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ANNUAL REPORT

OF THE

DEPUTY COUNTY MEDICAL OFFICER

TO

The County Council

OF

NOTTINGHAMSHIRE,

FOR THE YEAR 1923.

BY

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Fellow of the Royal Society of Medicine, and of the Royal Sanitary
Institute.

Nottingham

1924.

INDEX.

	PAGE		PAGE.
Abstract of Vital Statistics ..	17	Notts. Nursing Federation ..	46
Ages at Death ..	Table VI.	Ophthalmia Neonatorum ..	47
Births and Birth-rate ..	11-12	Population ..	11-17
Blind Persons Act ..	55	Puerperal Fever ..	23-24
Cerebro Spinal Fever ..	25	Ransom Sanatorium ..	4
Deaths and Death-rate ..	13-14	River Pollution ..	56
Deaths, Causes of Tables IV, V., & VI		Rural Districts Tables II., III., V., & IX.	
Diarrhœa ..	25	Scarlet Fever ..	20
Diphtheria ..	21	Sewage Disposal ..	56
Enteric Fever ..	22	Small Pox ..	18-19
Food and Drugs ..	54	Social Conditions ..	11
Housing ..	57	Staff ..	6-8
Illegitimate Births ..	12-13	Transferable Deaths ..	13-14
Influenza ..	25	Tuberculosis Administration & Treatment ..	26-41
Infantile Death-rate ..	15-16	Urban Districts Tables I., III., IV., VIII.	
Infectious Diseases Notified		Venereal Diseases ..	41-43
Cases ..	Tables VIII. & IX.	Vital Statistics for the year ..	4-17
Infant Welfare Centres ..	51-52	Water Supply ..	55
Laboratory, Bacteriological ..	42-44	Whooping Cough ..	24
Maternity and Child Welfare ..	50-53		
Measles ..	19		
Medical Officers of Health ..	9-10		
Midwives' Act, Administration of	45-49		

The following Statement is compiled from the District Reports and indicate the general condition of Housing in 1923.

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR—
(a) Total
(b) With State assistance under the Housing Acts, 1919 or 1923

(i) By the Local Authority
(ii) By other bodies or persons

1. UNFIT DWELLING HOUSES.

Inspection (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) -
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 -
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation -
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation -

2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES—
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers -

3. ACTION UNDER STATUTORY POWERS—
A—Proceedings under Section 28 of the Housing, Town Planning, &c., Act, 1919.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs -
(2) Number of dwelling-houses which were rendered fit—
(a) by Owners -
(b) by Local Authority in default of owners -
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close -

B—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied -
(2) Number of dwelling-houses in which defects were remedied—
(a) by Owners -
(b) by Local Authority in default of owners -

C—Proceedings under Sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909—

(1) Number of representations made with a view to making of Closing Orders -
(2) Number of dwelling-houses in respect of which Closing Orders were made -
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit -
(4) Number of dwelling-houses in respect of which Demolition Orders were made -
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders -

	Aylham	Blidfield	Depwade	Deeking	Downham	Erpingham	Flegg, E. & W.	Forchae	Henstead	Loddon and Clavering	West Lynn	Frederick, Lynn	Marshland	Mittford and Launditch	St. Faith's	Smallburgh	Swaffham	Thetford	Walsingham	Weyland	Total Rural Districts	Cromer	East Dereham	Dis	Downham Market	Hunstanton New	Sheringham	Swaffham	North Walsham	Walsoken	Wells-next-Sea	King's Lynn M.R.	Thetford M.R.	Total Urban Districts	Total County
(a) Total	9	11	8	26	11	31	12	433	433	17	1	?	39	10	20	26	1	?	15	2	317	19	5	nil	11	5	27	1	8	8	nil	5	nil	79	396
(b) With State assistance under the Housing Acts, 1919 or 1923	?	—	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	24
(i) By the Local Authority	nil	nil	nil	nil	nil	?	?	nil	nil	nil	?	nil	?	nil	nil	nil	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	
(ii) By other bodies or persons	?	—	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	?	
1. UNFIT DWELLING HOUSES.																																			
Inspection (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) -	509	189	90	94	96	4005	104	81	482	264	1	26	210	49	60	330	359	nil	125	254	7328	34	250	95	9	11	17		38	93	130	580	119	1376	8704
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 -	353	148	nil	nil	38	4005	104	32	81	237	nil	28	185	40	40	—	359	nil	51	183	5884	23	200	24	—	—	17		22	30	551	867	6751		
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation -	9	5	7	nil	5	496	nil	1	nil	1	nil	16	nil	2	1	nil	3	nil	15	3	564	nil	nil	3	—	—	—		nil	nil	4	1	1	9	573
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation -	5	21	20	61	37	—	14	27	2	nil	1	12	114	9	nil	8	316	nil	36	114	797	14	50	87	—	—	2		16	30	120	29	11	359	1156
2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES—																																			
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers -	177	37	12	50	26	26	23	17	nil	53	nil	10	106	9	nil	50	279	10	36	58	979	13	120	70	—	8	7		11	24	5	nil	258	1237	
3. ACTION UNDER STATUTORY POWERS—																																			
A—Proceedings under Section 28 of the Housing, Town Planning, &c., Act, 1919.																																			
(1) Number of dwelling-houses in respect of which notices were served requiring repairs -	nil	2	3	9	5	nil	7	nil	nil	nil	nil	4	7	13	73	13	—	—	—	12	148	†		11	9	—	—			5	3		28	176	
(2) Number of dwelling-houses which were rendered fit—																																			
(a) by Owners -	nil	2	2	9	3	—	7	nil	nil	nil	—	nil	4	5	13	44	13	—	—	—	1	103	†		11	—	—	—		5	3		19	122	
(b) by Local Authority in default of owners -	nil	nil	1	nil	nil	—	nil	nil	nil	nil	—	nil	nil	2	nil	nil	nil	—	—	—	3	†		nil	—	—	—			nil			—	3	
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close -	nil	nil	nil	nil	nil	nil	1	**2	—	nil	—	nil	nil	2	1	nil	nil	—	—	—	6	†		nil	—	—	—		nil	nil	No proceedings taken		—	5	
B—Proceedings under Public Health Acts.																																			
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied -	1	94	4	nil	8	103	19	—	73	91	—	nil	56	15	14	87	—	29	146	1	741	1		12	—	6			nil	4	8	29	11	71	812
(2) Number of dwelling-houses in which defects were remedied—																																			
(a) by Owners -	1	41	4	nil	4	26	18	10	64	105	—	nil	56	15	14	49	—	29	120	—	559	1		12	—	9			nil	4	nil	29	9	72	631
(b) by Local Authority in default of owners -	nil	nil	nil	nil	2	nil	nil	nil	nil	nil	—	nil	nil	nil	—	—	—	—	—	—	—	—		12	—	—			nil	nil	nil	nil	—	—	—
C—Proceedings under Sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909—																																			
(1) Number of representations made with a view to making of Closing Orders -	2	nil	7	nil	2	12	nil	nil	nil	—	—	4	—	—	—	—	—	—	—	15	3	48	nil		3	—	—			nil	4	1		8	56
(2) Number of dwelling-houses in respect of which Closing Orders were made -	2	nil	6	nil	2	2	nil	nil	nil	—	—	6	—	—	—	—	—	—	—	15	3	39	nil		2	—	—			nil	4	1		9	48
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit -	nil	nil	2	nil	—	nil	nil	nil	nil	—	—	—	—	—	—	—	—	—	—	—	—	—		1	—	—			nil	4	1		6	10	
(4) Number of dwelling-houses in respect of which Demolition Orders were made -	nil	nil	nil	nil	—	nil	nil	nil	nil	—	—	1	—	—	—	—	—	—	—	—	—	—		nil	—	—			nil	nil	1	3	4		
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders -	nil	nil	nil	nil	—	nil	nil	nil	nil	—	—	1	—	—	—	—	—	—	—	—	—	—		nil	—	—			nil	1	nil		1	4	

† Scheme in preparation * 19 houses in course of erection, Dec. 31st, 1923. † Includes 6 Army Huts and 8 Railway carriages converted. ** 1 closed and 1 demolished. † All without formal notices. ‡ 2 in course of erection. ¶ 2 Huts converted into Bungalows in addition. One or two District M.O.s H. state—"Owing to the high cost of labour and materials, much difficulty has been experienced in inducing owners to undertake necessary repairs to their property."

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PUBLIC HEALTH DEPARTMENT.

THE SHIRE HALL,

NOTTINGHAM.

October, 1924.

TO THE COUNTY COUNCIL OF NOTTINGHAMSHIRE.

MY LORDS AND GENTLEMEN,

I have the honour to present the Annual Report on the Health of the Administrative County of Nottinghamshire for the year ended 31st December 1923. In order to preserve continuity the general plan of the Report has been maintained.

The area of the County in acres is 529,188. The eleven Rural Districts comprise 461,660 acres and the fifteen Urban Districts 67,528 acres. The Registrar General's estimate of the Population of the whole County for the middle of the year 1923 is 388,600. On last year's figures there is an estimated increase of 1,889, this being lower than the increases recorded for the last 5 years. The population at the 1921 Census was 378,476.

The general health of the County has been good as judged by the death rate of 11 and the Infantile Mortality rate of 77. The death rate for England and Wales of 11.6 and the Infantile Mortality Rate of 69 are the lowest ever recorded.

There has been an increase in the notification of infectious disease; this is especially marked in the case of Small Pox which has been prevalent in the Urban Districts on the West side of the County.

An abstract of the Vital Statistics referring to Population, Birth and Death Rate, Infantile Mortality Rate and deaths from Tuberculosis was circulated to every member of the County Council in April last.

The following figures relating to England and Wales, London, the 105 County Boroughs and Great Towns including London, and the 157 smaller Towns, are given for comparison :

VITAL STATISTICS, 1923.

	*Birth Rate.	*Death Rate.	†Infantile Mortality Rate.
England and Wales	19·7	11·6	69
105 County Boroughs and Towns including London	20·4	11·6	72
157 Smaller Towns	19·8	10·6	69
London	20·2	11·2	60
County of Nottinghamshire ..	20·6	11·0	77
Aggregate of Notts. Urban Districts	21·4	10·8	82
Aggregate of Notts. Rural Districts	19·3	11·3	66
Special Area for Child Welfare ..	24·7	14·6	58

* Per 1,000 population.

† Per 1,000 births.

This County compares favourably with England and Wales as well as with London in all respects.

The new buildings at the Ransom Sanatorium were fully occupied by the end of 1923 and an assistant resident medical officer was appointed in September. Full particulars have already been circulated in the Annual Report of the Ransom Sanatorium for 1923.

The treatment centre for Venereal Diseases at Newark, which was discussed in the Report for 1922, was finally closed on 25th March, 1923.

Very marked colliery developments are in progress in the north west portion of the County and will be referred to later in the Report.

The Maternity and Child Welfare Staff has been increased by a part-time assistant medical officer, and three health visitors. Four new centres have been opened.

The County Council has sustained a great loss in the resignation of Dr. Henry Handford who for 27 years occupied the post of County Medical Officer. This was necessitated by his failing health. Although Dr. Handford's resignation did not take effect until December, 1923 he was obliged in the latter part of August to give up all official duties and take a complete rest. It is however fortunate that his services have been retained as Consulting County Medical Officer.

Owing to unforeseen circumstances a successor to Dr. Handford has not yet been appointed and the duty of presenting this report falls upon me.

In conclusion I have to thank the members of the Public Health Committee and the Maternity and Child Welfare Committee for the very kind consideration extended to me during Dr. Handford's absence and at the same time acknowledge the loyal support of the whole of my staff both medical and clerical during a period when many fresh responsibilities have been undertaken.

I have the honour to be,

Your obedient Servant,

T. E. HOLMES,

Deputy County Medical Officer.

ANNUAL REPORT.

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. Resigned, December 31st, 1923.

Deputy County Medical Officer and School Medical Officer—

THOMAS EDWARD HOLMES, M.A., M.D., B.C., Cantab.,
D.P.H., R.C.P.S., Lond.

Tuberculosis Officer—

C. KINGSTON, M.R.C.S., Eng., L.R.C.P. (Lond.) D.P.H.
(Oxford).

*Assistant Tuberculosis Officer and Assistant School Medical
Officer—*

ARTHUR FREDERICK SEACOMBE, L.R.C.P., L.R.C.S.
Edin., D.P.H. Liv.

*Medical Officer for Maternity and Child Welfare and Superin-
tendent Inspector of Midwives.*

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

*Assistant Medical Officer for Maternity and Child Welfare and
for School Medical Inspection—*

MISS EVELYN CHRISTINA McDONALD MCGREGOR, M.B.,
Ch.B. Glas., D.P.H. Lond. Appointed June 1st,
1923.

Medical Superintendent, Ransom Sanatorium—

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

* October, 1924.

Assistant Resident Medical Officer—

CONSTANCE S. STEELE, M.B., Ch.B., Edin. Appointed,
September 1st, 1923. Resigned, October 4th, 1924.

GLADYS L. BUCKLEY, M.B., B.S. (Lond.) M.R.C.S.,
L.R.C.P., Lond. Commenced October 4th, 1924.

Specialist Medical Officer for Venereal Diseases—

JAMES CHARLES BUCKLEY, M.D., Vict. Ch.B., Hon.
Specialist Physician for Venereal Diseases, Gen.
Hosp., Nottingham.

Assistant Specialist Medical Officer for Mansfield—

ERNEST H. HOUFTON, M.D., Lond., M.R.C.S.

Assistant Specialist Medical Officers for Newark—

Members of the honorary Medical and Surgical Staff of
the Newark Hospital.

(This arrangement terminated, March 31st, 1923).

*Specialist Medical Officer under the Cerebro-Spinal Fever
Regulations, 1919—*

FRANK HARWOOD JACOB, M.D., Lond., F.R.C.P., Lond.,
Hon. Physician, Gen. Hosp., Nottingham.

Inspectors of Midwives—

†*MISS H. F. SIMMONS.

§††*MISS HILDA SOPHIA GOUGH. Commenced duties,
September, 8th, 1921.

Health Visitors for Maternity and Child Welfare—

‡†MRS. RAWSON. Commenced, February 11th, 1918.

‡†*MISS EDITH HORNE. Commenced, July 15th, 1918.

‡†*MRS. MARY E. SLEIGH. Commenced, October 13th,
1919.

†*MISS MARIAN HALL. Commenced, June 1920.

* Hospital Trained Nurse.

† Certificate of the Central Midwives Board.

‡ Certificate of the Royal Sanitary Institute for Sanitary Inspectors.

§ Certificate of the Royal Sanitary Institute for Health Visitors.

†*MISS MARGARET LUCY HOWMAN. Commenced, 14th February, 1921. Resigned, June 30th, 1924.

†*MISS LUCY FIRTH. Commenced, 1st July, 1921.

§††*MISS IDA MAY RALPH. Commenced, 4th July, 1921.

†*MISS L. W. SKINNER. Commenced, January 1st, 1923. Resigned, November, 1923.

†*MISS J. WATERS. Commenced, January 1st, 1923.

†*MISS M. SHIRLEY. Commenced, April 17th, 1923.

†*MISS I. L. BETTANY. Commenced, February 1st, 1924. Resigned, June 10th, 1924.

†*MISS E. C. TAYLOR. Commenced, February 27th, 1924.

Tuberculosis Health Visitors—

*MISS LEATHER. Resigned, August 2nd, 1924.

*MISS DOROTHY BAYLE. Commenced, May 12th, 1921.

†*MISS MAY MASKELL GRAFTON. Commenced, April 24th, 1922.

*MISS M. OLIVER. Commenced, March 19th, 1923. Resigned, October 18th, 1923.

*MISS E. A. WHITAKER. Commenced, December 3rd, 1923.

§††*MISS G. W. HICKSON. Commenced October 1st, 1924.

Chief Clerk—

S. TEMPLE BROWN, M.R.San.I.

Assistant Clerks—

†W. L. RICHARDSON.

MISS D. WARSOP.

MISS G. FLATT.

J. ROBERTS.

° Hospital Trained Nurse.

† Certificate of the Central Midwives Board.

‡ Certificate of the Royal Sanitary Institute for Sanitary Inspectors.

§ Certificate of the Royal Sanitary Institute for Health Visitors.

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

BOROUGH AND URBAN DISTRICTS.

Districts.	Name of the Medical Officer of Health.	Address.
MANSFIELD (Borough)	.. J. E. Wilson, M.D., D.P.H.	.. Exchange Row, Mansfield.
NEWARK (Borough)	.. W. Baxter, M.B., Ch.B., D.P.H.	.. Middle Gate, Newark.
EAST RETFORD (Borough)	.. Hanway R. Beale, M.D., Lond. D.P.H., Sheffield	Bridgeway House, East Retford.
ARNOLD	.. Harvey Francis, M.D.	.. Arnold, Nottingham.
BEESTON	.. C. Horne Warner M.D., B.Sc. Lond.	.. Alma House, Southwell.
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. Ch.B., Vict.	.. Sherwood House, Hucknall, Nottm.
HUTHWAITE	.. Robt. Irvine, L.R.C.P.	Huthwaite, Mansfield
KIRKBY-IN- ASHFIELD	.. M. E. Kayton, L.C.R.P., D.P.H.	.. Ashfield House, Annesley Woodhouse, Nottm.
MANSFIELD WOODHOUSE	.. Ernest H. Houfton, M.D., Lond., M.R.C.S.	.. Bath House, Mansfield.
SUTTON-IN- ASHFIELD	.. R. Nesbitt, L.R.C.S.I.	.. Ashfield House, Sutton-in- Ashfield, Nottingham.
WARSOP	.. H. W. Horan, M.B., B.S., Durh.	.. Warsop, Notts.
WEST BRIDGFORD	Walter Hunter, M.D.	.. Musters Road, West Bridgford.
WORKSOP	.. T. C. Garrett, M.B., C.M. Glas.	.. Newcastle Avenue, Worksop.

RURAL DISTRICTS.

Districts.	Name of the Medical Officer of Health.	Address.
BASFORD	.. W. H. Parkinson, M.D., D.P.H.	.. Public Offices, Rock House, Basford, 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.	The Laurels, Creswell, near Mansfield.
EAST RETFORD	.. Hanway R. Beale, M.D., Lond., D.P.H.	.. Bridgegate House, East Retford.
LEAKE	.. N. B. M. Blackham, L.R.C.P. & S., I.	.. 25, Victoria St., Loughboro'
MISTERTON	.. T. Elliott, M.B., Ch.B.	Groveswood, Misterton.
NEWARK	.. W. Baxter M.B., Ch.B., D.P.H.	.. Middle Gate, Newark.
SKEGBY	.. A. H. Wear, M.B., B.S., D.P.H.	.. 8, Union Street, Mansfield
SOUTHWELL	.. W. Baxter M.B., Ch.B., D.P.H.	.. Middle Gate, Newark.
STAPLEFORD	.. E. Kingsbury, B.A., M.D., Dublin	.. High Street, Stapleford, Nottingham.
NOTTS. PARISHES, administered by		
SHARDLOW	.. Sydney Hunt, M.R.C.S.	Spondon, Derby.

SOCIAL CONDITIONS OF THE DISTRICT.

POPULATION.

Census, 1911	..	..	..	..	344,197
Census, 1921	..	..	..	..	378,525
Estimated 1923 (supplied to County Medical Officer by the Registrar-General)	..				388,019

The *natural* increase of population for the year 1923, by excess of births over deaths was 3,763, compared with 4,177 in 1922, 4,774 in 1921, 5,667 in 1920, 2,948 in 1919, 1,725 in 1918, 3,372 in 1917, 4,126 in 1916 and 3,775 in 1915.

Area in Statute acres (exclusive of water)	..	521,061
Population, Census 1921	..	378,525
Number of Inhabited Houses	..	*83,211
Average number of persons per house	..	*4.5
Rateable Value of County	..	£1,700,008
Approximate product of a penny rate		£7,083 7s. 4d.

* Census, 1921.

VITAL STATISTICS.

BIRTHS.

The number of live births registered in the County during 1923 amounted to 8,023, compared with 8,316 in 1922, 9,187 in 1921, 9,836 in 1920, 7,507 in 1919, and 7,742 in 1918. This shows a decrease of 293 since 1922.

The birth-rate per thousand persons living, for 1923, was 20.6, compared with 21.5 for 1922.

The birth-rate for England and Wales for the same period was 19.7, and 20.6 for 1922.

It is again interesting to note that the birth-rate for Nottinghamshire continues to be well above that for the United Kingdom.

In accordance with the rules of the Central Midwives Board, notices of 120 still-births were sent to the County Council by certified midwives during the year 1923, compared with 146 for 1922, 147 for 1921, 161 for 1920, 126 for 1919, 112 for 1918, 107 for 1917, 111 for 1916, 107 for 1915, and 129 for 1914. The numbers recorded must be a small pro-

portion 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.

In the following table the birth-rates of the different districts in this County are given :—

BIRTH-RATE FOR 1923, PER 1,000 OF THE POPULATION.

URBAN DISTRICTS.	RATE.	RURAL DISTRICTS.	RATE.
Mansfield Woodhouse ..	25·6	Skegby ..	23·5
Worksop ..	24·7	Blyth and Cuckney ..	22·5
Warsop ..	23·0	Newark ..	22·1
Sutton-in-Ashfield ..	22·9	Misterton ..	20·4
Hucknall ..	22·9	East Retford ..	19·3
Eastwood ..	22·9	Stapleford ..	18·9
Huthwaite ..	22·9	Basford ..	18·5
Carlton ..	22·1	Southwell ..	18·2
Mansfield ..	21·9	Leake ..	17·8
East Retford ..	21·8	Bingham ..	17·6
Arnold ..	21·5	Kingston and Ratcliffe ..	15·1
Kirkby-in-Ashfield ..	20·5		
Newark ..	18·2	MEAN OF RURAL DISTRICTS	19·3
Beeston ..	17·9		
West Bridgford ..	9·5	Whole County	20·6
MEAN OF URBAN DISTRICTS	21·4		

ILLEGITIMATE BIRTHS.

In the whole County there were 336 illegitimate births, or a proportion of 41·9 per 1,000 registered births, compared with 44·1 in 1922, 43·8 in 1921, 55·1 in 1920, 59·9 in 1919, 62·0 in 1918, 49·8 in 1917, 46 in 1916, 42 in 1915, and 45 in 1914.

In the Urban Districts there were 43·9 illegitimate births per 1,000 total births, and in the Rural Districts 37·7. There is a slight decrease in these figures, compared with those for 1922.

Apart from the great importance of the moral side of the question, illegitimacy has a Public Health aspect. The general neglect of the unwanted babies leads to a death rate of 128 per 1,000 among the illegitimate compared with a rate of 62 per 1,000 among the legitimate; and much the same proportion of permanent ill health among the sickly survivors.

THE NUMBER OF LEGITIMATE AND ILLEGITIMATE BIRTHS
FOR EACH DISTRICT, IN THE YEAR, 1923.

URBAN DISTRICTS.	Births.	Legiti- mate.	Illegiti- mate.
Mansfield	1,012	975	37
Newark	309	294	15
East Retford	293	269	24
Arnold	261	256	5
Beeston	230	211	19
Carlton	423	404	19
Eastwood	122	115	7
Hucknall	401	387	14
Huthwaite	129	121	8
Kirkby-in-Ashfield	374	358	16
Mansfield Woodhouse	360	347	13
Sutton-in-Ashfield	568	542	26
Warsop	175	170	5
West Bridgford	126	121	5
Worksop	589	566	23
TOTAL OF URBAN DISTRICTS ...	5,372	5,136	236
RURAL DISTRICTS.			
Basford	823	799	24
Bingham	254	241	13
Blyth and Cuckney	118	117	1
East Retford	284	269	15
Leake	66	63	3
Misterton	85	82	3
Newark	197	188	9
Skegby	224	217	7
Southwell	367	348	19
Stapleford... ..	227	221	6
Kingston and Ratcliffe	6	6	—
TOTAL OF RURAL DISTRICTS ...	2,651	2,551	100

DEATHS.

The number of deaths occurring in the County in 1923 amounted to 4,260, or 121 more than in 1922. These include the deaths of residents taking place and registered elsewhere, but transferred to this County for statistical purposes. The mortality per 1,000 of the population amounts to the low rate of 11·0.

The following table gives the death rates of the different Districts corrected for "transferable deaths" and for "Age and Sex Distribution" calculated from the civil population estimated by the Registrar General.

It will be observed that without the correction for "Age and Sex Distribution" the Rural rates are generally higher than the Urban. The cause of this has been very fully explained in previous reports and is mainly to be accounted for by the predominance of old persons.

The rates shown in this table are obtained by using the 1911 "Factors" supplied by the Registrar General. The "Factors" for the 1921 Census have not yet come to hand.

CORRECTED DEATH RATES USING FACTORS SUPPLIED BY
THE REGISTRAR-GENERAL FOR 1911.

		Death rate corrected for Transferable Deaths.	Death rate corrected for Age and Sex Distribution.
		1923.	1923.
WHOLE COUNTY.	..	11.0	10.67
URBAN DISTRICTS	..	10.8	11.01
RURAL DISTRICTS	..	11.3	10.05
URBAN DISTRICTS.			
Newark	..	13.1	12.31
East Retford	..	12.7	11.81
Arnold ..	..	12.1	12.34
Eastwood	..	12.0	12.24
Hucknall	..	11.5	11.73
Worksop	..	11.4	11.63
Sutton-in-Ashfield	..	11.2	11.75
Huthwaite	..	10.6	10.71
Mansfield	..	10.6	11.34
Kirkby-in-Ashfield	..	10.3	10.71
Mansfield Woodhouse	..	10.2	11.12
West Bridgford	..	9.8	10.78
Carlton ..	..	9.3	9.67
Beeston ..	..	8.8	8.98
Warsop	..	8.0	7.84
RURAL DISTRICTS.			
Newark	..	14.9	12.81
Southwell	..	12.2	10.00
Blyth and Cuckney	..	12.2	11.10
Bingham	..	11.7	9.59
East Retford	..	11.1	9.21
Stapleford	..	11.0	10.89
Basford ..	..	10.8	10.37
Misterton	..	10.1	8.89
Skegby ..	..	10.1	10.30
Leake ..	..	7.0	5.88
Kingston and Ratcliffe	..	5.0	4.60

The rates of 8·0 for Warsop, and 8·8 for Beeston, are remarkably low.

INFANTILE DEATH RATE.

The rate for the whole County in 1923 was 77 per 1,000 births. For the Urban Districts the rate was 82, and for the Rural 66.

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	..	98	..	89
1918	..	100	..	104	..	92
1919	..	95	..	100	..	84
1920	..	85	..	89	..	75
1921	..	86	..	91	..	77
1922	..	69	..	73	..	61
1923	..	77	..	82	..	66

As stated in previous reports the wide variations in the Infantile Mortality prove that local conditions are largely responsible.

Most of the Urban Districts have Child Welfare Centres. The County Council is only responsible for the Districts included in the Special Area as shown under the heading of Maternity and Child Welfare on page 50. These are mainly Rural Districts but also include Carlton and West Bridgford, and their aggregate Infantile Mortality rate was only 58 per 1,000 births. The population of the Area is 160,111. The Infantile Mortality rate among the legitimate children in the Special Area administered by the County Council fell as low as 54.

RATE OF INFANTILE MORTALITY FOR 1923, PER 1,000 BIRTHS.

URBAN DISTRICTS.	RATE.	RURAL DISTRICTS.	RATE
Huthwaite	109	Kingston and Ratcliffe	167
Newark	107	Skegby	112
East Retford	106	Stapleford	88
Sutton-in-Ashfield	95	Basford	78
Mansfield Woodhouse	94	Newark	76
Mansfield	93	Blyth and Cuckney	68
Hucknall	90	Bingham	67
Eastwood	89	Misterton	35
Kirkby-in-Ashfield	83	Southwell	35
Arnold	77	East Retford	32
Worksop	76	Leake	15
Beeston	57		
Carlton	40	MEAN OF RURAL DISTRICTS	61 ⁶⁶
Warsop	40		
West Bridgford	32	Rate for the Whole County	77
MEAN OF URBAN DISTRICTS	73 ⁹²		

Table I. NOTTINGHAMSHIRE. Vital Statistics for the Year 1923.
BOROUGHES AND URBAN DISTRICTS.

BOROUGHES AND URBAN DISTRICTS.	Area in Acres Exclusive of area covered by Water.	Persons per Acre.	Families or separate Occupiers at Census 1921.	Persons per Family at Census 1921.	Population Census 1921.	Population, Estimated to the middle of 1923.	Births.		Deaths under 1 year of age.		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.
							Number.	Rate.	Number.	Rate per 1000 Births Registered.				
MANSFIELD (Borough)	7,208	6.4	9,299	4.7	44,416	46,270	1,012	21.9	94	93	492	10.6	0.84	1.12
NEWARK (Borough)	1,899	4.0	4,039	4.1	16,958	17,000	309	18.2	33	107	222	13.1	0.94	1.29
EAST RETFORD (Borough)	4,498	3.0	3,202	4.1	13,414	13,420	293	21.8	31	106	171	12.7	0.89	0.96
ARNOLD	4,612	2.6	2,768	4.3	11,800	12,090	261	21.5	20	77	146	12.1	0.66	1.24
BEESTON	1,586	8.1	3,019	4.1	12,494	12,820	230	17.9	13	57	113	8.8	0.55	0.78
CARLTON	1,400	13.7	4,304	4.3	18,510	19,120	423	22.1	17	40	177	9.3	0.73	0.89
EASTWOOD	940	5.6	1,181	4.3	5,069	5,334	122	22.9	10	89	64	12.0	0.75	1.12
HUCKNALL	3,270	5.4	3,897	4.3	16,834	17,510	401	22.9	36	90	202	11.5	0.62	1.02
HUTHWAITE	1,199	4.7	1,137	4.8	5,478	5,641	129	22.9	14	109	59	10.6	0.53	0.71
KIRKBY-IN- ASHFIELD	5,814	3.1	3,539	4.9	17,237	18,220	374	20.5	31	83	187	10.3	0.66	0.77
MANSFIELD WOODHOUSE	4,834	2.9	2,688	5.0	13,477	14,070	360	25.6	34	94	144	10.2	0.85	0.99
SUTTON-IN- ASHFIELD	4,855	5.1	5,075	4.7	23,855	24,800	568	22.9	54	95	277	11.2	0.60	1.17
WARSOP	5,728	1.3	1,470	4.9	7,238	7,595	175	23.0	7	40	61	8.0	0.53	0.66
WEST BRIDGFORD	1,123	11.8	3,482	3.8	13,346	13,210	126	9.5	4	32	129	9.8	0.76	0.76
WORKSOP	17,930	1.3	5,066	4.4	23,206	23,800	589	24.7	45	76	271	11.4	0.71	1.00
Totals for Urban Districts	66,896	3.8	54,166	4.4	243,332	250,900	5,372	21.4	443	82	2,715	10.8	0.73	1.01

Table II. NOTTINGHAMSHIRE. Vital Statistics for the Year 1923.
RURAL DISTRICTS.

RURAL DISTRICTS.	Area in Acres, exclusive of area covered by water.	Persons per Acre.	Families or Separate Occupiers at Census 1921.	Persons per Family at Census 1921.	Population, Census 1921.	Population estimated to the middle of 1923.	Births.		Deaths under 1 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	0.72	9,826	4.4	43,361	44,410	823	18.5	64	78	479	10.8	0.60	0.82
BINGHAM ..	66,574	.22	3,498	3.9	14,267	14,470	254	17.6	17	67	169	11.7	0.69	0.90
BLYTH AND CUCKNEY ..	28,208	.19	1,164	4.3	5,070	5,238	118	22.5	8	68	64	12.2	1.15	1.34
EAST RETFORD	92,740	.16	3,520	4.1	14,846	14,710	284	19.3	9	32	163	11.1	0.41	0.68
LEAKE ..	17,073	.22	944	3.8	3,734	3,717	66	17.8	1	15	26	7.0	0.27	0.54
MISTERTON ..	14,268	.29	1,022	4.0	4,112	4,164	85	20.4	3	35	42	10.1	0.24	0.48
NEWARK ..	36,619	.24	2,119	4.1	8,743	8,912	197	22.1	15	76	133	14.9	1.12	1.68
SKEGBY ..	11,956	.80	1,864	4.8	8,978	9,516	224	23.5	25	112	96	10.1	0.52	0.73
SOUTHWELL ..	117,638	.17	4,962	4.0	20,157	20,130	367	18.2	13	35	245	12.2	0.70	0.85
STAPLEFORD ..	4,860	2.36	2,477	4.4	11,519	11,449*	227	18.9	20	88	126	11.0	0.35	0.87
Notts. Parishes administered by SHARDLOW	2,360	.17	83	4.3	400	397	6	15.1	1	167	2	5.0	—	—
SHIRE HALL ..	1	—	1	6.0	6	6	—	—	—	—	—	—	—	—
Totals for Rural Districts ..	454,165	.3	31,480	4.20	135,193	137,119	2,651	19.3	176	66	1,545	11.3	0.61	0.87

*The population of Stapleford Rural District for calculating the Birth Rate is 12,030.

TABLE III.

NOTTINGHAMSHIRE.

Vital Statistics for the Year 1923.

WHOLE ADMINISTRATIVE COUNTY.

	Area in Acres	Persons per Acre.	Families or Separate Occupiers at Census, 1921.	Persons per Family at Census, 1921.	Population, Census, 1921.	Estimated Population 1923.	Births.		Deaths under 1 year.		Nett Deaths.	* Net 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	3·8	54,166	4·4	243,332	250,900	5,372	21·4	443	82	2,715	10·8	0·73	1·01
RURAL DISTRICTS	454,165	·3	31,480	4·2	135,193	137,119 [†]	2,651	19·3	176	66	1,545	11·3	0·61	0·87
WHOLE ADMINISTRATIVE COUNTY.	521,061	·74	85,646	4·4	378,525	388,019 [§]	8,023	20·6	619	77	4,260	11·0	0·69	0·96

* Rate calculated per 1,000 of the estimated Population

† The population of the Rural Districts for calculating the Birth Rate is 137,700.

§ The population of the whole County for calculating the Birth Rate is 388,600.

TABLE IV.

Causes of Death during the year 1923.

URBAN DISTRICTS.

DISTRICTS.	Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Encephalitis lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Cancer, Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage.	Heart Disease.	Arterio Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, etc. (under 2 years).	Appendicitis & Typhilitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other accidents and diseases of pregnancy and parturition.	Congenital debility, and malformation, premature birth.	Suicide.	Other deaths from violence.	Other Defined Diseases.	Causes ill-defined or unknown.	All Causes.
MANSFIELD	23	1	9	3	9	2	...	39	13	42	2	6	28	44	3	40	50	1	3	1	2	3	7	1	2	42	4	17	91	4	492
NEWARK	1	...	...	4	10	1	...	16	6	24	2	3	12	24	3	12	26	5	3	3	...	1	4	...	...	16	2	7	37	...	222
EAST RETFORD	1	...	2	...	2	1	...	12	1	15	1	3	13	11	4	9	18	...	...	2	1	3	2	...	...	12	3	4	51	...	171
ARNOLD	3	...	1	...	...	...	...	8	7	9	...	...	17	12	5	20	15	3	2	2	...	...	2	...	...	10	1	3	25	1	146
BEESTON	1	1	...	...	7	3	17	1	1	5	8	3	14	5	2	2	2	1	...	4	...	...	4	2	6	24	...	113
CARLTON	1	2	2	3	...	...	14	3	18	1	...	14	19	2	11	20	...	2	1	...	1	5	...	2	11	2	6	30	7	177
EASTWOOD	3	...	2	...	...	...	...	4	2	2	...	1	3	9	...	6	5	1	...	...	1	...	2	...	1	6	...	4	9	3	64
HUCKNALL	4	...	4	1	1	...	...	11	7	18	...	1	6	26	6	13	13	2	4	4	2	...	2	1	2	15	2	13	44	...	202
HUTHWAITE	4	...	...	...	...	...	...	3	1	3	...	...	4	11	...	7	2	2	...	...	...	2	...	...	...	9	...	3	8	...	59
KIRKBY-IN-ASHFIELD	5	1	1	1	...	...	1	12	2	20	2	1	9	18	4	17	21	1	1	2	...	...	1	2	...	19	1	9	32	4	187
MANSFIELD WOODHOUSE	2	2	1	...	1	1	...	12	2	7	...	1	6	8	1	18	23	1	...	...	2	...	1	...	1	12	1	3	36	2	144
SUTTON-IN-ASHFIELD	...	3	12	1	1	3	2	...	...	15	14	23	1	1	27	15	2	21	28	3	...	6	...	...	5	...	1	18	3	10	60	2	277
WARSOP	...	1	5	...	1	...	2	...	...	4	1	3	...	2	2	5	3	3	6	2	...	1	1	...	2	1	...	5	1	1	9	...	61
WEST BRIDGFORD	1	...	...	1	...	...	10	...	23	...	...	12	17	4	8	4	5	1	...	2	1	4	...	1	3	3	5	22	2	129
WORKSOP	1	1	4	1	5	...	...	17	7	34	...	1	18	30	8	29	19	...	...	7	2	3	2	...	2	12	2	10	54	2	271
TOTAL	...	4	64	8	28	16	37	5	1	184	69	258	10	21	176	257	48	228	255	28	18	31	14	12	45	5	12	194	27	101	532	27	2,715

TABLE V.

Causes of Death during the Year 1923.

RURAL DISTRICTS.

DISTRICTS.	Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza	Encephalitis lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Cancer, Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage.	Heart Disease.	Arterio Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, etc. (under 2 years).	Appendicitis & Typhilitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other accidents and diseases of pregnancy and parturition.	Congenital Debility and Malformation, Premature Birth.	Suicide.	Other Deaths from Violence.	Other Defined Diseases.	Causes ill-defined or unknown.	All Causes.
BASFORD	17	...	7	...	7	1	...	26	10	44	4	6	33	44	17	26	39	7	3	6	3	...	12	1	4	6	2	24	108	2	479
BINGHAM	3	1	7	...	...	10	3	16	...	3	15	26	3	5	9	...	2	1	...	...	7	...	...	10	1	...	44	3	169
BLYTH AND CUCKNEY	1	...	...	...	...	...	...	6	1	2	...	1	7	5	...	4	3	4	...	...	1	1	2	...	...	5	...	5	16	...	64
EAST RETFORD	1	1	3	1	...	6	4	16	...	...	18	17	6	12	6	...	1	1	...	...	7	...	2	2	4	5	50	...	163
LEAKE	1	...	...	...	...	1	1	5	...	...	3	6	...	...	1	1	...	...	...	...	...	...	...	1	...	1	4	1	26
MISTERTON	...	1	...	1	...	1	2	...	...	1	1	4	...	...	2	2	1	4	1	1	...	...	...	...	9	...	...	1	...	4	6	...	42
NEWARK	1	1	...	2	4	...	...	10	5	13	...	1	13	16	1	12	8	2	...	...	3	3	1	...	...	7	...	2	27	1	133
SKEGBY	2	...	...	...	...	...	...	5	2	11	...	2	6	7	4	5	11	4	...	4	...	...	1	...	...	7	...	6	18	1	96
SOUTHWELL	1	3	10	...	...	14	3	32	1	3	16	33	14	14	9	1	3	1	...	2	6	...	...	4	1	7	65	2	245
STAPLEFORD	2	...	1	...	...	4	6	13	...	1	9	15	4	9	9	...	...	2	2	1	3	1	2	9	1	4	27	1	126
Notts, Parishes administered by SHARDLOW	1	1	2
TOTAL	...	1	22	1	15	8	34	2	...	83	36	156	5	17	122	171	50	91	96	20	9	15	9	7	48	2	8	72	9	58	366	12	1,545

TABLE VI. Causes of Death at Different Periods of Life in the Administrative County of Nottingham, 1923.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS.										AGGREGATE OF RURAL DISTRICTS.									
		All Ages	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	2—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	1382	248	84	52	56	76	132	316	230	188	809	108	12	24	25	38	71	175	158	198
	F	1333	195	68	39	52	75	189	288	181	246	736	68	14	24	20	26	74	158	146	206
Enteric Fever	M	2	...	...	...	1	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...
	F	2	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	M	40	8	20	8	4	...	...	...	...	...	12	2	4	5	1	...	...	...	...	...
	F	24	7	11	4	2	...	...	...	...	...	10	4	3	3	...	...	...	...	...	...
Scarlet Fever	M	3	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	5	...	...	...	4	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...
Whooping Cough	M	14	7	4	3	...	...	...	...	...	...	9	4	3	2	...	...	...	...	...	...
	F	14	3	8	3	...	...	...	...	...	...	6	3	1	2	...	...	...	...	...	...
Diphtheria	M	7	...	2	...	4	...	1	...	...	...	4	...	...	1	3	...	...	...	...	...
	F	9	...	3	4	2	...	...	...	...	...	4	...	...	1	2	1	...	...	...	...
Influenza	M	22	...	...	...	...	1	1	7	6	7	16	...	...	...	...	2	1	5	3	5
	F	15	...	...	...	...	1	3	3	5	3	18	...	...	1	1	1	2	5	4	4
Encephalitis lethargica	M	3	...	...	...	1	1	...	1	...	...	2	...	...	...	1	...	...	1	...	...
	F	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal meningitis	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of Respiratory system	M	89	1	1	...	1	28	30	25	3	...	39	...	...	...	1	9	21	7	1	...
	F	95	1	2	2	5	35	44	6	...	...	44	...	...	...	3	11	21	9	...	...
Other tuberculous diseases	M	35	6	5	5	10	7	...	1	...	1	15	2	...	5	1	2	2	3	...	...
	F	34	4	5	1	7	6	7	3	...	1	21	1	...	5	4	1	7	2	...	1
Cancer, malignant disease	M	105	...	...	...	...	6	61	28	10	72	...	...	1	...	1	3	31	24	12	...
	F	153	...	...	...	...	2	24	80	25	22	84	...	...	...	...	9	34	28	13	...
Rheumatic Fever	M	4	...	...	...	1	...	2	1	...	...	4	...	...	...	2	2	...	...	...	...
	F	6	...	...	...	3	1	2	...	...	...	1	...	...	...	1	...	...	...	...	...
Diabetes	M	6	...	...	...	...	1	1	3	1	9	...	...	...	...	1	...	2	5	1	...
	F	16	...	...	...	...	2	9	2	2	8	...	...	...	...	...	2	2	4	...	...
Cerebral hæmorrhage, &c.	M	80	...	...	...	...	3	19	39	19	53	...	...	...	...	...	3	12	14	24	...
	F	96	...	...	...	1	...	6	34	27	69	...	...	...	...	1	...	21	23	24	...
Heart disease	M	118	...	...	...	2	8	12	34	45	17	86	...	...	...	2	2	5	24	35	18
	F	139	...	...	...	3	8	13	48	42	25	85	...	...	...	1	1	6	28	25	24
Arterio-sclerosis	M	32	...	...	...	...	...	5	17	10	31	...	...	...	...	...	1	8	10	12	...
	F	16	...	...	...	...	...	1	4	11	19	...	...	...	...	...	6	6	7	...	...
Bronchitis	M	101	18	3	...	...	4	18	26	32	45	6	...	...	...	...	1	1	3	9	25
	F	127	18	4	3	...	...	3	16	33	50	46	5	2	...	1	...	...	1	11	26
Pneumonia (all forms)	M	144	37	28	18	5	5	15	23	9	4	59	19	1	2	1	4	4	15	8	5
	F	111	31	19	14	6	7	11	9	9	5	37	8	3	6	1	1	1	6	7	4
Other respiratory diseases	M	20	1	1	2	2	1	...	10	1	2	14	2	1	...	...	2	5	1	3	...
	F	8	...	1	...	1	...	...	6	...	...	6	...	...	...	1	...	...	1	4	...
Ulcer of stomach or duodenum	M	11	...	...	...	...	2	4	4	1	...	4	...	...	...	...	...	2	2	...	...
	F	7	...	...	...	...	4	2	1	...	5	...	...	...	...	...	...	3	1	1	...
Diarrhoea, &c.	M	23	12	8	1	...	1	...	...	1	...	16	11	1	...	1	...	1	...	1	1
	F	16	10	1	1	...	...	...	1	1	2	10	2	1	1	1	...	1	4	...	...
Appendicitis and typhlitis	M	5	...	...	1	...	...	...	4	...	...	6	...	...	...	2	1	1	1	...	1
	F	9	...	...	1	...	1	4	3	...	...	3	...	...	...	1	1	1	...	...	...
Cirrhosis of Liver	M	7	...	...	...	...	...	5	2	...	...	5	...	...	...	...	1	4	...	...	...
	F	5	...	...	...	...	...	1	4	...	...	2	...	...	...	...	...	1	...	...	1
Acute and chronic nephritis	M	19	...	...	1	1	1	3	5	3	3	31	...	...	2	1	2	5	7	8	6
	F	26	...	...	3	...	8	10	3	2	17	...	...	...	1	...	...	7	5	4	...
Puerperal sepsis	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	5	...	...	...	...	1	4	...	...	...	2	...	...	...	...	1	1	...	...	...
Other accidents and diseases of pregnancy & parturition	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	12	...	...	...	...	1	11	...	...	...	8	...	...	...	...	2	6	...	...	...
Congenital debility, &c.	M	103	100	2	...	...	...	...	...	...	...	44	...	...	...	...	...	...	...	...	...
	F	91	89	2	...	...	...	...	...	...	...	28	28	...	...	...	...	...	...	...	...
Suicide	M	21	...	...	...	...	...	9	7	3	2	8	...	...	...	...	...	2	3	2	1
	F	6	...	...	...	...	...	3	3	...	...	1	...	...	...	...	1	...	...	...	...
Other deaths from violence	M	81	4	2	4	12	11	21	18	4	5	41	...	...	2	5	4	11	11	4	4
	F	20	...	2	1	5	4	1	2	1	4	17	1	1	2	...	1	1	...	2	9
Other defined diseases	M	272	53	6	8	10	8	19	57	38	73	177	17	2	4	3	7	7	28	29	80
	F	252	30	8	4	8	6	36	43	26	91	178	15	3	2	2	2	15	28	27	84
Causes ill-defined or unknown	M	15	1	1	1	...	...	1	10	...	1	6	1	...	...	...	...	3	2	...	...
	F	12	2	1	...	...	1	1	5	2	...	6	1	...	...	...	1	...	2	2	...

TABLE VII. NOTTINGHAMSHIRE. Abstract of Vital Statistics.

Year.	Estimated Population at the <i>middle</i> of the year.	Excess of Births over Deaths.	Persons per Acre.	Separate Families.	Persons per Family.	Registered Births.	Births per 1,000 of the Population.	Deaths under 1 year per 1,000 Births.	Nett Deaths.	Nett Death Rate per 1,000 of the Population.
1891	232,776	4067	·44	49,186	4·7	8202	35·2	138	4135	17·7
1892	236,770	3956	·46	...	...	8007	33·9	147	4051	16·7
1893	240,026	3862	·46	...	...	7949	33·1	141	4087	17·0
1894	243,965	4162	·47	...	...	7747	31·7	130	3585	14·7
1895	248,060	3938	·48	...	...	8066	32·5	154	4128	16·6
1896	252,282	4167	·49	...	...	8154	32·3	138	3987	15·8
1897	256,667	4071	·50	...	...	8186	31·8	152	4115	16·0
1898	261,224	3930	·50	...	...	8117	31·0	151	4187	16·0
1899	265,952	3891	·51	...	...	8266	31·0	161	4375	16·4
1900	270,862	3675	·52	...	...	8292	30·6	160	4617	17·0
1901	275,971	4497	·53	59,114	4·6	8636	31·3	145	4139	14·9
1902	282,563	4804	·54	...	...	8920	31·5	138	4116	14·5
1903	289,001	4926	·55	...	...	9072	31·3	134	4146	13·9
1904	295,586	5086	·56	...	...	9379	31·7	139	4293	14·1
1905	302,321	4389	·57	...	...	8880	29·3	126	4491	14·8
1906	309,209	4849	·59	...	...	9088	29·3	121	4239	13·7
1907	316,355	4412	·60	...	...	8962	28·3	127	4550	14·3
1908	323,461	5358	·62	...	...	9818	30·3	119	4460	13·7
1909	330,831	5316	·63	...	...	9740	29·4	106	4424	13·3
1910	338,937	5223	·64	...	...	9554	28·2	110	4331	12·7
1911	345,930	4903	·66	76,236	4·5	9453	27·3	125	4550	13·1
1912	355,046	5007	·68	...	...	9213	25·9	93	4206	11·8
1913	362,307	4934	·69	...	...	9369	25·8	101	4435	12·2
1914	367,617	4845	·70	...	...	9541	25·9	107	4696	12·7
1915	353,193	3775	·67	...	...	8843	25·0	112	5068	14·3
1916	344,501	4126	·66	...	...	8567	22·8	95	4441	12·8
1917	344,822	3372	·66	...	...	7589	19·7	95	4217	12·2
1918	339,456	1725	·65	...	...	7742	20·3	100	6017	17·7
1919	366,331	2948	·70	...	...	7507	19·6	95	4559	12·4
1920	380,928	5667	·73	...	...	9836	25·8	85	4169	10·9
1921	381,969	4774	·73	85,646	4·4	9187	24·1	86	4413	11·5
1922	386,130	4177	·74	...	...	8316	21·5	69	4139	10·7
1923	388,019	3763	·74	...	...	8023	20·6	77	4260	11·0
For comparison—										
1923	England and Wales	...	...	...	...	...	19·7	69	...	11·6
	105 County Boroughs and Great Towns including London	...	...	...	...	...	20·4	72	...	11·6
	157 Smaller Towns	...	...	...	...	...	19·8	69	...	10·6
	LONDON	...	...	...	...	...	20·2	60	...	11·2

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	...	...
1918	...	...	...
1919	...	...	...
1920	1	1	100·0
1921	3	..	..
1922	58	..	..
1923	396	...	...

Extensive outbreaks have occurred in the following Districts in 1923: Hucknall, Kirkby-in-Ashfield, Warsop, Basford Rural and Stapleford.

In addition a few cases have occurred in Mansfield, Mansfield Woodhouse and Blyth and Cuckney Rural.

All the cases have been isolated, and at Kirkby and Hucknall sufficient additions to the existing Small Pox Hospitals were made to enable all the cases from these Districts to be accommodated.

Vaccination is the only real safeguard against the disease, but the large number of cases that have occurred have clearly demonstrated the inadequacy of the existing accommodation for isolation.

The disease generally speaking has been very mild in type and there have been no deaths.

Chicken Pox has been made notifiable in all districts.

The chief lessons to be learned are the necessity of Vaccination, and the desirability of one or at most two Small Pox Hospitals for the whole County.

MEASLES.

Year.	Deaths from Measles.	Year.	Death from Measles.
1895	35	1910	140
1896	230	1911	112
1897	47	1912	123
1898	62	1913	40
1899	142	1914	106
1900	67	1915	210
1901	105	1916	54
1902	77	1917	56
1903	42	1918	74
1904	50	1919	12
1905	177	1920	134
1906	7	1921	3
1907	147	1922	14
1908	31	1923	86
1909	98		

The mortality from this disease has increased from 14 in 1922 to 86 in 1923.

It is again necessary to point out that Measles and its sequelae are responsible for a large number of deaths among children, and a long period of convalescence, especially after such complications as Bronchitis and Pneumonia, is very necessary.

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
1918	438	2	0.45	1.29
1919	687	6	0.87	1.80
1920	833	9	1.08	2.18
1921	766	7	0.91	2.10
1922	514	—	—	1.33
1923	619	9	1.45	1.60

INFECTIOUS DISEASES.

TABLE VIII.

NOTTINGHAMSHIRE.

Cases of Infectious Disease notified during the Year 1923.

BOROUGHES AND URBAN DISTRICTS.

BOROUGHES AND URBAN DISTRICTS.	Small Pox.	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Chicken Pox.	Dysentery.	Trench Fever.	Pneumonia.	Malaria.	Whooping Cough.	Acute Poliomyelitis.	TOTAL.	Whether there is any Isolation Hospital for Infectious Diseases?	Total available Beds.	Number of Diseases that can be concurrently treated.
MANSFIELD (Borough) ...	1	43	14	102	1	5	...	1	18	58	21	46	...	...	25	...	...	...	335	Yes	{ 18 16 12 4	Small Pox Scarlet Fever Diphtheria Other Cases
NEWARK (Borough) ...	...	36	1	35	6	..	...	1	2	31	...	65	...	...	5	...	...	...	182	Yes	{ 32	Scarlet Fever Diphtheria Small Pox
EAST RETFORD (Borough) ...	...	7	19	7	...	...	...	1	4	58	5	2	...	...	56	8	...	...	167	Yes	{ 12 8	Scarlet Fever Small Pox
ARNOLD ...	...	3	...	21	...	...	...	...	1	8	...	...	...	...	13	...	...	...	46	* †	...	...
BEESTON ...	...	5	3	53	...	...	...	...	...	17	1	8	...	...	13	...	...	...	100	* †	...	...
CARLTON ...	...	46	9	69	...	1	...	...	10	12	1	...	...	...	46	...	...	...	194	* †	...	...
EASTWOOD ...	4	3	...	2	1	...	...	...	...	1	...	...	...	...	3	...	...	...	14	†	...	...
HUCKNALL ...	121	3	8	30	...	3	...	...	1	22	4	63	...	...	37	...	...	...	292	† Yes	42	Small Pox
HUTHWAITE ...	...	1	...	6	1	...	...	1	...	2	1	...	...	...	...	...	...	...	12	Yes	12	Small Pox
KIRKBY-IN-ASHFIELD ...	112	7	11	23	1	1	1	...	1	27	8	12	...	...	18	...	...	...	222	Yes	22	One disease
MANSFIELD WOODHOUSE ...	5	4	7	26	...	...	...	1	2	31	3	17	...	...	6	...	...	...	102	†	...	...
SUTTON-IN-ASHFIELD ...	...	11	5	53	6	1	1	...	3	40	7	10	...	...	16	1	...	...	154	Yes	10	Small Pox
WARSOP ...	56	5	2	1	3	2	...	...	...	7	...	47	...	...	1	1	...	...	125	§	...	...
WEST BRIDGFORD ...	...	11	2	15	1	...	...	...	...	22	...	41	...	...	6	...	...	...	98	†	...	...
WORKSOP ...	...	11	1	7	1	1	...	1	12	29	12	57	...	...	16	...	...	...	148	* * Yes	16	Small Pox
TOTAL ...	299	196	82	450	21	14	2	6	54	365	63	368	...	...	261	10	...	...	2,191		204 180	

† 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.

Eastwood, Sutton-in-Ashfield, and Mansfield have made an arrangement with the City of Nottingham for the admission of cases of Small Pox.

TABLE IX.

NOTTINGHAMSHIRE.

Cases of Infectious Disease notified during the Year, 1923

RURAL DISTRICTS.

RURAL DISTRICTS.	Small Pox.	Diphtheria (including Membranous Group)	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Chicken Pox.	Dysentery.	Trench Fever.	Pneumonia.	Malaria.	Whooping Cough.	Acute Poliomyelitis.	TOTAL.	Whether there is any Isolation Hospital for Infectious Diseases ?	Total available Beds.	Number of Diseases that can be concurrently treated.
BASFORD ...	55	15	16	75	2	...	...	...	...	37	6	50	...	...	14	...	...	...	270	Yes	28	Enteric Fever Scarlet Fever Diphtheria
BINGHAM ...	...	6	6	8	2	...	...	...	2	19	...	...	...	...	16	...	...	...	59	†	...	...
BLYTH AND CUCKNEY ...	1	2	1	10	...	...	...	...	...	10	4	...	...	...	3	...	...	...	31	Yes	16	Scarlet Fever and Diphtheria or Enteric Small Pox is sent to Wksap
EAST RETFORD ...	31	1	8	1	1	...	...	...	...	16	...	3	...	...	19	...	...	...	80	§	...	...
LEAKE ...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	3	†	...	...
MISTERTON ...	...	3	1	1	1	...	...	...	...	1	2	...	...	...	4	...	...	...	13	Yes	11	Scarlet Fever or Diphtheria and Small Pox
NEWARK ...	...	23	...	26	2	...	...	...	1	18	1	7	...	...	4	...	...	...	82	**	...	...
SKEGBY ...	...	4	2	4	1	...	...	...	...	6	1	2	...	...	...	...	...	...	20	No.	...	...
SOUTHWELL ...	...	6	2	9	3	...	...	...	1	13	3	56	...	...	2	...	...	...	95	Yes	13	Scarlet Fever or Diphtheria and Small Pox.
STAPLEFORD ...	41	2	12	28	...	1	...	...	2	9	6	...	...	...	12	...	...	...	113	*	...	...
NOTTS. PARISHES administered by SHARDLOW ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	**	...	...
TOTALS...	97	93	41	169	12	2	...	...	6	131	23	118	...	...	74	...	...	...	766		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 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.

Basford, Bingham and Leake, have made an arrangement with the City of Nottingham for the admission of cases of Small Pox

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 windpipe.

Although there is only an increase of 24 cases notified, the number of deaths during 1923 is doubled.

	DIPHTHERIA & MEMBRANOUS CROUP.			
	Notified Cases	Deaths.	Case Fatality per cent.	Attack Rate of 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
1918	283	34	12.0	0.83
1919	363	28	7.7	0.95
1920	421	49	11.6	1.15
1921	242	20	8.2	0.63
1922	265	12	4.5	0.68
1923	289	24	8.3	0.74

ENTERIC FEVER.

Enteric Fever has almost disappeared as a serious cause of death in a well ordered civil community, as the following table shews :

	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
1918	56	15	26.7	0.16
1919	29	3	10.3	0.07
1920	11	3	27.2	0.02
1921	18	4	22.2	0.04
1922	26	3	11.5	0.06
1923	33		15.2	0.09

	PUERPERAL FEVER.

	PUERPERAL FEVER.		
	Notified 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
1918	5	4	80·0
1919	19	21	100·0
1920	28	20	71·4
1921	24	15	62·5
1922	17	10	58·8
1923	16	7	43·7

This term is retained because it was used in the tables issued by the Local Government Board, and it is, also, the term employed in the Infectious Diseases (Notification) Acts. The Local Government Board directed that for the purposes of classification in the tables issued by them the term Puerperal Fever should be held to include :—" Pyaemia, Septicaemia, Sepsaemia, Pelvic Peritonitis, Peri-Metritis and Endo-Metritis, occurring in the Puerperium."

The preceding table gives the number of *notified* cases and deaths during the past twenty-eight years.

There is every reason to believe that some of the slighter non-fatal cases are not notified.

The above figures do not include the deaths from "other accidents and diseases of pregnancy and parturition," which numbered twenty in 1923.

WHOOPING COUGH.

The following table shows the number of deaths from Whooping Cough.

Year.	Deaths from Whooping Cough.	Year.	Deaths from Whooping Cough.
1895	61	1910	67
1896	51	1911	98
1897	129	1912	40
1898	40	1913	47
1899	37	1914	85
1900	109	1915	73
1901	71	1916	29
1902	71	1917	38
1903	88	1918	130
1904	107	1919	24
1905	86	1920	30
1906	61	1921	47
1907	86	1922	34
1908	76	1923	43
1909	75		

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.

Year.	Deaths from Diarrhoea in Children under 2.	Year.	Deaths from Diarrhoea in Children under 2.
1895	201	1910	98
1896	88	1911	396
1897	166	1912	75
1898	240	1913	173
1899	233	1914	178
1900	158	1915	125
1901	205	1916	89
1902	85	1917	59
1903	123	1918	77
1904	242	1919	64
1905	116	1920	72
1906	223	1921	111
1907	119	1922	38
1908	128	1923	46
1909	76		

CEREBRO-SPINAL FEVER.

During 1923 the Consultant (Dr. Jacob), appointed by the County Council, was called in four suspected cases. None of these proved to be cerebro-spinal fever.

INFLUENZA.

Influenza was not seriously prevalent in 1923.

Year.	Fatal Cases of Influenza.	Year.	Fatal Cases of Influenza.
1900	152	1912	35
1901	23	1913	42
1902	47	1914	55
1903	45	1915	71
1904	44	1916	98
1905	47	1917	74
1906	31	1918	1,522
1907	84	1919	357
1908	69	1920	61
1909	47	1921	196
1910	38	1922	93
1911	38	1923	71

TUBERCULOSIS.

Tuberculosis is a universal disease found in every civilized community, and was recognised as a separate disease hundreds of years before the Christian Era. Its progress and decline are profoundly connected with economic and social conditions. Industrialization of a rural community increases the incidence of Tuberculosis in that community until the latter acquires an effective immunity to the disease. Such immunity can only be established after a long and gradual exposure to the disease. Epidemiological studies show that the dangers of tuberculous infection depend upon the length of time a people has been exposed to the disease. The more widespread is Tuberculosis in a community—the less the case mortality. The less widespread—the greater the case mortality.

The great majority of adults living in industrial areas have at some time been infected with the Tubercle Bacillus. Disease does not necessarily follow infection. Tuberculosis, as a disease, develops when the immunity of the individual breaks down. The great majority of people in England have a high immunity to Tuberculosis. If such acquired immunity did not exist the nation would quickly succumb.

It is now agreed that Tuberculosis is, in the majority of instances, acquired in childhood and that adult Tuberculosis is a manifestation of broken down immunity. The question for Public Health Authorities is mainly how to prevent the breaking down of the acquired immunity and how to prevent infection. Cases of Tuberculosis arise from pre-existing cases. It is thus obvious that existing cases must be made non-infectious, if possible, by treatment, or so educated by treatment and instruction that they are able to prevent themselves from infecting other members of the community.

We must start at the right end, namely the child, the potential adult of the future, who especially during the first two years of life, must be protected against "Massive Infections" of Tubercle Bacilli. These usually occur in the home from an already existing case of Tuberculosis. At the present day, owing to the great shortage of houses, isolation of the advanced case is almost impossible. In addition, the child must have sufficient nourishment to build up the necessary resistance to withstand even the slight infections.

Parents must develop, through propaganda and instruction, a correct "Health Morality" such as cleanliness, the beneficial effects of fresh air and sunlight, and the value of correct feeding commensurate with financial resources.

A longer convalescence is needed after Measles complicated by Broncho-pneumonia. In this combination of diseases there is always an enlargement of the glands at the root of the lung which are particularly susceptible to Tuberculosis in childhood.

Lastly, a course of lectures in General Hygienic measures should be in the curriculum of every school child, thus preparing him for general measures to be adopted in adult life.

In the adult, experience has shown that the following measures have been chiefly responsible for the decline in the Tuberculosis Mortality Rate :—

- (1) Improvements in the social and economic conditions of the working classes.
- (2) Public Health measures, particularly in regard to improvement in the housing conditions.
- (3) The quality and quantity of food consumed.
- (4) The adaptation of the individual to urbanization and the Tubercle Bacillus.

It is along these progressive lines that the future conquest of Tuberculosis is to be found. It will be a long and slow process demanding the patient attention of social and economic legislation coupled with the help of those suffering from the disease and the general community as a whole.

DISPENSARIES.

The Dispensary is the centre around which the Tuberculosis scheme revolves. It is to the Dispensary that the majority of the cases of Tuberculosis, or suspected Tuberculosis are sent for the opinion and advice of the Tuberculosis Officer, and from the Dispensary arrangements are made for the ultimate treatment of the patient. It is gratifying to note that the number of patients sent to the Tuberculosis Officers by private practitioners for an opinion as to whether or not they are suffering from Tuberculosis has grown very largely during the last two years.

The Dispensary is chiefly a diagnostic centre. Nothing in the way of actual treatment is given except Milk and Cod Liver Oil in carefully selected cases, and advice as to the carrying out of treatment.

In addition the examination of "Contacts" is carried out at the Dispensaries and occasionally in the home. This is a most important branch of any Tuberculosis scheme, not only from the view of detecting early cases of the disease but also from the educational point of view.

The relations between private practitioners and the Tuberculosis Officers have been most cordial and the Tuberculosis Officers are deeply indebted to those doctors who have helped them so frequently by sending a history of their cases submitted for an opinion. It cannot be too strongly pointed out that a close liaison between private practitioners and Tuberculosis Officers is an essential factor in the successful working of the Anti-Tuberculosis Campaign.

If a more suitable position could be found at Mansfield for the Dispensary it would greatly facilitate the work of the Tuberculosis Officer, who has to work with closed windows owing to the noise caused by the traffic in the main street. This is not only a source of potential danger to the health of the officer concerned but is a very bad advertisement for the "Open Air and Sunlight Doctrine" preached to all patients.

The number of new cases shows a decrease of 209 on the previous year owing chiefly to a smaller number of contacts presenting themselves for examination. In the year under review 446 contacts were examined as compared with 762 in 1922. The latter figure was an accumulation of 2—3 years' contacts who had not been previously examined.

The number of new cases sent by Doctors for an opinion was 799 as compared with 692 in 1922. The total number of attendances was 904 less in 1923 than in 1922, the decrease being due to the fact that old cases are not asked to attend so frequently as in previous years. The Friday afternoon session at Mansfield was discontinued on the 31st December.

SHELTERS.

Seventeen shelters were in use during 1923 and were occupied by twenty-six patients, three of whom died during the year.

In addition four shelters belonging to the Nottingham and Notts. Association for the Prevention of Consumption were used by county patients.

Nine shelters were removed during the year at a cost of £11 17s. 6d. Estimates are obtained before the contract for removal is accepted. Whenever a shelter is transferred from one patient to another, disinfection is carried out before removal by the local Medical Officer of Health.

Seven shelters required repairs during the year at a cost of £4 15s. 8d.

HOME VISITING.

The Health Visitors paid 6,449 Home Visits during the year as compared with 8,172 in 1922.

The reasons for the decrease are as follows :—

- (1) Two changes in the nursing staff.
- (2) Extra sessions in Nottingham on Wednesday afternoons and Mansfield on Friday afternoons.
- (3) A large number of old non-tuberculous cases having been discharged during the year.
- (4) More attention paid to advanced cases in the homes.

Thirty-four patients left the county during the year as compared with forty-seven during the previous year, and whenever possible the Medical Officer of Health of the District to which they were going was notified.

CARE COMMITTEE.

The Nottingham and Notts. Association for the Prevention of Consumption acts as the Care Committee for the County, and a Grant of £100 was made for their services. The work done for the County during the year has been most valuable. Beds and Bedding, Surgical Appliances, Spinal Carriages, Milk, Extra Nourishment have been freely given on the advice of the Tuberculosis Officers. Each case is most carefully scrutinized and help given where needed.

After-Care work is one of the most important branches of any Tuberculosis Scheme. The former is the inevitable complement of the latter. No Tuberculosis Scheme is complete without an After-Care Committee.

Many a patient who has done well in a Sanatorium has gone downhill after discharge owing to lack of support. It is here that the Committee can do their work. Not only is extra support needed but the Care Committee should also act as a "Labour Bureau" in finding suitable employment for tuberculous patients who are able to do some form of work commensurate with their physical strength.

EXTRA NOURISHMENT.

This takes the form of one or two pints of Milk daily, and during 1923, extra nourishment was granted to 43 patients at an approximate cost of £91. In 1922, milk was supplied to 21 patients at an approximate cost of £30.

STATISTICS.

The death rate from Pulmonary Tuberculosis for the year 1923 was .69, as compared with .72 for 1922; for Non-Pulmonary Tuberculosis .27, as compared with .23 for 1922. The figures for England and Wales may be of interest as a comparison :—

	ENGLAND AND WALES.		NOTTINGHAMSHIRE.	
Pulmonary	..	.84	..	.69
Non-Pulmonary	..	.23	..	.27
Total—all forms	..	1.06	..	.96

Table X speaks for itself. Of the total deaths reported during the year 22.6% took place within six months of the first examination by the Tuberculosis Officers, 44.4% within twelve months; 52.3% were in Stage III. when first examined at the Dispensary. Of the latter 57.6% died within six months and 78% within twelve months. This state of affairs is not satisfactory. It is largely to be explained by the fact that patients do not submit themselves for examination by a private practitioner until the disease is fairly well advanced. More propaganda and instruction are needed for the general public in the form of lectures and I would suggest that a campaign be instituted in this County in the form of lectures by the Tuberculosis Officers, starting in the Urban and thickly populated districts. It is only by explaining to the public the early symptoms, causes and effects of the disease that we can hope to get at the disease in its early stages.

The total number of cases who were dead when notified to this Department amounted to 18 in 1923, or 3·3% of the total notifications for the year, as compared with 9·3% for 1922. This is a very gratifying decrease.

The total primary notifications for the year amounted to 541 as compared with 463 for 1922 and 279 in 1921. This increase does not necessarily mean increase of the disease, but it is a criterion that more accurate information is now at hand as to the incidence of new cases.

MINISTRY OF PENSIONS.

During the year co-operation between the Ministry of Pensions and the Tuberculosis Officers has been fully maintained.

The extent to which the services of the Tuberculosis Officers have been utilised is shown in the following table of certificates issued, which in the main represent the special examination of an ex-service patient.

Description of Certificate.	Number of Certificates furnished.
M.P.M.S.D.28 and 81	76
M.P.M.S.D.28a	96
M.P.M.S.D.80	4
M.P.M.S.D.31	4
M.P.A.36.T.O.	35
M.P.M.S.D.118 and 119	2
M.P.M.S.D.122	183
TOTAL	400

TABLE X,

TUBERCULOSIS—DEATHS, 1923.

TABLE showing Stage of Disease when first examined by Tuberculosis Officer and period which elapsed between such examination and death.

Stage of Disease when first seen.	PERIOD WHICH ELAPSED BETWEEN FIRST EXAMINATION AND DEATH.																Total No of deaths in each stage		Percentage of deaths in each stage																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
	0—1 month	1—2 months	2—3 months	3—4 months	4—5 months	5—6 months	6—9 months	9—12 months	1—2 years	2—3 years	3—4 years	4—5 years	over 5 years																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912, and Public Health (Tuberculosis) Regulations (No. 2), 1918.

Summary of Notifications during the period from the 31st December, 1922, to the 29th December, 1923. in the County of Nottinghamshire.

Age-periods	Notifications on Form A.													Notifications on Form B.				Number of Notifications on Form C.		
	Number of Primary Notifications.													Number of Primary Notifications.				Total Notifications on Form B.	Total Notifications on Form C.	
	Total Primary Notifications.													Total Primary Notifications.						
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total Primary Notifications.	Total Notifications on Form A.	Under 5	5 to 10	10 to 15	Total Primary Notifications.			
Pulmonary Males	...	0	9	13	12	30	25	47	30	20	10	3	199	204	...	8	...	8	5	137
“ Females	...	0	7	18	20	49	43	52	41	13	3	2	248	251	...	6	...	6	3	145
Non-Pulmonary Males		3	8	14	8	8	6	6	2	2	...	1	58	59	...	...	1	1	1	8
“ Females	...	1	2	10	11	4	4	2	1	1	...	...	36	36	...	...	...	...	3	7

SUPPLEMENTAL RETURN.

NEW cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period from the 31st December, 1922 to the 29th December, 1923 OTHERWISE than by notification on Form A. or Form B. under the Public Health (Tuberculosis) Regulations, 1912.

AGE PERIODS.	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases.
Pulmonary, Males ..	0	0	4	1	2	6	9	6	2	1	0	31
Pulmonary, Females ..	0	0	3	2	4	5	6	4	3	0	0	27
Non-Pulmonary, Males ..	1	0	0	2	0	0	5	0	0	0	0	8
Non-Pulmonary, Females ..	0	0	4	4	0	0	1	0	0	0	0	9

TUBERCULOSIS.—Year 1923.

URBAN DISTRICTS.	POST-CARD NOTIFICATIONS.			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.
	Pulmonary.	Other Tuberculous Diseases.	Total.								
Mansfield ...	58	21	79	1.49	39	1.49	13	0.84	0.28	1.12	56
Newark ...	31	...	31	1.82	16	1.94	6	0.94	0.35	1.29	19
Retford ...	58	5	63	4.69	12	4.83	1	0.89	0.07	0.96	5
Arnold ...	8	...	8	0.66	8	1.00	7	0.66	0.58	1.24	7
Beeston ...	17	1	18	1.40	7	2.43	3	0.55	0.23	0.78	12
Carlton ...	12	1	13	0.68	14	0.86	3	0.73	0.16	0.89	6
Eastwood ...	1	...	1	0.19	4	0.25	2	0.75	0.37	1.12	5
Hucknall ...	22	4	26	1.48	11	2.0	7	0.62	0.40	1.02	15
Huthwaite ...	2	1	3	0.55	3	0.67	1	0.53	0.18	0.71	3
Kirkby-in-Ashfield ...	27	8	35	1.92	12	2.25	2	0.66	0.11	0.77	16
Mansfield Woodhouse...	31	3	34	2.42	12	2.58	2	0.85	0.14	0.99	27
Sutton-in-Ashfield ...	40	7	47	1.49	15	2.66	14	0.60	0.57	1.17	35
Warsop ...	7	...	7	0.92	4	1.75	1	0.53	0.13	0.66	7
West Bridgford ...	22	...	22	1.66	10	2.20	...	0.76	0.00	0.76	6
Worksop ...	29	12	41	1.72	17	1.71	7	0.71	0.29	1.00	17
Aggregate Urban Districts ...	365	63	428	1.71	184	1.98	69	0.73	0.28	1.01	236

TUBERCULOSIS.—Year 1923.

RURAL DISTRICTS.	POST-CARD NOTIFICATIONS.			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.
	Pulmonary.	Other Tuberculous Diseases.	Total.							
Basford ...	37	6	43	26	1.42	10	0.60	0.22	0.82	15
Bingham ...	19	...	19	10	1.90	3	0.69	0.21	0.90	3
Blyth and Cuckney ...	10	4	14	6	1.67	1	1.15	0.19	1.34	2
East Retford ...	16	...	16	6	2.67	4	0.41	0.27	0.68	4
Leake ...	2	...	2	1	2.0	1	0.27	0.27	0.54	2
Misterton ...	1	2	3	1	1.0	1	0.24	0.24	0.48	...
Newark ...	18	1	19	10	1.80	5	1.12	0.56	1.68	8
Skegby ...	6	1	7	5	1.20	2	0.52	0.21	0.73	4
Southwell ...	13	3	16	14	0.93	3	0.70	0.15	0.85	6
Stapleford ...	9	6	15	4	2.25	6	0.35	0.52	0.87	6
Kingston and Ratcliffe on-Soar ...	...	...	...	...	...	...	...	...	...	...
Aggregate Rural Districts ...	131	23	154	83	1.58	36	0.61	0.26	0.87	50
Whole County ...	496	86	582	267	1.86	105	0.69	0.27	0.96	286

Deaths from Tuberculosis.

Year.	Deaths from Pulmonary Tuberculosis.	Deaths from other Tubercu- lous 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
1918	321	109
1919	285	103
1920	262	102
1921	262	108
1922	281	92
1923	267	105

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
1918	.94	.89	1.05
1919	.77	.81	.71
1920	.68	.73	.60
1921	.68	.70	.65
1922	.72	.78	.63
1923	.69	.73	.61

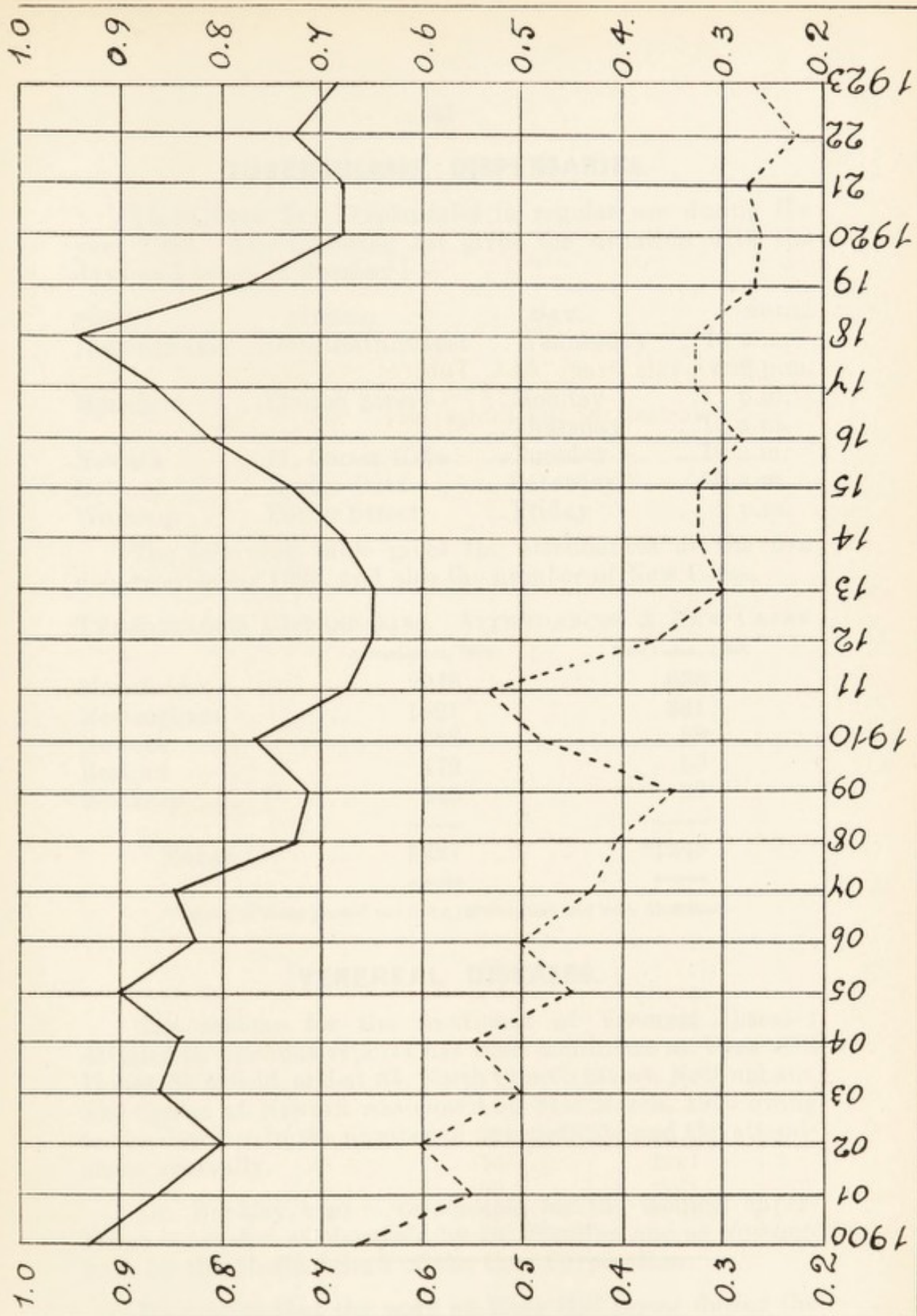
**Death-rate from all OTHER Tuberculous Diseases (excluding
Tuberculosis of the Lungs) per 1,000 of the Population.**

	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
1918	.32	.33	.35
1919	.27	.28	.25
1920	.26	.25	.29
1921	.28	.30	.23
1922	.23	.24	.22
1923	.27	.28	.26

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
1918	1.26	1.22	1.35
1919	1.06	1.14	0.98
1920	0.95	0.98	0.90
1921	0.97	1.01	0.89
1922	0.96	1.02	0.86
1923	0.96	1.01	0.87

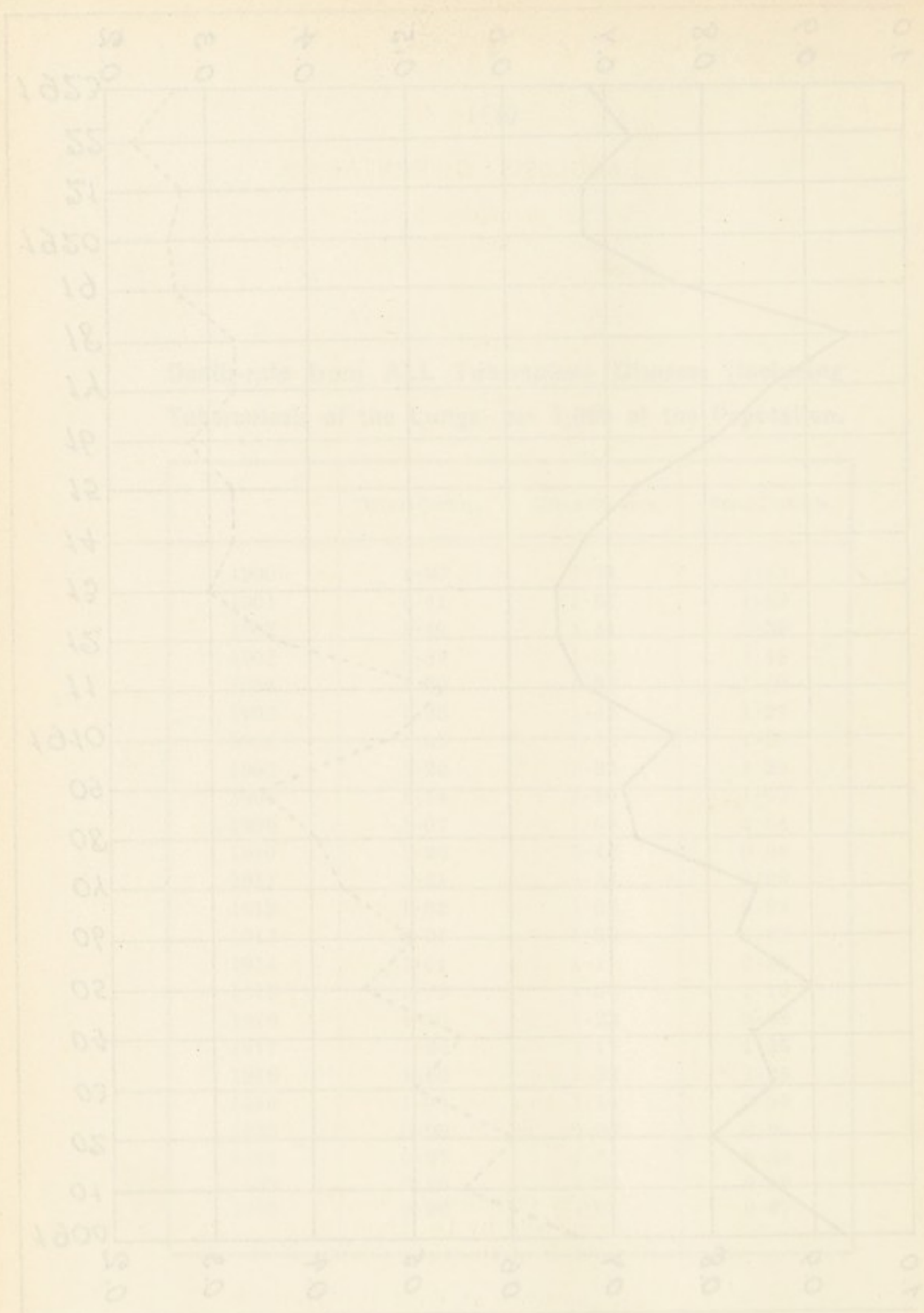
TUBERCULOSIS.



DEATH RATE PER 1,000 OF POPULATION,
1900 - 1923.

PULMONARY —————
NON-PULMONARY - - - - -

DEATH RATE PER 1,000 OF POPULATION
1900-1923



TUBERCULOSIS DISPENSARIES.

There were five Dispensaries in regular use during the year 1923. The following list gives the situation with the days and hours of opening :—

TOWN.	STREET.	DAY.	HOUR.
Nottingham	.. Goldsmith Street	.. Wednesday	.. 10 a.m. & 2 p.m.
Mansfield	.. Church Street	.. Monday	.. 1 p.m.
"	.. "	.. Thursday	.. 10 a.m.
Newark	.. 11, Carter Gate	.. Tuesday	.. 10 a.m.
Retford	.. Bridge Gate	.. Saturday	.. 10 a.m.
Worksop	.. Potter Street	.. Friday	.. 2 p.m.

The following table gives the attendances at the five dispensaries for 1923, and also the number of New Cases.

TUBERCULOSIS DISPENSARIES. ATTENDANCES & NEW CASES

		Attendances, 1923.	New Cases, 1923.
Mansfield	..	2948	638
Nottingham	..	1621	331
Newark	..	688	88
Retford	..	472	89
Worksop	..	548	99
TOTAL	..	6227	*1245

* Many of these proved not to be tuberculous and were dismissed.

VENEREAL DISEASES.

The scheme for the treatment of Venereal Diseases detailed in previous reports has been continued at West Hill House, Mansfield, and at 35, North Church Street, Nottingham. The Centre at Newark was closed on 31st March, 1923 owing to the decrease in the number of new patients and the attendances generally.

Dr. Buckley, who is responsible for the medical supervision is assisted at Mansfield by Dr. Houfton and at Nottingham by the Medical Staff of the City Corporation.

He reports that the work at West Hill House during the year has shown an all round increase as will be seen from the table on page 43.

This is due in a large measure to the following up of cases that had ceased to attend.

The attendances of females suffering from gonorrhoea ^{have} ~~has~~ doubled those of the previous year and ^{are} ~~is~~ due to a special effort having been made to induce them to attend more regularly for intermediate treatment. It will be noted also that a smaller number of new cases were found to be definitely suffering from Venereal Diseases.

At the end of June 1923 the services of a second doctor were dispensed with on Tuesday afternoons. No in-patient treatment was necessary during the year.

As in former years the laboratory work has been carried out at the Nottingham City Laboratory, 17, Park Row, Nottingham.

During the year 1923, 1,256 tests for the Wassermann reaction were made. There were 53 microscopic examinations for the detection of Spirochoetes, 796 examinations for the detection of gonococci and 240 examinations for other organisms.

The scale of fees for each examination is fixed by the Ministry of Health and the total cost amounted to £480 12s. 6d.

Railway Fares amounting to £10 5s. 6d. were refunded to patients who were unable to bear the cost.

V.D. CLINICS. TIME TABLE.

NOTTINGHAM. 35, NORTH CHURCH STREET.

MALES.		FEMALES.	
Monday	.. 10.0—12.0 noon	Tuesday	.. 5.0— 7.0 p.m.
Wednesday	6.0— 8.0 p.m.	Wednesday	.. 10.0—12.0 noon
Thursday	6.0— 8.0 p.m.	Thursday	.. 10.0—12.0 noon
Saturday	10.0—12.0 noon	Friday	.. 6.0— 8.0 p.m.

MANSFIELD, WEST HILL HOUSE.

MALES.		FEMALES.	
Tuesday	.. 10.0—12.0 noon	Tuesday	.. 2.0— 4.0 p.m.
Thursday	7.0 p.m.	Wednesday	.. 6.0— 8.0 p.m.

MALES. IRRIGATION CLINIC.

Daily, 10.0 a.m.—12.0 noon. 6.0 p.m.—8.0 p.m.

FEMALES. INTERMEDIATE TREATMENT.

Daily 2 p.m. to 4 p.m.

RETURN OF SPECIMENS FOR BACTERIOLOGICAL EXAMINATION
SUBMITTED DURING THE YEAR, 1923.

(The examination for Spirochoetes, Gonococci and Wasserman tests are given under Venereal Diseases on p. 42).

	Diphtheria.	Enteric Fever.	Tubercle.	Cerebro Spinal Fever.
Mansfield ...	2	4	31	1
(Borough)				
Newark ...	—	—	2	—
(Borough)				
East Retford ...	81	—	37	—
(Borough)				
Arnold ...	5	—	11	—
Beeston ...	10	1	4	—
Carlton ...	30	2	12	—
Eastwood ...	1	—	6	—
Hucknall ...	6	—	31	—
Huthwaite ...	—	—	—	—
Kirkby-in-Ashfield ...	1	—	6	1
Mansfield Woodhouse	1	—	6	—
Sutton-in-Ashfield ...	—	—	3	—
Warsop ...	—	—	6	—
West Bridgford ...	35	—	18	—
Worksop ...	19	6	34	—
Basford ...	86	1	5	—
Bingham ...	31	3	16	—
Blyth & Cuckney ...	28	—	—	—
East Retford (Rural)	49	3	9	—
Leake ...	—	—	—	—
Misterton ...	12	—	—	—
Newark (Rural) ...	—	—	—	—
Skegby ...	—	—	—	—
Southwell ...	18	1	12	—
Stapleford... ...	3	—	10	—
Shardlow ...	—	—	1	—
By County Council Staff ...	4	—	337	—
TOTAL ...	422	21	597	2
GRAND TOTAL ...	1042			

It should be noted that all practitioners in the County are enabled to have specimens examined at the laboratory free of cost to themselves. The work is of the greatest value to the public health. When to the above is added the total of the biological and microscopical examinations for Venereal Diseases the grand total reaches 7,092-specimens.

ADMINISTRATION OF THE MIDWIVES' ACTS, 1902 AND 1918.

The work under the above Acts has been carried out, as heretofore, by Dr. Rose Hudson, assisted by two Inspectors, and under the general active supervision of the County Medical Officer.

Every Midwife is inspected at least once a quarter and some are visited much more frequently. It is the object of the Inspectors to act as the best friend and adviser of the Midwives, as well as their official Inspector; and this attitude is much appreciated.

In addition to the routine inspections, detailed enquiries are made in all cases of rise of temperature, still-birth, inflammation of the eyes, death of the child or of the mother before the arrival of a doctor, and liability of the midwife to be a source of infection.

During the year 1923 as many as 561 routine visits and 1,119 special visits were made.

It will be noted that the untrained Midwives are rapidly dying out. Of 204 Midwives who notified their intention to practise in the year 1923, as many as 166 had been fully trained, and only 38 received their certificates because they were in bona fide practice before July, 1901.

Year.					Number of Midwives.
1903	..	..	..	..	40
1904	..	..	..	..	39
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
1918	..	..	..	..	171
1919	..	..	..	..	174
1920	..	..	..	..	179
1921	..	..	..	..	185
1922	..	..	..	..	209
1923	..	..	..	..	204

It must not be assumed that 204 Midwives were fully occupied during the whole year. The number includes many temporary engagements.

A largely increasing number of Nursing Associations are applying through the Notts. Nursing Federation, to the County Council for grants to enable them to pay the much larger salaries which alone will enable them to retain the services of well-trained Nurse Midwives. In the year 1923 grants were made through the Federation to the following District Nursing Associations :—Plumtree, £10 ; Misterton £10 ; Bingham and Saxondale £10 ; Rufford £10 ; Radcliffe £10 ; Thorney £17 10s. 0d. ; Elston £10 ; Collingham £10.

The payment of the fees of Doctors called in by Midwives in accordance with Section 14 of the Midwives Act, 1918, amounted to £13 6s. 6d. less than in 1922. Forms of claim are sent to each Doctor summoned to her aid by a Midwife directly the Midwife's duplicate notice has been received. In all 1,046 forms of claim were sent out in 1923, and only 481 claims were made by 90 doctors for fees amounting to £667 12s. 9d. From this it is clear that 54.1 per cent. of the patients pay their doctors' fees directly and not through the County Council.

The County Accountant is responsible for the recovery of these fees from the patients, and the work has involved considerable correspondence.

The total amount recovered is £380 0s. 0d., and fees amounting to £41 0s. 0d., have been remitted in necessitous cases.

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 table on Page 45.

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
1918	..	..	4,838	..	..	62·4
1919	..	..	5,098	..	..	67·9
1920	..	..	7,098	..	..	72·1
1921	..	..	6,357	..	..	69·2
1922	..	..	5,584	..	..	67·1
1923	..	..	5,617	..	..	70·0

Out of 5,617 maternity cases, medical help was summoned in 1,096, or about 19·5 per cent., compared with 19·2 in 1922, 18·1 in 1921, 15·9 in 1920, 14·4 in 1919, 9·7 in 1918, 8·8 in 1917, 8·0 in 1916 and 6·7 in 1915.

Of the 4,552 cases attended by *trained* midwives, medical assistance was summoned in 21·1 per cent., while 1,065 cases were attended by *untrained* midwives, who called in medical assistance only in 12·7 per cent.

Ophthalmia Neonatorum.—84 cases of discharge from the eyes in the new-born were notified by midwives in their records of sending for medical help; compared with 107 in 1922, 127 in 1921, 126 in 1920, 60 in 1919, 45 in 1918, 69 in 1917, 53 in 1916, and 32 in 1915.

In addition 33 cases were reported which were already under medical treatment, making a total of 117 cases.

Only 62 of these were notified to the Medical Officer of Health as *Ophthalmia Neonatorum*.

Of these latter as many as 56 were notified from Urban Districts and only 6 from Rural. This is of great significance when it is remembered that this disease is of venereal (gonorrhoeal) origin. 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. Further enquiries have been subsequently made to ascertain the final condition, and it was found that all the cases had made a complete recovery without any damage to sight.

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

Year	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923
Records of sending for Medical help ...	44	177	282	282	340	321	365	466	534	416	421	344	421	441	474	735	1125	1151	1073	1096
Notices of still-birth	3	68	123	100	101	106	113	142	110	147	129	107	111	107	112	126	161	147	146	120
Notices of death of child before arrival of doctor ...	0	12	19	15	21	36	26	14	16	12	8	8	13	7	16	19	17	14	17	19
Notices of death of mother before arrival of doctor ...	0	0	0	0	1	0	0	2	1	0	1	1	0	0	4	2	0	0	1	0
Notices of laying out the dead ...	0	0	0	0	0	0	0	35	64	29	23	16	27	16	22	21	16	12	19	17
Changes of address notified to the Central Midwives Board ...	0	51	35	45	55	54	67	55	85	40	20	14	6	9	19	17	28	22	18	17
Changes of name notified to the Central Midwives Board ...	0	0	0	5	4	5	5	4	2	4	0	0	4	0	5	3	1	3	2	1
Deaths of Midwives notified to the Central Midwives Board ...	0	0	0	0	3	3	3	0	4	0	0	0	2	2	0	0	1	1	1	3
Notices of Liability to be a Source of Infection ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	10	33	28	29	20
Notices of Artificial Feeding ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51	72	73	71	53
	47	308	459	447	525	525	579	718	816	648	602	490	584	582	663	984	1454	1451	1377	1346

CLASSIFICATION OF THE CAUSES FOR WHICH MEDICAL HELP
WAS SOUGHT DURING THE YEAR 1923.

PREGNANCY—

Abortion and threatened abortion	..	..	..	59
Excessive Sickness	..	..	..	5
Puffiness of hands and face	..	..	..	16
Dangerous Varicose Veins	..	..	..	6
Hæmorrhage	..	..	..	32
Illness of Patient	..	..	..	5
Abluminuria	..	..	..	5
Other abnormalities	..	..	..	10
				—138

LABOUR—

Fits or Convulsions	..	..	..	3
Malpresentation	..	..	..	82
Where no presentation could be made out	..	..	..	7
Excessive bleeding	..	..	..	19
Retained Placenta	..	..	..	47
Ruptured perinæum	..	..	..	127
Delay in labour	..	..	..	250
By patient's wish	..	..	..	2
Placenta Prævia	..	..	..	3
Uterine Inertia	..	..	..	16
Other Conditions	..	..	..	10
				— 566

LYING-IN—

Rise of Temperature	..	..	..	30
Pain and swelling of breasts	..	..	..	1
Other complications	..	..	..	39
				— 70

THE CHILD—

Convulsions	..	..	..	..	11
Malformation	..	..	..	..	21
Dangerous feebleness	..	..	..	..	42
Inflammation of eyes	..	..	..	..	84
Prematurity	..	..	..	..	61
Still birth	..	..	..	..	30
Jaundice	..	..	..	..	10
Skin eruptions	..	..	..	..	19
Other abnormalities	..	..	..	..	44
					— 322
					— 1,096

MATERNITY AND CHILD WELFARE.

Dr. Rose Hudson, who was appointed for this work in 1916, continues to act as principal medical officer.

Miss Evelyn McGregor, M.B., Ch.B., D.P.H., was appointed on June 1st 1923, as Assistant Medical Officer for Maternity and Child Welfare, but only devotes half of her time to this work, the remainder being occupied in School Medical Inspection.

The Health Visiting is carried out by 10 whole time and 2 part time fully trained nurses and in the scattered rural areas in the North of the County, where no Child Welfare Centres are established, the Home Visiting is carried out by 15 part time District Nurse Midwives who are under the general supervision of the Maternity and Child Welfare Department.

The special area in which this work is carried out directly by the County Council comprises two Urban Districts, namely Carlton and West Bridgford, and nine Rural Districts, namely Basford, Bingham, Blyth and Cuckney, Retford, Leake, Misterton, Newark, Southwell and Stapleford.

The special area has a population of 160,111. During the year there were 2,970 births giving a birth rate of 18·5 per 1,000 of the population.

There were 171 deaths of infants under one year of age giving an Infant Mortality Rate of 58 per 1,000 births or for the legitimate alone 54 per 1,000 births. This compares very favourably with the rate of 82 for the aggregate Urban Districts and 66 for the Rural Districts.

The very marked improvement in the infantile mortality rate during the last decade has been well maintained though the figures for the "Special Area," and the County as a whole show a small increase on the year 1922.

The following table gives the Infant Mortality rate for each district in the special area.

				Infant Mortality Rate.
URBAN DISTRICTS.				
Carlton	..	..	..	40
West Bridgford	..	..	..	32

RURAL DISTRICTS.				Infant Mortality Rate.
Basford	..	..	..	78
Bingham	..	..	..	67
Blyth ..	..	..	..	68
East Retford	..	..	..	32
Leake	..	..	..	15
Misterton	..	..	..	35
Newark	..	..	..	76
Southwell	..	..	..	35
Stapleford	..	..	..	88

NOTIFICATION OF BIRTHS.

By an Order of the Ministry of Health the administration of the Notification of Births Act in the special area was transferred from the District Councils to the County Council and came into force on 1st January, 1924. This has proved a great advantage and a considerable saving of time in the visiting of homes where infants have been born.

Arrangements have been made by which Local Registrars forward to this department details of births which have been registered but not notified. Similarly this department notifies all Local Registrars of births which have been notified but not registered.

The following table gives the details of the various Child Welfare Centres which have been established by the County Council. At the present time, arrangements are being completed for two additional centres, one at Tuxford and the other at Eastwood. Medical Supervision is provided at each centre.

TABLE OF WELFARE CENTRES.

Address.	Day of Opening	Hour.
CARLTON, 576, Main Street	Monday	2—4 p.m.
(First opened October 31, 1917)	Tuesday	2—4 p.m.
	Wednesday	2—6 p.m.
School Clinic	Thursday	10—12 noon.
(First opened Nov. 15, 1919).		
STAPLEFORD, Church School Room ..	Wednesday	2—4 p.m.
(First opened Nov. 29, 1917).	Friday	2—4 p.m.
*SOUTHWELL, King Street	Thursday	2.30—4.30 p.m.
(Transferred and re-opened June 26, 1918)		

* This Centre had been open about two years previously as a Voluntary Centre.
At first it was very successful but was afterwards closed.

Address.		Day of Opening.	Hour.
BINGHAM, Market Street ..	..	Wednesday	2—4 p.m.
(First opened October 4, 1918).		(fortnightly)	
		Thursday	10—12 noon.
		(fortnightly).	
RADCLIFFE-ON-TRENT, Wesleyan Chapel		Thursday	2—4 p.m.
(First opened Nov. 27, 1919)		(fortnightly)	
PLUMTREE, Memorial Hall ..	..	Tuesday	2.30—4 p.m.
(First opened Jan., 6, 1920).		(fortnightly).	
MISTERTON, Temperance Hall ..	..	Tuesday	2—4 p.m.
(First opened December 1, 1919).			
BALDERTON, near Newark, Church	..	Friday	2.30—5 p.m.
Institute			
(Taken over March 20, 1920)			
EDWINSTOWE, Church Institute ..	..	Tuesday	2.30—5 p.m.
(First opened July 13, 1920).		(fortnightly)	
OLLERTON, Wesleyan Chapel ..	..	Tuesday	10—12 noon.
(Opened August, 1921) ..	..	(monthly)	
		Wednesday	2—4 p.m.
		(monthly).	
KIMBERLEY, United Methodist Free	..	Monday	10—12 noon
Church		(weekly)	
(Opened July 16, 1923).			
SELSTON, Congregational Chapel	*..	Monday	2.30—4 p.m.
(Opened July 16, 1923).		(fortnightly)	
LOWDHAM, The Institute ..	..	Tuesday	2—4 p.m.
(Opened Sept., 18, 1923)		(fortnightly).	
RUDDINGTON, The Village Hall ..	..	Thursday	10—12 noon.
(Opened December 13, 1923)		(fortnightly).	
EASTWOOD, The Hospital, Church Street		Thursday	10—12 noon.
(Opened October 16th, 1924).		(fortnightly).	

In the following table is given an abstract of the number of home visits made during the past four years.

	YEAR.			
	1920.	1921.	1922.	1923.
First visits to Infants and				
Children	3,357	2,840	2,614	3,320
Re-visits	17,245	21,911	24,870	28,673
Visits to Expectant				
Mothers	1,487	1,671	1,578	1,619
Other visits	920	1,261	1,715	1,912
	<hr/> 23,009	<hr/> 27,683	<hr/> 30,777	<hr/> 35,524

Every baby is visited by a Health Visitor as soon as possible after the birth has been notified and visits are paid at regular intervals until the child is five years of age.

The total quantity of Dried Milk distributed at the Centres at Cost Price was 5,731 lbs. and the quantity given free was 2,343 lbs. compared with 2,432 lbs. in 1922. The special scale of income adopted beyond which persons were disqualified to receive Free Milk has been maintained, and a Special Sub-Committee appointed by the direction of the Ministry of Health has revised all the applications periodically. This Sub-Committee has met and considered each application, some of them more than once. The total cost of the Free Milk during the year is £175 14s. 6d. Similar enquiries as to income are made of all applicants for the supply of Dried Milk, Virol, Ovaltine and Cod Liver Oil at cost price as in the case of Free Milk.

The average attendances at the Centres have all increased except in the cases of Balderton and Misterton. At both these centres there was a change of Health Visitor during the year.

At Carlton it has been found necessary to increase the number of sessions per week from 2 to 3 and at Stapleford from 1 to 2 sessions weekly. It is interesting to note that 66·0 per cent. of the babies born in Carlton in 1922 attended the Centre in 1923.

Unfortunately the difficulty in obtaining premises really adequate for this important branch has in no way lessened and many of the present centres are far from ideal in the matter of accommodation.

At Carlton the average attendance was 144 per week.

„ Stapleford	„	52	„
„ Southwell	„	37	„
„ Bingham	„	33	„
„ Radcliffe	„	30	„
„ Plumtree	„	30	„
„ Balderton	„	23	„
„ Misterton	„	13	„
„ Edwinstowe	„	10	„
„ Ollerton	„	10	„
„ Lowdham	„	27	„
„ Kimberley	„	28	„
„ Selston	„	36	„
„ Ruddington	„	22	„

FOOD AND DRUGS ACTS.

The County Medical Officer is not consulted in any of the questions affecting the administration of the Food and Drugs Acts, the work being carried out by the Weights and Measures Department.

I am indebted to Mr. E. Templeman, the Chief Inspector of Weights and Measures, for the following information.

	Bought and Received.	Submitted for Analysis.	Genuine.	Adulterated.
Baking Powder ..	11	11	11	—
Beer ..	7	7	7	—
Butter ..	59	59	59	—
Cakes ..	6	6	5	1
Cocoa ..	30	30	30	—
Coffee ..	30	30	30	—
Flour ..	3	3	3	—
Flour (self-raising)	2	2	2	—
Ground Ginger ..	9	9	9	—
Ice Cream ..	1	1	1	—
Jam ..	2	2	2	—
Lard ..	35	35	35	—
Malt Vinegar ..	41	41	41	—
Margarine ..	48	48	48	—
Meat ..	1	1	1	—
Milk, New ..	53	26	7	19
Milk, Condensed	11	9	9	—
Pepper ..	31	31	31	—
Rice ..	32	32	32	—
Rice, Ground ..	1	1	1	—
Sausages ..	5	5	5	—
Vinegar ..	10	10	10	—
	428			
New Milk (informal) ..	1075			
	1503	399	379	20
Taken at Farms ..	592			
Received ..	1265			
	3360			

YEAR ENDING 31ST DECEMBER, 1922.

3128	402	388	14
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WATER SUPPLY.

A scheme of water supply for the parishes of Epperstone, Lowdham, Caythorpe, Gunthorpe and Hoveringham in the Southwell Rural District, at an estimated cost of £23,500, was approved by the Ministry and the work of laying the mains is well in hand. A very large number of houses now being built in the north of the county by colliery companies will obtain their water chiefly from the Bunter Beds and this may quite possibly give cause for some anxiety as to whether the supply will be equal to the demand. In this connection a meeting was convened by the Ministry of Health in October, 1923 at Mansfield with a view to conserving the existing supplies, and was attended by representatives of ten urban and rural district councils. No further conference has been called up to the present time.

BLIND PERSONS ACT.

The County Council's scheme in connection with the Blind Persons Act, 1920, came fully into operation during the year. The scheme provides for the work to be carried out by the existing voluntary organisations in the county, *i.e.*, the Royal Midland Institution for the Blind and the Nottinghamshire Association for the Blind.

For the financial year ending March, 1924, a grant of £350 was made to the Royal Midland Institution for the Blind subject to the following conditions being observed :—

1. The County Council shall be empowered to appoint two representatives to serve on the Management Committee of the Institution.
2. That a Home Teacher be engaged and that his appointment be subject to the approval of the County Medical Officer.
3. That he shall furnish reports monthly to the County Medical Officer for the information of the Public Health Committee of the County Council.

In addition the Royal Midland Institution agreed to increase (1) the wages of County Workers in the Institution workshop up to the scale recommended by the Ministry of Health; and (2) the wages of Home Workers.

A grant of £110 was also made to the Nottinghamshire Association for the Blind, but has since been increased to £150 to cover administration and office expenses, for the purpose of making weekly grants to necessitous blind persons, and

for subscriptions to the National Library for the Blind. It is also a condition that two members of the County Council be represented at the meetings and that the County Medical Officer be supplied with monthly reports of work done.

The Home Teacher was appointed on July 24th, 1923, and commenced his duties on July 30th, 1923. Since his appointment 56 additional blind persons have been registered.

The total number of blind persons on the register at the end of the year was 242.

The closest co-operation exists between the two associations and the Public Health Department. All the foregoing conditions of grant have been observed and the register of blind persons is maintained up to date.

RIVER POLLUTION AND SEWAGE DISPOSAL.

The Inspection of Rivers and Streams with special reference to pollution by sewage and trade effluents, which had been in abeyance since the War, has now been actively resumed and will be discussed fully in next year's report. During the year 1923 two Local Inquiries by the Ministry of Health for works of sewerage and sewage disposal were held at Harworth and Warsop. The Blyth and Cuckney Rural District Council propose to provide works at a total cost of £11,195, to be completed in three instalments, the necessity having arisen owing to Colliery developments at Harworth.

At Warsop application was made for a loan of £12,200 to provide sewerage for a new colliery village by the New Hucknall Colliery Company, and for an extension to the present disposal works which for some years past have been working at their full capacity.

An exhaustive Hydrographical Survey of the River Trent was undertaken at the suggestion of the Ministry of Agriculture and Fisheries on 17th July, 1923, the investigations being confined to an estimation of the amount of dissolved oxygen with apparatus designed by the Technical Experts of the Ministry, at the following selected points :—

1. 100 yards above Beeston effluent pipe.
2. 100 yards below Beeston effluent pipe.
3. Sample from Outfall.
4. 100 yards above Trent Bridge.

5. 350 yards below Radcliffe Ferry.
6. 500 yards below Radcliffe Ferry.
7. Stoke Ferry.
8. 200 yards above Gunthorpe Bridge.
9. Hoveringham.
10. Hazleford.
11. Farndon.

These samples were taken by the Staff of the Public Health Department and material assistance was given by Dr. Baxter, the Medical Officer of Health for Newark.

The following are the conclusions arrived at by the Standing Committee on River Pollution of the Ministry of Agriculture and Fisheries.

1. The River Trent and its chief tributaries excepting, the Dove and Derwent, are generally polluted with oxygen-consuming materials to such an extent that the organisms responsible for their destruction reduce the dissolved oxygen to a lower percentage than that indicated by the researches of the Royal Commission on Sewage Disposal as desirable in the interests of the cleanliness of the rivers.

2. No particular parts of the main River Trent can be definitely identified as demonstrating the operations of self-purification as gauged by marked recovery in dissolved oxygen. It therefore appears that pollution is pronounced throughout the course of the river, and that there is no definite evidence so far to show that any one reach of the river is relatively overloaded with oxygen-consuming materials.

3. The necessity of co-ordinated action on the part of the Local Authorities in order to raise the general standard of river purity is thus emphasized.

A further survey has been undertaken this year and a report will be issued later.

HOUSING.

No serious steps have yet been taken to meet the shortage of housing accommodation in the County.

The following table will show the number of houses that have been built in the Urban and Rural Districts during 1923.

A housing scheme is in process of being completed in the outlying districts of Worksop known as Rhodesia. The Shireoaks Colliery Company have laid out a site for 168 houses of which 120 have already been completed.

Colliery developments at Hodsock and Carlton-in-Lindrick have necessitated the provision of a housing scheme by the Firbeck Main Colliery Company. It is anticipated that 1,500 houses will be required to accommodate the workers at this Colliery. At the present moment contracts have been let for 160 houses of which 79 have already been completed and occupied.

The Bolsover Colliery Company are building a large number of houses for their employees at Clipstone and Edwinstowe in the Southwell Rural District.

At Clipstone the proposed site covers 101 acres and it is proposed to build 600 houses.

At Edwinstowe the site covers 154 acres and in the original scheme provision is made for 956 houses. At the time of writing a contract has been let and work commenced for 100 houses.

At Warsop the New Hucknall Colliery Company are proceeding with a scheme for the erection of 500 houses, which it is estimated will be required during the next five years.

At Harworth 200 houses have already been completed and occupied and it is estimated that the population of this village will ultimately reach 10,000.

Similar developments are proceeding at Ollerton and Bilsthorpe but are not quite so far advanced.

TABLE.

Urban Districts.		New houses erected during 1923.	Rural Districts.		New houses erected during 1923.
Sutton-in-Ashfield	..	48	Skegby	..	23
East Retford	..	13	Bingham	..	40
Mansfield Woodhouse	...	27	Basford	..	140
Kirkby-in-Ashfield	..	27	Leake	..	4
Hucknall	..	33	Blyth and Cuckney	..	136
Carlton	..	69	Misterton	..	2
Arnold	..	45	East Retford	..	22
Mansfield	..	92	Stapleford	..	28
Beeston	..	40			
Eastwood	..	1			
Worksop	..	19			