	12	
		III	—	—	—	1	4	—	5	30
	40 to 50	I	5 & 1†	—	—	—	—	—	6	
		II	—	—	—	—	3	—	3	
		III	—	—	—	1	1	—	2	11
	50 and upwds.	I	—	—	—	—	1	—	1	
		II	—	—	—	—	—	—	—	
		III	—	—	—	—	—	—	—	1
	All Ages		66	—	4	16	27	4	117	
1915	Under 20	I	9	—	—	1	—	—	10	
		II	5	1	—	4	3	—	13	
		III	—	—	—	1	1	—	2	25
	20 to 30	I	12	—	—	1	1	—	14	
		II	8	—	—	2	3	—	13	
		III	3	1	—	4	10	—	18	45
	30 to 40	I	4	2	—	—	—	—	6	
		II	4	2	—	1	2	—	9	
		III	2	—	—	1	6	—	9	24
	40 to 50	I	3	—	—	1	—	—	4	
		II	1	—	—	1	1	—	3	
		III	1	—	—	—	3	—	4	11
	50 and upwds.	I	—	—	—	—	—	—	—	
		II	1	—	—	—	—	—	1	
		III	—	—	—	—	2	—	2	3
	All Ages		53	6	—	17	32	—	108	

* Surgical Tuberculosis. †Non-Tuberculous.

Stage I—Early Phthisis. Stage II—Serious Phthisis. Stage III—Advanced Phthisis.

TABLE V.—Continued.

Year of Admission.	Ages.	Stage of Disease on Admission.	Well and working.	Well but not working.	Not well but working.	Not well and not working.	Dead (not necessarily from Phthisis)	Not traced.	Total Admissions.	Total Admissions in Age Periods.
1916	Under 20	I	12	1	—	5	—	—	18	
		II	—	—	—	—	2	—	2	
		III	—	1	—	—	—	—	1	21
	20 to 30	I	12	1	2	5	1	—	21	
		II	15	1	1	7	7	—	31	
		III	—	—	—	—	2	—	2	54
	30 to 40	I	10	—	1	1	—	—	12	
		II	4	—	2	4	6	—	16	
		III	—	—	—	1	2	—	3	31
	40 to 50	I	2	—	—	1	1	—	4	
		II	1	—	—	—	2	—	3	
		III	—	—	—	—	1	—	1	8
	50 and upwds.	I	—	—	—	—	—	—	—	
		II	2	—	1	—	1	—	4	
		III	—	—	—	—	—	—	—	4
	All Ages		58	4	7	24	25	—	118	
1917	Under 20	I	17	3	—	1	—	—	21	
		II	6	1	—	1	—	—	8	
		III	1	1	—	—	3	—	5	34
	20 to 30	I	19	2	1	7	2	—	31	
		II	7	3	—	7	2	—	19	
		III	—	2	—	4	1	—	7	57
	30 to 40	I	12	4	—	3	1	—	20	
		II	11	2	—	4	2	—	19	
		III	2	1	—	2	—	—	5	44
	40 to 50	I	7	—	—	—	—	—	7	
		II	6	—	—	1	1	—	8	
		III	—	—	—	—	1	—	1	16
	50 and upwds.	I	—	1	—	1	—	—	2	
		II	1	—	—	—	—	—	1	
		III	—	—	—	—	1	—	1	4
	All Ages		89	20	1	31	14	—	155	

Stage I—Early Phthisis. Stage II—Serious Phthisis. Stage III—Advanced Phthisis.

NOTE.—Of the 1675 admissions 130 were re-admissions. Thus 1545 individual patients only are concerned.

TABLE VI.—Summary of 1,675 Patients admitted into the Sanatorium between February, 1902, and December, 31st, 1917.

Ages.	Stage of Disease on Admission.	Well and working.	Well, but not working.	Not well but working.	Not well and not working.	Dead (not necessarily from Phthisis)	Not traced.	Total admissions in Age Periods.	Total Admissions.
Under 20	I	118	5	1	14	34	10	182	
	II	32	7	3	7	66	5	120	
	III	7	4	—	3	18	2	34	336
20 to 30	I	155	5	10	22	77	19	288	
	II	84	5	1	35	219	14	358	
	III	9	3	—	13	75	1	101	747
30 to 40	I	80	6	2	8	33	11	140	
	II	63	4	4	20	118	4	213	
	III	6	1	—	8	43	—	58	411
40 to 50	I	34	—	—	5	8	2	49	
	II	19	—	3	5	52	1	80	
	III	2	—	—	1	18	—	21	150
50 and upwds.	I	2	1	—	1	2	—	6	
	II	5	—	1	1	12	—	19	
	III	—	—	—	—	6	—	6	31
All Ages		616	41	25	143	781	69	1675	*

Stage I—Early Phthisis. Stage II—Serious Phthisis. Stage III—Advanced Phthisis.
* Of this total 130 were re-admissions.

VENEREAL DISEASES.

The Regulations of the Local Government Board upon this subject were issued July 16th, 1916, and require County Councils to make provision for the diagnosis and treatment of Venereal Diseases.

After visiting all the possible centres in the County and conferring on many occasions with the Committees and honorary Medical Staffs of the Hospitals in Nottingham, Mansfield, Newark, Worksop, and Retford, the County Medical Officer prepared in September, 1916, an Outline Draft for a scheme for the Diagnosis and Treatment of Venereal Diseases in Nottinghamshire.

The draft scheme above referred to was put into legal form and approved by the County Council at their meeting

on January 30th, 1917. It received the approval of the Local Government Board a few weeks subsequently.

The scheme is as follows :—

(1). That arrangements be made with the Nottingham City Council to carry out at laboratories belonging to them bacteriological work necessary under this scheme, and that the City Council be asked, in arranging the scale of fees to be charged, to take into consideration all specimens received by them from other Authorities.

(2). That formal negotiations be opened with the Committees of suitable Voluntary Hospital Institutions in Nottingham, Mansfield, Newark, Retford and Worksop, for the treatment of patients desirous of obtaining such treatment, residing in the administrative County of Nottingham.

(3). That arrangements be made with the City Council of Nottingham, and with other Local Authorities, utilising Hospitals in which patients from the administrative County of Nottingham are treated, as to the division of the cost of such treatment according to the proportionate number of attendances of patients at the hospital.

(4). That the County Council supply gratuitously to qualified and registered Medical Practitioners practising and authorised to practise in the administrative County of Nottingham possessing the qualifications named in the circular letter of the Local Government Board of the 29th August, 1916, and also to hospitals with whom arrangements are made under this scheme, salvarsan or its substitutes, approved by the Local Government Board, as may be necessary for the treatment of venereal diseases under this scheme.

(5). That the Establishment and other expenses of the Notts. County Council, incurred under this scheme (including the travelling expenses, etc., of patients attending hospitals, the travelling expenses of County Officials, Clerical Assistance, Printing, Stationery, Postages, petty disbursements, Law Stationers' charges, stamps, legal expenses, etc. etc.), be deemed to be part of the expenditure incurred by the Council under this scheme, in respect of which the Government Grant of 75 per cent. will be paid.

(6). That in accordance with the recommendation of the President of the Local Government Board, four representatives of the Medical Profession in the Administrative County of Nottingham, that is to say :—

One representing the Medical Staffs of the Hospitals One representing the Medical Practitioners	To be nominated by the Nottinghamshire Branch of the British Medical Association :

and

Two representing the Panel Practitioners	To be nominated by the Panel Committee of the Panel Practitioners acting under the National Insurance Act.

be co-opted on the Special Sub-Committee of the Public Health and Housing Committee of the Notts. County Council, and be invited to attend meetings of the Public Health and Housing Committee when Reports of the Special Sub-Committee are under consideration by such Committee.

As explained in my Annual Report for 1916-17, page 62, after very long negotiations, the Boards of Management and the honorary Medical Staffs of the Hospitals at Newark, Worksop and Retford decided that they had not sufficient accommodation to undertake the treatment of venereal diseases in their present buildings and with their present staff ; and that there was no immediate prospect of their being able so to extend their premises as to provide for this class of work.

It was decided, therefore, as regards the north and east of the County, to wait for further powers from the Local Government Board, and in the meantime to allow patients from Worksop and Retford to go to Sheffield and Mansfield, and Newark patients to go to Nottingham, and to concentrate upon developing a good Centre in the populous district of Mansfield

The contemplated agreement (mentioned in paragraph 4, page 62, of last year's Annual Report) between the Notts. County Council, the Derbyshire County Council, the City of Nottingham, and the Mansfield General Hospital, for the establishment of a Treatment Centre in two houses adjacent to the Hospital, was finally rejected by the Local Government Board, on financial grounds.

On the 18th January, 1918, a clinic was opened in rooms temporarily placed at the service of the Committee by the Board of Management of the Mansfield General Hospital.

The clinic is under the charge of Dr. Buckley, with the assistance of the Medical Staff of the Hospital. The work has proved remarkably successful, and there is an attendance of about sixty patients each day the clinic is open, *i.e.*, every Tuesday, in the morning for men and in the afternoon for women. Much larger premises are needed, especially as there is no prospect of the rooms now being used in the Hospital being made permanently available for this purpose. The Committee are taking steps to meet this want, and the plans have been submitted to the Local Government Board for their consideration.

I have previously explained on several occasions that the long-drawn-out difficulties in establishing the necessary Treatment Centres for Venereal Diseases in the County are almost exclusively legal and financial. There is no medical difficulty. In the first instance, the County Council were required to negotiate and try to enter into agreements with the existing hospitals, and they were not allowed by the Local Government Board to acquire premises of their own and start clinics independently of the existing hospitals. The response of the hospitals in respect both of lay committees and the medical staffs, has been most disappointing except as regards the Medical Staff at Mansfield, and quite recently of Newark. It was not until quite late in 1918 that the County Council were authorised by the Local Government Board to contemplate acquiring premises of their own, in order to establish Treatment Centres independently of the Hospitals. This has led to the reconsideration of plans for Treatment Centres both in the north of the County and at Newark. Negotiations are actively proceeding, but it is too early as yet to state the results. It must be clearly understood that during the War no Treatment Centre, specially arranged for the purpose, can be built, and that the acquisition of old property with the adaptation of it to meet the needs of a clinic with four to six beds for in-patients, must necessarily prove a costly proceeding. The alternatives are—the friendly co-operation of the hospitals for a limited number of in-patients, or the sending of all the patients to distant towns—a plan which will leave a large proportion of cases untreated.

The proposal to establish a Treatment Centre in connection with the Nottingham General Hospital has made no real progress so far as the County Medical Officer is aware. It is rumoured, however, that fresh plans in connection with the old Children's Hospital are being considered.

The Treatment Centre in Nottingham, at 35, North Church Street, is under the administrative charge of the

Medical Officer of Health for the City of Nottingham, with Dr. Buckley as Chief Medical Officer. The use of the present premises is understood to be a temporary arrangement, but the success of the Centre has greatly exceeded all expectations. It is open five days a week. From a quarter to a third of the patients come from the County, and the County Council will be responsible for about that proportion of the expenditure of the Centre.

The pathological work for the County, as well as for the City, is carried out at the City Bacteriological Laboratory, at 17, Park Row, which I understand gives satisfaction.

The County Medical Officer has repeatedly advised that a Branch of the National Council for Combating Venereal Diseases should be formed for the County of Notts, with the object of informing public opinion, and so counteracting some of the opposing interests and opinions which have been so effective in obstructing any progress in the direction of providing efficient treatment upon an adequate scale and within reasonable reach of the patients.

This Society has for a long time been doing very good work in Birmingham, the City of Nottingham, and in Derbyshire, with the support and approval of the Public Health Authorities.

Table I. NOTTINGHAMSHIRE. Vital Statistics for the Year 1917.
BOROUGHS AND URBAN DISTRICTS.

BOROUGHS AND URBAN DISTRICTS.	Area in Acres Exclusive of area covered by water.	Persons per Acre.	Families or separate Occupiers at Census, 1911.	Persons per Family at Census, 1911.	Population, Census 1911.	* Population, Estimated to the middle of 1917.	Births. Number.	Births. Rate.	Deaths under 1 year of age. Number.	Deaths under 1 year of age. Rate per 1000 Births Registered.	Nett Deaths at all Ages belonging to the Districts.	Nett Death Rate. (i.e., Death Rate corrected for "Transferable" Deaths.	Death Rate from Pulmonary Tuberculosis per 1000 of population.	Death Rate from ALL Tuberculous Diseases per 1000 of population.
MANSFIELD (Borough)	7,208	5·1	7,561	4·8	36,888	40,936 *45,632*	10,30	22·5	108	104·9	460	11·2	0·90	1·24
NEWARK (Borough)	1,899	8·6	3,866	4·2	16,408	15,223 *16,969*	282	16·6	28	99·3	209	13·7	1·38	1·97
EAST RETFORD (Borough)	4,498	2·9	3,076	4·3	13,385	12,166 *13,562*	204	15·0	21	102·9	166	13·6	0·41	0·82
ARNOLD	4,612	2·4	2,463	4·5	11,146	10,995 *12,256*	217	17·7	23	106	142	12·9	1·18	1·54
BEESTON	1,586	7·1	2,662	4·2	11,336	12,695 *14,151*	257	18·1	21	81·7	145	11·4	1·34	1·81
CARLTON	1,400	11·1	3,570	4·3	15,581	16,037 *17,877*	329	18·4	35	106·3	175	10·9	1·18	1·37
EASTWOOD	940	4·9	1,016	4·6	4,692	4,695 *5,234*	106	20·2	11	103 8	62	13·2	0·64	0·85
HUCKNALL	3,270	4·8	3,485	4·5	15,870	15,691 *17,491*	395	22·6	35	88·6	176	11·2	0 57	0·70
HUTHWAITE	1,199	4·3	1,071	4·8	5,231	5,283 *5,889*	138	23·4	19	137·7	73	13·8	0·37	0·56
KIRKBY-IN-ASHFIELD ..	5,814	2·6	3,198	4·8	15,378	15,671 *17,469*	431	24·7	43	99·8	199	12·7	0·95	1·02
MANSFIELD WOODHOUSE	4,834	2·2	2,107	5·2	11,015	12,251 *13,656*	353	25·8	41	116·1	144	11·8	0·40	0·89
SUTTON-IN-ASHFIELD ..	4,855	4·4	4,437	4·8	21,708	22,329 *24,891*	566	22·8	59	104·2	260	11·6	0·67	0·81
WARSOP	5,728	0·7	861	4 9	4,221	6,331 *7,057*	209	29·6	16	76·6	71	11·2	0 63	0·79
WEST BRIDGFORD	1,123	10·3	2,827	4·1	11,632	13,113 *14,617*	164	11·2	6	36·6	122	9·3	0·45	0·99
WORKSOP	17,930	1·1	4,397	4·6	20,387	20,209 *22,527*	526	23·3	47	89·4	277	13·7	1·09	1·48
Totals for Urban Districts	66,896	3·2	46,597	4·6	214,878	223,625	5,207	20·9	513	98·5	2,681	11·9	0·86	1·17

* The estimated population printed in italics includes a certain number of soldiers, and is that which the Registrar-General advises for the calculation of the birth rate: the first figures are the civilian population for estimating the death rate.

Table II. NOTTINGHAMSHIRE. Vital Statistics for the Year 1917.
RURAL DISTRICTS.

RURAL DISTRICTS.	Area in Acres, exclusive of area covered by water.	Persons per Acre.	Families or Separate Occupiers at Census 1911.	Persons per Family at Census 1911.	Population, Census, 1911.	*Population estimated to the middle of 1917.	Births.		Deaths under one year of age.		Nett Deaths at all ages belonging to the District	Nett Death Rate, i.e., Death Rate corrected for Transferable Deaths.	Death Rate from Pulmonary Tuberculosis per 1000 of population.	Death Rate from all Tuberculous Diseases, per 1000 of population.
							Number.	Rate.	Number	Rate per 1000 Births registered.				
BASFORD	61,868	·67	9,260	4·5	41,961	40,189 *44,799*	875	19·5	82	93·7	451	11·2	0·92	1·17
BINGHAM	66,574	·21	3,438	4·2	14,593	12,460 *13,889*	186	13·4	22	118·3	163	13·1	1·12	1·68
BLYTH AND CUCKNEY	28,208	·17	1,102	4·5	4,956	4,458 *4,969*	76	15·3	7	92·1	63	14·1	0·89	1·57
EAST RETFORD	92,740	·15	3,444	4·2	14,774	13,236 *14,754*	229	15·5	11	48·0	181	13·7	0·98	1·36
LEAKE	17,073	·21	902	4·1	3,720	3,497 *3,898*	51	13·1	4	78·4	39	11·1	0·85	1·14
MISTERTON	14,268	·28	962	4·1	4,015	3,809 *4,246*	76	17·9	9	118·4	51	13 4	1·31	2·36
NEWARK	36,619	·22	2,014	4·1	8,335	7,809 *8,705*	145	16·6	16	110·3	116	14·8	0·76	1·15
SKEGBY	11,956	·57	1,427	4·8	6,990	7,441 *8,295*	201	24·2	16	79·6	91	12·2	0·80	0·94
SOUTHWELL	117,638	·16	4,778	4·09	19,573	17,652 *19,677*	311	15·8	19	61·1	252	14·3	0·73	0·96
STAPLEFORD	4,860	2·08	2,232	4·5	10,007	10,283 *11,463*	230	20·0	26	113·0	127	12·3	0 87	1·16
Notts. Parishes administered by SHARDLOW	2,360	·16	80	4·9	392	363 *405*	2	4·9	—	0·0	2	5·5	0·00	2·75
Totals for Rural Districts ..	454,164	·28	29,639	4·35	129,316	121,197	2,382	17·6	212	89·0	1,536	12·7	0·90	1·25

* In the column for the estimated population, the first row of figures is the civilian population estimated by the Registrar-General to be used for calculating the Death Rate: the second row in italics contains many soldiers, and is to be used for estimating the Birth Rate.

Table III. NOTTINGHAMSHIRE. Cases of Infectious Disease notified during the Year 1917.

BOROUGHS AND URBAN DISTRICTS.

BOROUGHS AND URBAN DISTRICTS.	Measles.	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Poliomyelitis.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Chicken Pox	Small Pox	TOTAL.	Whether there is any Isolation Hospital for Infectious Diseases?	Total available Beds.	Number of Diseases that can be concurrently treated.
MANSFIELD (Borough)	865	61	18	80	7	2	4	1	13	85	27	..	..	1163	Yes	18 16 12 4	Small Pox Scarlet Fever Diphtheria Other Cases.
NEWARK (Borough)	582	19	3	5	..	..	3	..	5	16	1	..	..	634	Yes	24 4	Scarlet Fever Diphtheria. Small Pox. Military.
EAST RETFORD (Borough)	17	6	15	35	..	1	..	..	2	37	19	..	..	132	Yes	12 8	Scarlet Fever Small Pox.
ARNOLD	142	4	..	1	..	1	..	..	2	11	..	1	1	163	* ‡	..	..
BEESTON	191	3	..	13	3	..	..	..	2	16	1	..	..	229	*	..	..
CARLTON	159	7	13	11	..	..	..	..	1	15	3	.	..	209	* ‡	..	..
EASTWOOD	9	..	..	..	1	..	..	..	1	1	..	..	..	12	‡	..	..
HUCKNALL	304	6	1	18	..	1	..	..	1	12	2	..	..	345	‡ Yes	30	Small Pox.
HUTHWAITE	178	21	1	14	..	..	..	..	1	4	..	..	..	219	Yes	12	Small Pox.
KIRKBY-IN-ASHFIELD	383	15	10	8	..	1	..	..	3	19	2	..	..	441	Yes	10	One
MANSFIELD WOODHOUSE	423	18	6	36	..	..	2	..	4	22	1	1	..	513	†	..	..
SUTTON-IN-ASHFIELD	683	15	5	18	17	..	..	..	8	24	4	35	..	809	Yes	10	Small Pox.
WARSOP	134	16	4	15	..	..	..	..	..	3	..	..	..	172	§	..	..
WEST BRIDGFORD	67	11	3	14	..	..	2	..	..	2	..	..	..	99	‡	..	..
WORKSOP	192	10	2	69	..	1	1	..	4	15	5	..	..	299	*** Yes	16	Small Pox.
TOTAL	4,329	212	81	337	28	7	12	1	47	282	65	37	1	5,439		176	

† There is an arrangement with the Mansfield Corporation to admit cases of Small Pox into their Isolation Hospitals.

* These districts contribute to the Joint Small Pox Hospital at Hucknall.

‡ These districts have an agreement with the Basford Rural District Council by which cases of Scarlet Fever and Diphtheria may be received into the Basford Sanatorium.

*** Cases of Scarlet Fever, Diphtheria, and Enteric Fever are sent to the Joint Hospital situated in the Blyth and Cuckney District.

§ Arrangements have been made with the North Derbyshire Hospital Board to receive cases of Infectious Disease.

Table IV. NOTTINGHAMSHIRE. Cases of Infectious Disease notified during the Year 1917.
RURAL DISTRICTS.

RURAL DISTRICTS.	Measles.	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Poliomyelitis.	Ophthalmia Neonatorum	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Chicken Pox	TOTAL.	Whether there is any Isolation Hospital for Infectious Diseases?	Total available Beds.	Number of Diseases that can be concurrently treated.
BASFORD	176	41	10	32	5	..	..	..	1	30	3	..	298	Yes	28	Enteric Fever Scarlet Fever Diphtheria
BINGHAM	113	6	4	3	3	1	1	..	..	4	8	1	144	‡	..	..
BLYTH AND CUCKNEY	112	9	..	21	1	..	..	..	..	4	..	..	147	Yes	16	Scarlet Fever and Diphtheria or Enteric Small Pox is sent to Wrksp
EAST RETFORD	69	11	6	17	..	..	..	..	1	10	10	..	124	§	..	..
LEAKE	57	13	1	1	2	..	..	..	..	4	1	..	79	†	..	..
MISTERTON	16	..	1	4	..	..	..	..	..	1	2	..	24	Yes	11	Scarlet Fever Diphtheria and Small Pox
NEWARK	331	15	1	3	2	..	..	..	..	3	..	..	355	**	..	..
SKEGBY	151	6	6	2	..	..	..	..	1	7	..	..	173	No	..	..
SOUTHWELL	469	25	1	9	..	..	6	..	..	9	3	2	524	Yes	13	Scarlet Fever or Diphtheria and Small Pox
STAPLEFORD	170	..	9	4	1	..	..	..	2	5	..	..	191	*	..	..
NOTTS. PARISHES administered by SHARDLOW	21	..	..	..	..	..	..	..	..	2	..	..	23	***	..	..
TOTALS	1,685	126	39	96	14	1	7	..	5	79	27	3	2,082		68	

‡ An arrangement has been made with the Basford Rural District Council to take cases of Scarlet Fever, Diphtheria, or Enteric Fever into their Isolation Hospital.

† There is an arrangement with the Borough of Loughborough whereby cases of Enteric Fever and Diphtheria may be sent to the Loughborough Isolation Hospital.

* This district contributes to the joint Small Pox Hospital at Hucknall; and has also made arrangements with the Draycott Isolation Hospital, in Derbyshire.

** The Newark Borough Isolation Hospital is situated in the Rural District, and is available for patients from the Rural District.

*** An arrangement has been made with the Shardlow Joint Hospital at Draycott to take cases from this district.

§ There is a temporary arrangement with the Borough of Retford to admit a limited number of cases of Scarlet Fever into their Hospital.

Table V. NOTTINGHAMSHIRE. Vital Statistics for the Year 1917.

WHOLE ADMINISTRATIVE COUNTY.

	Area in Acres.	Persons per Acre.	Families or Separate Occupiers at Census, 1911.	Persons per Family at Census, 1911.	Population, Census, 1911.	Population for Estimating Civilian Death Rate, 1917	Population for Estimating Birth Rate, 1917.	Births.		Deaths under 1 year.		Nett Deaths.	* Nett Death Rate.	Death Rate from Pulmonary Tuberculosis.	* Death Rate from all Tuberculous Diseases.
								Number.	Rate. *	Number.	Rate per 1,000 Births.				
URBAN DISTRICTS	66,896	3·2	46,597	4·6	214,878	223,625	249,278	5,207	20·9	513	98·5	2,681	11·9	0·86	1·17
RURAL DISTRICTS	454,164	·28	29,639	4·35	129,316	121,197	135,100	2 382	17·6	212	89·0	1,536	12 7	0·90	1.25
WHOLE ADMINISTRATIVE COUNTY.	521,060	·66	76,236	4·5	344,194	344,822	384,378	7,589	19·7	725	95·5	4,217	12·2	0·87	1·20

* Rate calculated per 1,000 of the estimated Population.

Table VI. Causes of Death during the Year 1917. URBAN DISTRICTS.

DISTRICTS.	Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other Tuberculous Diseases.	Cancer, Malignant Disease.	Rheumatic Fever.	Meningitis.	Organic Heart Disease.	Bronchitis.	Pneumonia (all forms).	Other Diseases of Respiratory Organs.	Diarrhœa, etc. (under 2 years).	Appendicitis & Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's Disease.	Puerperal Fever.	Parturition, apart from Puerperal Fever.	Congenital Debility and Malformation, including Premature Births.	Violent Deaths, excluding Suicides.	Suicides.	Other Defined Diseases.	Causes ill-defined or unknown.	All Causes.
MANSFIELD	..	..	2	..	5	6	3	..	37	7	7	26	3	4	58	35	42	2	14	1	2	1	7	2	3	41	21	2	124	5	460
NEWARK	..	..	2	..	1	1	5	..	21	3	5	15	..	..	28	19	15	1	1	1	3	..	3	..	2	10	3	2	67	1	209
EAST RETFORD ..	..	..	..	..	..	1	3	..	5	..	5	15	1	..	17	4	10	2	3	3	..	..	13	..	..	10	8	..	66	..	166
ARNOLD	..	..	1	..	..	..	1	..	13	..	4	13	..	..	10	27	10	3	4	..	2	..	..	1	..	8	4	3	38	..	142
BEESTON	..	..	..	..	3	..	..	..	17	1	5	14	..	1	18	13	8	1	1	..	1	..	5	..	1	9	6	1	35	5	145
CARLTON	..	..	4	..	..	..	4	1	19	1	2	11	1	1	20	13	10	..	..	2	..	..	3	..	..	17	6	2	58	..	175
EASTWOOD	..	..	..	..	3	..	2	..	3	..	1	3	1	..	3	12	5	1	1	..	..	..	3	..	..	1	2	..	19	2	62
HUCKNALL	..	..	3	..	1	2	2	..	9	1	1	12	..	..	21	13	14	3	2	1	..	..	3	..	..	13	8	1	66	..	176
HUTHWAITE ..	1	..	6	..	..	4	..	..	2	..	1	3	..	1	13	4	2	..	2	1	..	..	..	..	1	8	3	..	21	..	73
KIRKBY-IN-ASHFIELD ..	..	..	4	..	3	..	2	..	15	..	1	12	..	1	19	29	17	..	3	1	..	..	2	..	..	22	10	..	54	4	199
MANSFIELD WOODHOUSE ..	..	..	7	1	2	1	1	..	5	2	4	4	..	1	10	14	32	..	4	..	..	..	2	1	..	8	8	1	33	3	144
SUTTON-IN-ASHFIELD ..	5	..	12	1	5	4	1	..	15	3	..	11	1	5	24	17	28	3	7	1	1	..	3	..	..	15	6	6	85	1	260
WARSOP	..	..	3	..	..	3	2	..	4	1	..	4	1	1	1	6	4	3	..	..	1	..	5	..	2	3	1	..	26	..	71
WEST BRIDGFORD	..	..	..	1	2	1	3	..	6	3	4	22	..	1	9	10	2	2	..	..	..	..	3	..	1	3	5	..	42	2	122
WORKSOP	..	..	5	..	4	1	3	..	22	4	4	16	1	2	29	33	22	2	4	4	1	..	8	1	5	21	13	..	69	3	277
TOTAL	6	..	49	3	29	24	32	1	193	26	44	181	9	18	280	249	221	23	46	15	11	1	60	5	15	189	104	18	803	26	2,681

Table VII. Causes of Death during the Year 1917. RURAL DISTRICTS.

DISTRICTS.	Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other Tuberculous Diseases.	Cancer, Malignant Disease.	Rheumatic Fever.	Meningitis.	Organic Heart Disease.	Bronchitis.	Pneumonia (all forms).	Other Diseases of Respiratory Organs.	Diarrhœa, etc. (under 2 years).	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's Disease.	Puerperal Fever.	Parturition, apart from Puerperal Fever.	Congenital Debility and Malformation, including Premature Birth.	Violent Deaths, excluding Suicides.	Suicides.	Other Defined Diseases.	Causes ill-defined or unknown.	All Causes.
BASFORD	2	..	1	..	5	..	9	..	37	6	4	45	..	3	57	36	30	4	3	1	2	..	10	..	1	38	19	1	133	4	451
BINGHAM	1	..	..	..	1	1	6	2	14	1	6	22	1	3	14	14	9	1	..	..	1	..	4	..	..	9	2	1	49	1	163
BLYTH AND CUCKNEY	..	..	..	..	..	..	..	2	..	4	2	1	6	1	3	8	5	3	..	..	..	..	1	..	..	3	2	..	22	..	63
EAST RETFORD ..	..	..	..	..	1	2	3	..	13	3	2	23	2	..	23	11	5	2	1	..	2	..	4	..	1	5	1	2	73	2	181
LEAKE	1	..	..	..	..	1	1	..	3	..	1	2	..	1	6	1	4	1	1	..	..	..	..	..	..	1	2	..	13	..	39
MISTERTON	..	..	..	..	..	..	..	..	5	1	3	3	..	..	7	2	1	..	2	..	..	..	..	..	..	1	1	..	24	1	51
NEWARK	..	..	4	..	1	..	3	..	6	1	2	11	..	..	8	12	5	2	..	1	..	..	3	..	..	7	3	..	47	..	116
SKEGBY	..	..	1	..	1	2	2	..	6	..	1	4	..	2	8	5	6	..	..	..	..	..	4	..	..	5	7	1	33	3	91
SOUTHWELL ..	1	..	..	..	..	1	9	..	13	1	3	35	2	1	33	20	11	2	1	..	1	..	13	1	..	9	9	3	83	..	252
STAPLEFORD ..	..	..	1	..	..	..	6	..	9	2	1	7	1	1	10	19	5	3	5	1	1	..	4	..	2	9	6	..	34	..	127
Notts. Parishes administered by SHARDLOW ..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
TOTAL	5	..	7	..	9	7	40	4	106	19	26	153	12	12	169	128	81	18	13	3	7	..	43	1	4	87	52	8	511	11	1,536

Table VIII. Causes of Death at Different Periods of Life in the Administrative County of Nottinghamshire during 1917.

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.									AGGREGATE OF RURAL DISTRICTS.								
		All Ages.	0	1—	2—	5—	15—	25—	45—	65—	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—
ALL CAUSES	M	1362	287	95	55	46	47	149	320	363	800	117	16	21	26	28	87	161	344
	F	1319	226	66	75	70	70	173	232	407	736	95	10	16	25	27	82	159	322
Enteric Fever	M	2	..	..	..	..	1	..	1	..	1	..	..	..	..	..	1	..	..
	F	4	..	..	..	..	1	3	..	..	4	..	..	..	..	1	3	..	..
Small Pox	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	M	24	5	14	5	..	..	..	..	..	3	..	1	2	..	..	..	..	..
	F	25	6	9	8	1	..	..	1	..	4	1	..	3	..	..	..	..	..
Scarlet Fever	M	2	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	M	15	6	7	2	..	..	..	..	..	5	3	1	1	..	..	..	..	..
	F	14	2	7	4	1	..	..	..	..	4	1	2	1	..	..	..	..	..
Diphtheria and Croup ..	M	7	..	..	4	2	1	.	..	..	5	..	1	1	3	..	..	..	..
	F	17	..	1	6	9	1	..	..	..	2	..	..	..	2	..	.	..	..
Influenza	M	16	2	1	..	1	..	..	7	5	25	3	..	..	..	1	3	8	10
	F	16	2	..	..	..	1	2	3	8	17	..	..	1	..	1	2	7	6
Erysipelas	M	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	1
	F	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis ..	M	100	..	..	1	5	12	48	31	3	52	..	..	..	..	13	26	10	3
	F	93	1	2	1	9	30	40	8	2	58	..	..	1	4	11	27	14	1
Tuberculous Meningitis ..	M	6	1	3	..	1	..	1	..	..	7	2	1	2	1	1	..	..	..
	F	20	2	4	6	6	2	..	..	..	10	1	2	1	5	1	..	..	..
Other Tuberculous Diseases	M	24	5	4	3	2	4	4	1	1	11	3	..	1	4	..	1	..	2
	F	20	1	2	4	7	4	2	..	..	14	2	..	1	1	3	5	2	..
Cancer, malignant disease..	M	76	..	..	..	..	1	5	41	29	72	..	..	1	1	1	4	25	40
	F	105	..	..	1	..	2	18	57	27	86	..	..	..	..	..	6	37	43
Rheumatic Fever	M	4	..	..	..	..	1	2	1	..	5	..	..	..	..	2	1	2	..
	F	5	..	..	..	2	2	1	..	..	2	..	..	..	1	..	..	1	..
Meningitis	M	10	4	1	2	1	1	..	1	..	9	3	2	1	1	..	..	1	1
	F	8	1	3	1	..	..	2	1	..	5	1	1	1	..	1	..	1	..
Organic Heart Disease ..	M	123	..	..	..	..	2	10	51	60	80	..	..	..	1	..	6	24	49
	F	157	..	..	1	8	5	15	58	70	94	..	..	..	3	2	7	26	56
Bronchitis	M	126	33	8	5	..	2	2	22	54	71	13	2	3	2	..	..	12	39
	F	123	21	4	5	4	..	2	19	68	54	10	2	..	..	..	1	4	37
Pneumonia (all forms) ..	M	136	44	27	11	10	2	12	18	12	42	8	4	1	4	1	8	9	7
	F	85	23	16	15	6	1	9	6	9	37	10	1	4	1	1	7	6	7
Other Respiratory Diseases	M	10	..	..	1	..	..	2	4	3	7	..	..	..	..	..	..	4	3
	F	13	..	..	..	1	1	4	4	3	8	1	..	..	1	1	..	..	5
Diarrhœa, etc.	M	42	23	6	3	..	..	3	5	2	18	9	..	3	2	..	2	..	2
	F	28	15	2	5	..	1	1	..	4	11	4	..	..	..	..	..	3	4
Appendicitis and Typhlitis	M	6	..	..	..	2	1	2	1	..	3	..	..	..	1	..	2	..	..
	F	9	..	..	..	6	2	1	..	..	..	..	..	..	..	..	..	..	..
Cirrhosis of Liver	M	7	..	..	..	..	..	1	4	2	4	..	..	..	..	..	..	2	2
	F	4	..	..	..	..	..	..	1	3	3	..	..	..	..	..	1	2	..
Alcoholism	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Nephritis & Bright's Disease	M	27	1	..	..	..	..	..	17	9	27	..	..	1	1	..	3	10	12
	F	33	1	1	3	1	1	12	6	8	16	..	..	..	1	..	3	6	6
Puerperal Fever	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	5	..	..	..	..	..	5	..	..	1	..	..	..	..	..	1	..	..
Parturition, apart from Puerperal Fever	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	15	..	..	..	..	3	12	..	..	4	..	..	..	..	..	4	..	..
Congenital Debility, etc. ..	M	105	103	1	1	..	..	..	..	..	38	38	..	..	..	..	..	..	..
	F	84	83	1	..	..	..	..	..	..	49	48	..	..	1	..	..	..	..
Violence, apart from Suicide	M	73	1	2	6	10	10	18	19	7	41	3	..	2	5	6	14	9	2
	F	31	3	3	6	5	..	4	5	5	11	..	..	1	2	2	..	1	5
Suicides	M	14	..	..	..	..	..	7	5	2	8	..	..	..	..	..	2	4	2
	F	4	..	..	..	..	1	2	1	..	..	..	..	..	..	..	..	..	..
Other Defined Diseases ..	M	392	59	16	11	10	9	32	85	170	257	31	3	2	..	2	13	40	166
	F	387	63	10	7	4	11	36	58	198	238	16	2	2	3	3	15	45	152
Causes ill-defined or unknown	M	15	..	4	..	1	..	..	6	4	7	..	1	..	..	1	1	1	3
	F	11	2	1	1	..	1	1	3	2	4	..	..	..	..	..	..	4	..

TABLE IX. NOTTINGHAMSHIRE. Abstract of Vital Statistics.

Year.	Estimated Population at the *middle* of the year.	Annual Increase of Population.	Persons per Acre.	Separate Families.	Persons per Family.	Registered Births.	Births per 1000 of the Population.	Deaths under 1 year per 1000 Births.	Nett Deaths.	Nett Death Rate per 1000 of the Population.
1891	232,776	..	·44	49,186	4·7	8202	35·2	138	4135	17·7
1892	236,770	3994	·46	..	..	8007	33·9	147	4051	16·7
1893	240,026	3256	·46	..	..	7949	33·1	..	4087	17·0
1894	243,965	3939	·47	..	..	7747	31·7	130	3585	14·7
1895	248,060	4095	·48	..	..	8066	32·5	154	4128	16·6
1896	252,282	4222	·49	..	..	8154	32·3	138	3987	15·8
1897	256,667	4385	·50	..	..	8186	31·8	152	4115	16·0
1898	261,224	4557	·50	..	..	8117	31·0	151	4187	16·0
1899	265,952	4728	·51	..	..	8266	31·0	161	4375	16·4
1900	270,862	4910	·52	..	..	8292	30·6	160	4617	17·0
1901	275,971	5109	·53	59,114	4·6	8636	31·3	145	4139	14·9
1902	282,563	6592	·54	..	..	8920	31·5	138	4116	14·5
1903	289,001	6438	·55	..	..	9072	31·3	134	4146	13·9
1904	295,586	6585	·56	..	..	9379	31·7	139	4293	14·1
1905	302,321	6735	·57	..	..	8880	29·3	126	4491	14·8
1906	309,209	6888	·59	..	..	9088	29·3	121	4239	13·7
1907	316,355	7146	·60	..	..	8962	28·3	127	4550	14·3
1908	323,461	7106	·62	..	..	9818	30·3	119	4460	13·7
1909	330,831	7370	·63	..	..	9740	29·4	106	4424	13·3
1910	338,937	8106	·64	..	..	9554	28·2	110	4331	12·7
1911	345,930	6993	·66	76,236	4·5	9453	27·3	125	4550	13·1
1912	355,046	9116	·68	..	..	9213	25·9	93	4206	11·8
1913	362,307	7261	·69	..	..	9369	25·8	101	4435	12·2
1914	367,617	5310	·70	..	..	9541	25·9	107	4696	12·7
1915	353,193	..	·67	..	..	8843	25·0	112	5068	14·3
1916	344,501	..	..	..	..	8567	22·8	95	4441	12·8
1917	**344,822**	..	..	..	..	**7589**	**19·7**	**95**	**4217**	**12·2**
For comparison—										
1917	England and Wales ..			..	..	..	17·8	97	..	14·0
	96 Great Towns ..			..	..	..	18·1	104	..	14·4
	148 Smaller Towns ..			..	..	..	18·0	93	..	13·0
	London ..			..	..	..	**17.5**	**103**	..	**14·3**